2001 - 2004
Gross Annual Premium and Enrollment
Accident and Health Markets

Florida Office of Insurance Regulation
Market Research Unit

December, 2005

Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans issued to Florida Residents

Reporting Form OIR-B2-1094

Statutory Authority

Section 627.9175, F.S., reads as follows:

627.9175 Reports of information on health and accident insurance.--

(1) 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 required information shall be described by market segment, to include, but not be limited to:

(a) Issuing, servicing company, and entity contact information.

(b) Information on all health and accident insurance policies and prepaid limited health service organizations and health maintenance organization contracts in force and issued in the previous year. Such information shall include, but not be limited to, direct premiums earned, direct losses incurred, number of policies, number of certificates, number of covered lives, number or the percentage of claims denied and claims meeting prompt pay requirements, and the average number of days taken to pay claims.

The commission may establish rules governing the submission of information described in this section, including the use of uniform formats and electronic data transmission.

As established by rule, this is accomplished by filing data collection form OIR-B2-1094, *Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents*.

Data Definitions

Column Definitions:

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.

DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS (A)

A company's direct premium earned from January 01 through December 31, inclusive, for the reporting calendar year. Provided are premium specific only to covered Florida residents.

DIRECT LOSSES INCURRED (B)

A company's direct losses incurred from January 01 through December 31, inclusive, for the reporting calendar year. Provided are losses specific only to covered Florida residents.

DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY (C)

A company's direct premium earned for new business only from January 01 through December 31, inclusive, for the reporting calendar year. Provided are premium specific to covered Florida residents.

EMPLOYERS, IF GROUP COVERAGE, AT END OF REPORTING CY (D)

For all group categories, the number of employers who covered Florida resident employees, as of December 31 for the reporting calendar year.

PRIMARY INSUREDS AT END OF REPORTING CY (E)

The total number of resident individual policyholders or resident group employee/member certificateholders, as of December 31 for the reporting calendar year.

COVERED DEPENDENTS AT END OF REPORTING CY (F)

The total number of individuals who are covered by the primary insured's plan and who receive coverage due to his/her dependent relationship to the primary insured, as of December 31 for the reporting calendar year.

Line Definitions:

Major medical coverages (lines 1-11) 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 20.*

Line 1 GUARANTEE ISSUE ("HIPAA") refers to individual coverage issued on a guarantee basis in accordance with Section 627.6487, F.S.

Line 2 INDIVIDUALLY UNDERWRITTEN means coverage offered after an analysis of an individual's medical conditions is considered.

Line 3 CONVERSION refers to coverages offered on a guarantee issue basis to certificateholders or subscribers leaving a group health insurance program in accordance with Sections 627.6675 and 641.3921, F.S.

Line 4 SELF-EMPLOYED OR SOLE PROPRIETOR refers to a health benefit plan that provides coverage to a self-employed person or sole proprietor in this state, offered on a guaranteed-issue basis pursuant to Section 627.6699, F.S.

Line 5 2 - 50 MEMBER GROUPS applies to a health benefit plan that provides coverage to a small employer of 2-50 persons, which is not marketed directly to the individual employee in accordance with Section 627.6699, F.S.

Line 6 51+ MEMBER GROUPS applies to a health benefit plan that provides coverage to employers of 51 or more persons, which is not marketed directly to the individual employee.

Major Medical Coverages issued to Out-of-State Groups as defined in Section 627.6515, F.S.:

Line 7 GUARANTEE ISSUE See line 1 above.

Line 8 INDIVIDUALLY UNDERWRITTEN Out-of-state group individually underwritten coverages include coverages offered through a trust, association or other mechanism where the individual applicant is subject to medical underwriting in determining the coverage or the rate to be charged.

Line 9 SELF-EMPLOYED OR SOLE PROPRIETOR See Line 4 above.

Line 10 2 - 50 MEMBER GROUPS: See Line 5 above.

Line 11 51+ MEMBER GROUPS: See Line 6 above.

Other Accident and Health Coverages:

Line 12 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.

Line 13 EXCESS / STOP LOSS: As defined in Section 627.6482 (14), F.S., “Stop-loss coverage" means an arrangement whereby a self-insurance plan insures against the risk that any one claim will exceed a specific dollar amount or that an entire self-insurance plan's losses will exceed a specific amount.

Line 14 ACCIDENT: Accident coverage is a form of insurance against loss by accidental bodily injury to the insured.

Line 15 BLANKET: This a health insurance contract that covers all of a class of persons not individually identified in the contract. Student contracts are included in this category.

Line 16 HOSPITAL, MEDICAL AND SURGICAL POLICIES - INDEMNITY PLANS: This differs from Hospital, Medical and Surgical Expense products in that this type of coverage pays an agreed upon reimbursement amount, but not necessarily the total cost, of covered hospital, medical or surgical services after services are rendered.

Line 17 LONG & SHORT-TERM DISABILITY / LOSS OF INCOME: This is a form of health insurance that provides periodic payments to replace income, actually or presumptively lost, when the insured is unable to work as a result of sickness or injury.

Line 18 LONG-TERM CARE: Also known as "LTC" insurance, this is financial coverage meant to offset some or all of the costs of necessary long-term care.

Line 19 MEDICARE SUPPLEMENT: This is a coverage type guaranteeing that a health plan will pay a policyholder's coinsurance, deductible and co-payments and will provide additional health plan or non-Medicare coverage for services up to a predefined benefit limit.

Line 20 SHORT-TERM HEALTH: Short-Term Health coverage is limited duration major medical insurance. The policy is generally for one year or less. Short-term disability income products are NOT included on this line.

Line 21 SPECIFIED OR DREAD DISEASE: This is a type of health coverage, usually with a high maximum limit, for all types of medical expenses arising out a disease named in the insurance contract. This includes cancer coverages.

Line 22 DENTAL/VISION: This is a health insurance contract covering some of the costs of dental/vision care.

Line 23 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.

Line 24 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.

Line 25 PREPAID HEALTH CLINIC: Pursuant to Section 641.402(4), FS, is any organization authorized to provide, either directly or through arrangements with other persons, basic services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed-sum basis, including those basic services which subscribers might reasonably require to maintain good health. However, no clinic that provides or contracts for, either directly or indirectly, inpatient hospital services, hospital inpatient physician services, or indemnity against the cost of such services shall be a prepaid health clinic.

Please note: This summary reflects only data gathered from participating carriers as of the closure date of each calendar year submission period. Data received after the closure of any given submission period is not included in this summary.

Accident and Health Report of Gross Annual Premium and Enrollment Summary for CY2004

	Direct Premiums Earned	Groups	Primary Insureds	Covered Dependents	Covered Lives
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$9,286,644	0	7,691	2,619	10,310
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$829,207,550	0	324,399	158,923	483,322
(03) CONVERSION	$115,912,905	0	22,085	6,077	28,162
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$167,245,168	22,378	22,378	16,741	39,119
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,148,232,145	100,414	609,810	384,737	994,547
(06) INSTATE 51+ MEMBER GROUPS	$8,158,383,060	11,389	1,340,334	1,078,528	2,418,862
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$10,136,853	0	1,091	145	1,236
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$426,027,087	609	108,756	86,736	195,492
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$7,508,735	1,082	1,081	567	1,648
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$81,533,772	2,817	8,599	5,942	14,541
(11) OUT OF STATE 51+ MEMBER GROUPS	$609,153,631	3,083	118,104	97,599	215,703
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$2,874,875,903	3,978	573,461	596,895	1,170,356
(13) EXCESS / STOP LOSS	$224,978,796	2,531	516,103	663,659	1,179,762
(14) ACCIDENT ONLY	$266,825,741	85,769	5,578,855	994,795	6,573,650
(15) BLANKET	$11,367,569	2,187	660,058	3,560	663,618
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$138,705,254	9,670	859,254	221,487	1,080,741
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$885,215,990	202,860	2,397,775	156,180	2,553,955
(18) LONG TERM CARE	$618,679,921	6,006	378,085	15,871	393,956
(19) MEDICARE SUPPLEMENT	$1,265,806,003	4,099	669,976	2,513	672,489
(20) SHORT TERM HEALTH	$15,697,913	0	6,567	2,550	9,117
(21) SPECIFIED OR DREAD DISEASE	$189,142,095	42,762	596,478	326,664	923,142
(22) DENTAL/VISION	$822,617,802	23,832	3,900,132	2,345,043	6,245,175
(23) PRESCRIPTION DRUG	$335,053	42	558	255	813
(24) CHAMPUS/TRICARE	$2,047,948	2	1,967	3,229	5,196
(25) HEALTH CLINIC SERVICES	$202,309	8	553	167	720

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5 STAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
541829709	77879

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$859,190	$731,943	$127,247	0	1,207	2,121
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520891929	71854

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$7,424,709	$2,219,623	$376,134	0	54,359	52,776
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,795	$18,326	$1,376	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ACACIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
530022880	60038

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$772	$97	$0	0	6	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ACADEMY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840528301	60046

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,229	$0	$0	0	8	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$22,348	$23,374	$0	0	135	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$58,866	$99,632	$0	0	42	14
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$435	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ACE AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
952371728	22667

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$685,216	$0	$0	20	3,588	5,382
(14) ACCIDENT ONLY	$24,472	$0	$56	5	2,402	0
(15) BLANKET	$587,328	$0	$4	2	67,061	15
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,150,184	$0	$1,138,682	0	13	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ADVANCE INSURANCE COMPANY

FEIN	NAIC Company Code
860269558	83445

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$33	$0	$0	1	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,180	$1,850	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ADVANTICA EYECARE, INC.

FEIN	NAIC Company Code
810617310	

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$372,764	$195,888	$212,917	45	3,767	7,849
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AETNA HEALTH INC.

FEIN	NAIC Company Code
592411584	95088

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$21,709,294	$30,658,048	$3,297,596	0	3,020	1,533
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$14,321,159	$10,497,409	$582,665	2,536	2,536	1,666
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$569,862,767	$417,709,408	$23,583,519	20,450	108,028	66,251
(06) INSTATE 51+ MEMBER GROUPS	$567,829,141	$425,216,536	$26,884,948	719	109,749	82,459
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$12,531,013	$9,185,233	$510,718	657	2,459	1,737
(11) OUT OF STATE 51+ MEMBER GROUPS	$497,516,339	$372,563,081	$19,469,279	768	95,573	79,304
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$41,085,553	$0	$1,442,563	172	72,793	80,251
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AETNA INSURANCE COMPANY OF CONNECTICUT

FEIN	NAIC Company Code
061286276	36153

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,498,721	$3,713,272	$0	77	8,050	8,856
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AETNA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
066033492	60054

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,190,571	$4,261,017	$0	0	706	162
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,501,253	$2,067,481	$6,312	169	169	164
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$29,153,419	$21,560,314	$3,543,436	981	2,727	2,999
(06) INSTATE 51+ MEMBER GROUPS	$76,814,123	$77,545,103	$3,979,108	123	10,321	11,354
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,449,283	$2,345,728	$2,026,154	375	493	543
(11) OUT OF STATE 51+ MEMBER GROUPS	$38,295,724	$32,323,609	$12,057,916	1,089	6,493	7,143
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$1,422,723,490	$1,344,079,646	$0	3,070	166,336	182,969
(13) EXCESS / STOP LOSS	$1,595,329	$1,745,051	$1,595,329	249	17,163	18,880
(14) ACCIDENT ONLY	$4,194,586	$1,913,315	$130,766	2,328	295,200	25,047
(15) BLANKET	$2,302,399	$1,855,894	$0	1	3,529	73
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$234,151	$65,236	$0	23	116	114
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$17,405,037	$15,253,931	$1,342,066	68	48,763	0
(18) LONG TERM CARE	$3,999,670	$2,326,365	$0	11	4,897	0
(19) MEDICARE SUPPLEMENT	$585	$1,320	$585	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$79,328,408	$52,570,293	$11,775,422	2,641	156,759	191,247
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AIG CENTENNIAL INSURANCE COMPANY

FEIN	NAIC Company Code
232044095	34789

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,409	$82	$0	0	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$909	$26	$0	0	5	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
221721971	20796

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,405	$152	$0	0	16	6
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$42,319	$12,455	$0	0	106	86
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$1,358	$248	$0	0	3	4
(19) MEDICARE SUPPLEMENT	$115,892	$126,689	$0	0	101	7
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALFA LIFE INSURANCE CORPORATION

FEIN	NAIC Company Code
630338648	79049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$101	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
411366075	90611

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$19,651	$22,278	$0	0	3	4
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$8,539	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$802,180	$1,130,688	$76,055	4	4,471	5,589
(14) ACCIDENT ONLY	$1,513	$0	$0	4	29	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$58,256	$89,689	$0	6	367	459
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$222	$59,703	$0	1	3	2
(18) LONG TERM CARE	$7,648,548	$1,094,296	$0	4	46	5
(19) MEDICARE SUPPLEMENT	$58,031	$32,993	$0	14	47	19
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$379	$208	$0	1	4	0
(22) DENTAL/VISION	$800	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$4,531	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY CO.

FEIN	NAIC Company Code
046145677	84824

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,080,765	$2,637,449	$0	0	806	24
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ALLSTATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362554642	60186

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$7,834,207	$4,147,290	$0	0	103,109	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$954,922	$52,774	$0	0	4,790	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$294,748	$114,239	$0	0	239	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ALTA HEALTH & LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591031071	67369

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$12,286	$0	$0	0	12	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$8,938,226	$0	$0	1	9,863	4,993
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$42,018	$0	$0	3	35	35
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,070,071	$0	$0	42	1,096	560
(14) ACCIDENT ONLY	$28,708	$0	$0	0	500	100
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,225,211	$0	$0	0	3,000	1,500
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$30,294	$0	$0	7	180	55
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN CAPITOL INSURANCE COMPANY

FEIN	NAIC Company Code
741219404	60291

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$36,108	$49,816	$0	0	27	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

FEIN	NAIC Company Code
230342560	20427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,883	$69,562	$0	2	14	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

FEIN	NAIC Company Code
580663085	60380

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$50,609,844	$22,391,535	$11,502,799	0	178,208	181,136
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$28,005,464	$12,213,808	$6,755,886	0	126,825	119,850
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$36,416,856	$16,142,326	$8,199,755	0	86,099	0
(18) LONG TERM CARE	$2,784,866	$703,791	$108,302	0	2,090	125
(19) MEDICARE SUPPLEMENT	$8,465,134	$6,356,253	$0	0	3,811	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$67,026,119	$34,071,525	$9,783,386	0	208,821	191,566
(22) DENTAL/VISION	$5,024,710	$2,323,671	$1,493,468	0	11,833	8,594
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN FIDELITY ASSURANCE COMPANY

FEIN	NAIC Company Code
730714500	60410

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,143	$84	$0	0	18	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$290,114	$161,745	$156,114	4	257	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,902,976	$392,977	$0	5	4,567	0
(14) ACCIDENT ONLY	$2,533	$104	$0	4	24	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$824,369	$301,492	$378,309	16	2,854	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,283,083	$3,369,976	$1,776,384	92	17,163	0
(18) LONG TERM CARE	$222,137	$151,063	$4,338	1	112	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,199,826	$528,802	$220,083	0	2,997	370
(22) DENTAL/VISION	$27,585	$9,321	$0	1	102	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN GENERAL ASSURANCE COMPANY

FEIN	NAIC Company Code
361677770	68373

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$72,923	$13,886	$0	0	433	541
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$316,253	$165,416	$0	1	403	302
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$61,317	$0	$0	0	520	644
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
620306330	66672

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$312,317	$1,132,073	$0	0	314	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,473,095	$674,917	$261,740	0	29,127	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,128,694	$460,684	$0	0	12,814	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$127,952	$180,537	$0	0	5,567	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,428,685	$1,615,167	$0	0	904	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,804,876	$3,851,615	$895,399	0	18,723	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
250598210	60488

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,238,609	$616,370	$30,023	0	1,950	0
(18) LONG TERM CARE	$13,661	$480	$0	0	6	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$29,934	$0	$22,891	0	170	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520696632	60518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,914	$0	$0	0	22	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$12,591	$114,931	$0	0	15	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$38	$3,514	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
590781901	60534

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14,429,433	$5,458,051	$6,066,775	1	39,678	39,659
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,083,545	$2,391,899	$4,969,759	45	15,784	13,887
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,995,052	$3,416,999	$1,375,881	122	14,697	0
(18) LONG TERM CARE	$2,524,589	$7,220,269	$0	0	1,038	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$16,821,992	$11,449,191	$3,548,638	22	47,352	43,663
(22) DENTAL/VISION	$194,017	$178,892	$101,721	53	1,679	835
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN INCOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741365936	60577

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,163,855	$1,859,593	$506,014	0	396,955	10,867
(15) BLANKET	$76,362	$20,879	$76,362	0	200	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$470,062	$798,002	$186,281	0	5,017	268
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,824	$2,939	$2,016	0	44	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$210,126	$357,103	$0	0	144	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$297,337	$141,042	$19,848	0	3,181	1,614
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment **CY2004**

AMERICAN INSURANCE COMPANY OF TEXAS

FEIN	*NAIC Company Code*
751302312	81949

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	*(B) DIRECT LOSSES INCURRED*	*(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY*	*(D) EMPLOYER GROUPS*	*(E) PRIMARY INSUREDS*	*(F) COVERED DEPENDENTS*
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$18,488	$39	$0	0	6	3
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$45,498	$47,390	$0	1	10	6
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$169	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,596	$18,174	$0	0	25	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,971	$1,677	$0	0	27	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
941516991	60704

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$637	$1,393	$0	0	4	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$127	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
860207231	97179

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$191,922	$85,456	$6,646	0	20	6
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$109,864	$627,085	$0	0	7	6
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$55,406,441	$34,063,079	$7,129,753	0	13,113	8,546
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$7,544,402	$6,387,251	$1,154,303	134	4,568	4,751
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$52,049	$34,262	$0	27	100	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$7,168,803	$4,159,540	$188,695	1,214	10,223	8,363
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460260270	67989

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$325	$3,733	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10	$0	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
740484030	60739

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$230,615	$470,373	$0	0	159	197
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$19,286	$13,617	$0	1	9	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$185,124	$145,747	$0	0	22	33
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$79,066	$0	$0	0	347	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$42,155	$153,125	$0	0	84	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$6,718	$18,413	$0	0	9	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$72,950	$247,934	$0	0	299	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

FEIN	NAIC Company Code
751016594	71773

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,243,826	$2,301,608	$7,172	0	583	723
(03) CONVERSION	$6,666	$0	$6,666	0	1	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$6,066,820	$4,620,623	$58,112	0	1,155	1,756
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$112,556	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$919,300	$955,352	$0	153	2,008	1,548
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN PIONEER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
590935083	60763

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$67,264	$181,557	$0	0	194	39
(18) LONG TERM CARE	$10,371,735	$13,740,418	$556,777	0	3,742	0
(19) MEDICARE SUPPLEMENT	$88,446,731	$64,762,414	$3,460,730	0	44,870	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,263	$6,439	$0	0	7	2
(22) DENTAL/VISION	$174,720	$129,534	$48,320	0	327	35
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN PUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
640349942	60801

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$44,917	$3,995	$11,420	4	32	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$917,146	$175,641	$233,194	26	490	1,225
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$140,632	$25,770	$35,757	6	100	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,678	$3,951	$0	1	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$197,978	$229,157	$5,034	10	141	353
(22) DENTAL/VISION	$69,229	$39,344	$17,602	25	214	535
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
420113630	60836

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$319,776	$369,952	$0	0	119	41
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,408	$0	$0	0	32	6
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$40,120	$28,027	$0	0	117	10
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$33	$0	$0	0	1	0
(18) LONG TERM CARE	$63,415	$97,549	$0	0	51	0
(19) MEDICARE SUPPLEMENT	$1,559,319	$1,276,111	$0	0	805	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,628	$2,040	$0	0	146	59
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN STATES INSURANCE COMPANY

FEIN	NAIC Company Code
350145400	19704

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$198,010	$21,369	$0	0	22	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$54,187	$23,192	$0	0	77	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350145825	60895

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,286,845	$2,875,896	$1,979,493	24	7,453	0
(14) ACCIDENT ONLY	$118,270	$8,535	$116,583	162	13,713	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$987,989	$1,427,439	$89,583	60	3,868	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICAN ZURICH INSURANCE COMPANY

FEIN	NAIC Company Code
363141762	40142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$674,195	$521,189	$0	2	2,054	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
350810610	61999

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$325	$0	$0	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERITAS LIFE INSURANCE CORP.

FEIN	NAIC Company Code
470098400	61301

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$28,139	$7,499	$0	0	15	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$20,636,059	$13,754,294	$2,715,495	239	39,017	17,443
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420175020	61689

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,303	$5,796	$0	0	20	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMEX ASSURANCE COMPANY

FEIN	NAIC Company Code
362760101	27928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$13,079,305	$1,744,346	$13,079,305	0	355,591	295,751
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$62	$3,524	$62	0	1	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ANTHEM LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350980405	61069

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$25	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$936	$0	$0	1	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ARCH INSURANCE COMPANY

FEIN	NAIC Company Code
430990710	11150

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$16,103	$113	$16,103	1	57	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ASSURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
381843471	71439

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$29,157	$2,355	$19,916	0	229	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$357,490	$43,706	$299,163	0	576	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,859,195	$2,240,824	$556,573	0	3,141	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$356	$0	$323	0	3	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ATLANTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580146380	61093

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,430	$677	$0	0	40	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$23,922	$2,981	$0	0	758	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ATLANTIC DENTAL, INC.

FEIN	NAIC Company Code
650743731	

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$30,438,170	$0	$7,589,068	51	435,955	5,673
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AUTO-OWNERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
381814333	61190

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$492,020	$229,200	$0	0	588	0
(18) LONG TERM CARE	$40,529	$6,079	$0	0	26	0
(19) MEDICARE SUPPLEMENT	$56,275	$54,524	$0	0	47	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AVEMCO INSURANCE COMPANY

FEIN	NAIC Company Code
520795746	10367

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$251,751	$723,479	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AVIVA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042235236	62898

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,997	$0	$0	0	10	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AVMED, INC.

FEIN	NAIC Company Code
592742907	95263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$1,723,120	$2,052,701	$178,049	269	269	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$9,550,669	$5,365,871	$1,032,554	536	1,291	915
(06) INSTATE 51+ MEMBER GROUPS	$515,549,432	$413,178,440	$3,526,925	200	76,923	87,084
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

AXA EQUITABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135570651	62944

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$3,982,775	$4,829,049	$0	0	1,136	628
(03) CONVERSION	$10,947	$5,724	$0	0	26	5
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,339,380	$21,339,552	$0	0	4,778	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

BALBOA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
952566317	68160

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$231,602	$16,383	$0	0	2,218	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANKERS FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580658963	61239

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$7,629	$98	$0	0	24	4
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,943	$9,431	$0	0	18	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,713	$0	$417	0	5	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,328,084	$769,227	$68,040	0	419	1
(20) SHORT TERM HEALTH	$582	$0	$0	0	1	0
(21) SPECIFIED OR DREAD DISEASE	$73,782	$18,785	$0	0	540	141
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

BANKERS LIFE AND CASUALTY COMPANY

FEIN	NAIC Company Code
360770740	61263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,630	$345	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$55,986	$1,635	$1,481	0	443	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$242,734	$150,546	$14,362	0	522	29
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$445,419	$44,499	$25,528	0	764	0
(18) LONG TERM CARE	$67,556,323	$32,687,241	$5,624,884	0	32,105	9,221
(19) MEDICARE SUPPLEMENT	$42,229,738	$30,845,531	$1,953,262	0	19,428	1,056
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$291,536	$176,575	$9,297	0	817	513
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$145,966	$0	$0	0	55	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591460067	81043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$25,522	$0	$0	0	217	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$1,089,412	$796,858	$1,089,412	0	173	147
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANKERS LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
131970218	63932

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$10,282	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,572	$90,231	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANNER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
521236145	94250

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,399	$0	$0	0	25	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$221	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BAPTIST LIFE ASSOCIATION

FEIN	NAIC Company Code
160341875	57223

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$649	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BCS INSURANCE COMPANY

FEIN	NAIC Company Code
366033921	38245

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,745,667	$5,815,186	$0	75	320,194	24,081
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$60,718	$3,779	$0	56	472	76
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BCS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362149353	80985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$316	$0	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
751277524	71714

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,717,708	$51,790	$1,352,920	0	3,062	0
(18) LONG TERM CARE	$2,286	$0	$2,286	0	1	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BEST LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
956042390	90638

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$176,126	$121,486	$1,668	38	247	171
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

FEIN	NAIC Company Code
592015694	98167

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$4,350,943	$41,648,086	$11,513,990	0	6,528	2,355
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$508,462,887	$337,385,472	$100,963,384	0	181,420	113,749
(03) CONVERSION	$16,033,808	$24,666,529	$4,307,982	0	2,519	777
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$37,381,292	$43,412,988	$1,110,244	4,503	4,503	2,328
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$415,098,960	$305,401,698	$55,466,255	13,103	80,759	52,226
(06) INSTATE 51+ MEMBER GROUPS	$2,142,366,256	$1,806,933,700	$42,988,008	729	282,423	248,372
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$926,944,635	$837,621,891	$25,523,863	112	198,050	193,180
(13) EXCESS / STOP LOSS	$2,939,564	$2,357,848	$0	19	21,000	14,157
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$344,517,466	$265,001,741	$17,435,687	0	206,068	144
(20) SHORT TERM HEALTH	$2,505,712	$1,264,726	$2,505,712	0	1,155	610
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

BOSTON MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041106240	61476

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,292,017	$168,256	$658,795	4	2,797	234
(14) ACCIDENT ONLY	$150,095	$58,001	$47,899	155	26,389	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$870,156	$742,234	$0	43	248	420
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,124,269	$755,657	$656,126	154	2,796	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,326,652	$837,535	$154,195	56	4,603	1,592
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

BROKERS NATIONAL LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
630483783	74900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$308	$0	$306	0	3	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,362,739	$792,228	$1,350,085	0	2,652	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

BROTHERHOOD MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
350198580	13528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$26,683	$8,110	$0	30	32,238	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

BUSINESS MEN'S ASSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
440188050	61492

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$438,109	$366,113	$0	114	4,763	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CAPITAL HEALTH PLAN, INC.

FEIN	NAIC Company Code
591830622	95112

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,339,112	$2,869,968	$312,489	0	419	187
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,047,683	$3,638,449	$86,828	517	517	495
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$52,038,266	$43,076,074	$1,631,082	1,751	10,056	7,869
(06) INSTATE 51+ MEMBER GROUPS	$270,087,235	$231,349,018	$1,580,460	159	41,024	44,418
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CATHOLIC ASSOCIATION OF FORESTERS

FEIN	NAIC Company Code
041589950	58130

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$935	$0	$0	0	11	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CATHOLIC KNIGHTS INSURANCE SOCIETY

FEIN	NAIC Company Code
390201015	56030

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$86	$60	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CELTIC INSURANCE COMPANY

FEIN	NAIC Company Code
060641618	80799

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$324,403	$844,503	$179,014	0	105	25
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$69,307	$11,567	$40,413	0	6	2
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$26,903,284	$17,162,335	$2,254,864	7	6,526	2,998
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$16,625,455	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$78,319	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CENTRAL NATIONAL LIFE INSURANCE COMPANY OF OMAHA

FEIN	NAIC Company Code
470397286	61700

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,075	$0	$0	0	16	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750916066	61735

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$495	$0	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$713	$0	$0	0	5	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRAL STATES HEALTH AND LIFE COMPANY OF OMAHA

FEIN	NAIC Company Code
470123035	61751

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$201	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$121,676	$30,661	$23,968	0	978	398
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$46,867	$26,229	$0	0	85	0
(18) LONG TERM CARE	$118,801	$457	$0	0	67	0
(19) MEDICARE SUPPLEMENT	$7,772,558	$4,855,133	$628,607	2	3,922	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$4,316,874	$4,138,907	$271,544	0	6,231	4,431
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRAL UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420884060	61883

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$272,216	$724,881	$0	0	128	82
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$810	$123	$0	0	39	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$105,281	$120,720	$0	0	188	95
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$13,565	$38,719	$0	0	58	9
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$52,640	$89,276	$0	0	53	6
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$840,020	$984,252	$0	0	2,612	2,076
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041589940	80896

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$14,655	$427,809	$0	0	86	15
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,438,236	$4,543,873	$0	0	1,468	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CHASE LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code
310501247	67164

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,606	$0	$0	0	4	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CHESAPEAKE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520676509	61832

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,079,248	$1,894,379	$0	0	7,891	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CIGNA DENTAL HEALTH OF FLORIDA, INC.

FEIN	NAIC Company Code
591611217	52021

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$48,864,962	$27,128,469	$0	267	137,607	147,129
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CIGNA HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
592089259	95136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$4,013,019	$1,976,135	$813,247	276	498	652
(06) INSTATE 51+ MEMBER GROUPS	$237,435,028	$209,651,781	$41,391,190	977	45,490	34,924
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CINCINNATI LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
311213778	76236

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$11,111	$32,955	$0	0	18	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$119	$0	$0	0	16	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,278	$4,011	$0	0	6	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$30,993	$212,081	$0	0	78	0
(18) LONG TERM CARE	$112,326	$22,189	$0	0	56	0
(19) MEDICARE SUPPLEMENT	$2,137	$5,548	$0	0	3	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$298	$156	$0	0	19	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CITICORP LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430979556	80322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$55,972	$77,928	$0	0	141	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CITIZENS SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610648389	61921

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,774	$735	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,397	$220	$0	0	11	0
(22) DENTAL/VISION	$0	$17,771	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CITRUS HEALTH CARE, INC.

FEIN	NAIC Company Code
134247706	11836

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$24,069	$16,054	$24,069	0	4	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$689,238	$363,907	$689,238	0	540	236
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CLARENDON NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
520266645	20532

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$106,759	$329,840	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$1,933,282	$1,884,505	$1,340,214	1	3,250	52
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$4,176,404	$1,746,852	$1,654,937	0	1,293	498
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLONIAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720172600	73326

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$1,106,053	$230,786	$646,700	0	739	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
570144607	62049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$15,602,429	$5,227,762	$5,551,632	72,893	72,897	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,283,768	$878,168	$1,621,188	8,955	8,955	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,954,558	$9,982,533	$8,181,184	45,790	49,293	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$453	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10,006,555	$5,704,032	$3,758,780	30,845	32,265	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLONIAL PENN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231628836	62065

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$39,085	$114,396	$0	0	317	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,507	$659	$0	0	9	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$30,114	$15,096	$0	0	34	0
(19) MEDICARE SUPPLEMENT	$2,004,956	$1,802,836	$0	0	645	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLORADO BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840674027	84786

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$165,805	$32,421	$30,124	0	851	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$30,506	$12,241	$30,506	0	68	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750956156	77720

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,890	$74,746	$0	0	5	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$902	$0	$0	0	7	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$12,424	$15,570	$0	0	49	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	($5,457)	$3,943	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,143	$948	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$15,707	$4,800	$0	0	213	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COLUMBIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
161321681	76023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,596	$0	$0	0	7	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$417,475	$317,274	$0	4	2,626	2,836
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150274455	62103

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,555	$4,284	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,042	$7,452	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$7,747	$282,970	$0	1	206	126
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COLUMBUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
311191427	99937

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$57,850	$128,020	$0	0	221	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COMBINED INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
362136262	62146

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,158,525	$3,562,519	$2,261,113	19	13,225	8,478
(14) ACCIDENT ONLY	$8,966,108	$4,766,654	$369,621	0	61,988	3,221
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$240,927	$338,074	$3,010	0	862	17
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,329,154	$2,792,438	$437,546	0	19,515	0
(18) LONG TERM CARE	$299,179	$132,165	$76,827	0	302	1
(19) MEDICARE SUPPLEMENT	$2,381,871	$1,945,681	$105,735	0	1,162	69
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,180,790	$1,005,138	$6,865	0	7,257	1,700
(22) DENTAL/VISION	$3,163,199	$2,385,245	$955,509	24	42,279	43,335
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$55,097	$25,063	$0	0	25	11
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
141537177	78697

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$247,320	$340,482	$525	0	4,518	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$143,219	$242,126	$0	0	806	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$82,309	$80,129	$415	0	135	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$14,037	$1,017	$353	0	86	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
150274810	81426

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$66,999	$34,832	$0	0	4,405	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$31,383	$24,941	$0	0	251	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$37,792	$52,302	$0	0	1,101	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMPANION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570523959	77828

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$7,158,329	$5,863,985	$0	33	18,500	11,024
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$63,829	$11,904	$0	0	40	5
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$83,665	$69,967	$0	15	294	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$54,816	$30,880	$0	1	16	8
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMPBENEFITS COMPANY

FEIN	NAIC Company Code
592531815	52015

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$129,121,128	$98,665,781	$36,547,954	0	1,757,856	1,186,672
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

COMPBENEFITS INSURANCE COMPANY

FEIN	NAIC Company Code
742552026	60984

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0

(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$10,030,284	$7,876,640	$1,236,734	31	39,381	36,882
(22) DENTAL/VISION	$29,428,787	$20,615,268	$14,078,081	0	70,905	43,374
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

FEIN	NAIC Company Code
020268648	62251

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$31,650	$20,260	$0	0	85	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
060303370	62308						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(03) CONVERSION		$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$599,832	$605,128	$119,996	72	72	34
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$1,764,418	$1,541,942	$352,884	127	298	165
(06) INSTATE 51+ MEMBER GROUPS		$320,835,421	$286,403,809	$0	911	58,192	65,126
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS		$0	$0	$0	0	0	0
(14) ACCIDENT ONLY		$150,878	$126,768	$0	4	2,411	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$449,980	$3,257,480	$0	23	1,617	0
(18) LONG TERM CARE		$183,168	$159,978	$0	11	242	0
(19) MEDICARE SUPPLEMENT		$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$0	$0	$0	0	0	0
(22) DENTAL/VISION		$22,347,941	$27,545,137	$0	460	137,210	96,640
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONSECO HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
341083130	78174

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,429,413	$529,611	$89,982	0	4,532	2,023
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,860,842	$324,797	$105,961	0	1,861	831
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$82,814	$6,989	$3,067	0	32	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10,723,837	$4,053,643	$397,192	0	31,706	14,150
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONSECO INSURANCE COMPANY

FEIN	NAIC Company Code
450103436	60682

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$12,736	$0	$0	0	156	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$203,182	$245,970	$0	0	2,381	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$162,205	$194,253	$0	0	99	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$97,762	$117,077	$0	0	121	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONSECO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042299444	65900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$3,479	$4,959	$0	0	20	6
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$12,328	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$40,782	$58,125	$0	0	43	0
(18) LONG TERM CARE	$52,508	$74,836	$0	0	55	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,169	$4,517	$0	0	46	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONSECO SENIOR HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
230704970	76325

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$51,971	$922,210	$0	0	16	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,771	$83	$0	0	62	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$387,364	$854,119	$0	0	587	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$29,605	$29,551	$0	0	32	0
(18) LONG TERM CARE	$43,496,047	$75,387,045	$0	0	26,988	0
(19) MEDICARE SUPPLEMENT	$945,798	$12,232	$0	0	563	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$510,094	$306,912	$0	0	1,270	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONSTITUTION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361824600	62359

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$47,930	$0	$0	0	18	0
(19) MEDICARE SUPPLEMENT	$9,552,937	$5,704,857	$3,122,905	0	6,389	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$12,810	$667	$12,810	0	49	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONTINENTAL AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
570514130	71730

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$680,767	$299,007	$303,762	37	1,776	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,819,586	$799,202	$1,533,639	35	2,844	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$395,097	$173,535	$247,004	21	909	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$561,777	$246,745	$244,937	25	1,838	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONTINENTAL ASSURANCE COMPANY

FEIN	NAIC Company Code
360947200	62413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$198,347	$527,506	$0	0	30	4
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$8,945,096	$3,447,909	$0	47	4,814	1,693
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$4,686,470	$1,698,948	$0	24	2,480	863
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$118,950	$234,012	$0	3	595	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,895	$520,606	$0	1	17	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONTINENTAL CASUALTY COMPANY

FEIN	NAIC Company Code
362114545	20443

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9,845,014	$6,603,676	$0	10	48,777	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$12,636	$1,642	$0	1	124	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$18,933,761	$20,528,866	$0	190	88,484	0
(18) LONG TERM CARE	$4,614,467	$20,219,799	$0	245	27,940	2,022
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$374,071	$48,506	$0	1	820	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONTINENTAL GENERAL INSURANCE COMPANY

FEIN	NAIC Company Code
470463747	71404

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$276,915	$746,401	$0	0	31	8
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,010,644	$4,271,216	$18,972	0	1,131	507
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$16,805,881	$10,696,673	$3,361,176	0	3,640	2,483
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$22,892	$8,120	$0	0	84	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,783	$41,725	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$145,166	$241,000	$0	0	204	0
(18) LONG TERM CARE	$1,208,522	$717,369	$0	0	511	247
(19) MEDICARE SUPPLEMENT	$16,611,946	$13,523,634	$10,637	8	6,617	0
(20) SHORT TERM HEALTH	$322	$0	$322	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$20,197	$26,919	$0	0	70	43
(22) DENTAL/VISION	$3,999	$4,938	$0	0	17	4
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

FEIN	NAIC Company Code
621181209	68500

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$211,059	$80,328	$208,833	0	425	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$59,694	$21,369	$59,065	0	72	0
(19) MEDICARE SUPPLEMENT	$18,771,054	$13,937,841	$18,573,042	0	10,596	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,491	$0	$3,455	0	16	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CROATIAN FRATERNAL UNION OF AMERICA

FEIN	NAIC Company Code
250426430	56634

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$109	$0	$0	0	10	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CROWN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
380455060	80675

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$310,403	$714,951	$0	0	2,180	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

CSA FRATERNAL LIFE

FEIN	NAIC Company Code
360971620	56138

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$112	$0	$0	0	2	2
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$287	$0	$0	0	5	5
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CUNA MUTUAL INSURANCE SOCIETY

FEIN	NAIC Company Code
390230590	62626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,207	$1,367	$0	0	4	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,980,814	$1,075,672	$722,865	55	242,907	49,794
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$226,520	$47,314	$0	0	2,039	261
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$265,488	$191,177	$885	55	905	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$16,341	$23,078	$0	0	23	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$21,902	$11,537	$0	0	47	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CUNA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420388260	65749

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,145	$32,958	$0	0	27	0
(18) LONG TERM CARE	$772,581	$11,977	$587,922	0	749	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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DELTA DENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
942761537	81396

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$62,552,599	$48,311,947	$3,050,187	0	124,148	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

FEIN	NAIC Company Code
363645850	52053

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$661,265	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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DENTAL CONCERN, INC., THE

FEIN	NAIC Company Code
521157181	54739

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,148,245	$625,520	$380,166	248	4,992	2,904
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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DENTICARE, INC.

FEIN	NAIC Company Code
591652450	52016

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$18,569,654	$10,041,150	$2,697,334	2,012	95,061	88,174
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMC NATIONAL LIFE COMPANY

FEIN	NAIC Company Code
420868851	62928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$532	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,224	$4,158	$0	0	12	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$11,821	$17,063	$0	0	3	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$291,634	$195,447	$0	0	501	182
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPIRE FIRE AND MARINE INSURANCE COMPANY

FEIN	NAIC Company Code
476022701	21326

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$14,933,072	$8,488,784	$1,002,563	1	3,076	2,934
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$1,551,215	$711,080	$1,490,343	0	415	169
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPLOYERS REINSURANCE CORPORATION

FEIN	NAIC Company Code
480921045	39845

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$791,864	$350,286	$0	2	3,528	7,938
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EPIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391502108	64149

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,314	$2,677	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
341626521	77968

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$111,560	$10,017	$50,452	0	194	273
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$100	$0	$100	0	1	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$916,665	$76,824	$238,885	0	1,570	3,061
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
910550883	63053

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,635	$1,147	$0	0	16	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FARMERS AND TRADERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150304150	63193

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$443	$6,516	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,879	$0	$0	0	6	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL HOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350576390	67695

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,676	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,863	$0	$0	0	16	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$41,431	$105,705	$0	0	53	0
(18) LONG TERM CARE	$2,506	$0	$0	0	3	0
(19) MEDICARE SUPPLEMENT	$111,381	$141,008	$0	0	65	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,592	$8,577	$0	0	24	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL INSURANCE COMPANY

FEIN	NAIC Company Code
131963496	20281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$567,260	$179,816	$0	0	12,606	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

FEIN	NAIC Company Code
361063550	63223

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$895	$0	$0	0	282	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$111	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$51,990	$918	$4,865	0	149	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIDELITY SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430949844	71870

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$8,579	$0	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$66,899	$164,656	$3,443	0	1	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$6,650,286	$3,547,262	$1,831,123	1	1,409	1,064
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,669,928	$1,656,506	$1,760,067	53	1,800	885
(14) ACCIDENT ONLY	$505,696	$132,686	$179,933	0	6,429	4,131
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$478,035	$145,398	$44,883	8	5,773	476
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$563,687	$53,126	$119,427	0	203	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$108,565	$159,244	$108,565	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$506,971	$141,161	$21,600	6	5,225	3,267
(22) DENTAL/VISION	$5,113,260	$3,475,393	$1,296,130	215	61,488	49,416
(23) PRESCRIPTION DRUG	$101,367	$94,145	$37,134	42	311	167
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041867050	69140

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$3,826	$0	$0	0	10	3
(03) CONVERSION	$120,519	$1,312,389	$0	0	23	11
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$54,927	$819,651	$0	0	161	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

FIRST COLONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
540596414	63401

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$1,909	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
382242132	90328

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$81,671	$19,265	$0	1	360	198
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$517,977	$362,584	$517,977	1	1,983	1,296
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST INVESTORS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131968606	63495

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$800	$6,357	$0	0	5	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FLORIDA COMBINED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
592876465	76031

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$765,430	$330,611	$0	37	3,288	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,619,023	$11,612,609	$0	287	46,678	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$34,037,576	$19,574,370	$0	1,496	73,588	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FLORIDA HEALTH CARE PLAN, INC.

FEIN	NAIC Company Code
593222484	95124

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$4,528,837	$6,226,836	$589,409	0	892	491
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$1,221,168	$946,682	$60,338	237	237	59
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$17,375,429	$14,526,673	$2,098,024	1,019	3,973	1,659
(06) INSTATE 51+ MEMBER GROUPS	$92,515,288	$81,553,081	$1,783,759	65	18,017	14,201
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FORT DEARBORN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362598882	71129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,016,895	$1,020,861	$0	134	2,352	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$12,655	$8,689	$0	12	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FREEDOM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
611096685	62324

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$13,598,348	$10,271,761	$3,613,737	2	2,656	1,913
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$42,233	$11,995	$0	0	10	4
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,458	$0	$0	0	12	12
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$217	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$613,788	$153,061	$0	0	2,479	315
(22) DENTAL/VISION	$32,358	$0	$0	0	27	20
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GARDEN STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
221700753	63657

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,273	$0	$0	1	41	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GE GROUP LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
060893662	80926

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,787,623	$3,889,552	$2,310,960	33	4,498	5,160
(14) ACCIDENT ONLY	$435,869	$247,019	$109,865	1,017	40,883	4,376
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$229,908	$452,821	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,440,200	$2,873,096	$1,550,687	739	19,883	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$11,712,891	$7,828,679	$3,160,201	779	24,376	29,817
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GE LIFE AND ANNUITY ASSURANCE COMPANY

FEIN	NAIC Company Code
540283385	65536

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,381	$0	$0	0	39	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,986	$0	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,325	$2,349	$0	0	0	0
(18) LONG TERM CARE	$69,517	$21,588	$0	45	0	0
(19) MEDICARE SUPPLEMENT	$276,950	$409,949	$6,332	0	150	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$4,650	$0	$0	0	23	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

FEIN	NAIC Company Code
916027719	70025

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14,012	$360,947	$0	0	67	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$95,597,610	$3,687,945	$385,831	1	46,842	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GENESIS INSURANCE COMPANY

FEIN	NAIC Company Code
061024360	38962

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$359,523	$414,086	$0	0	167	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GERBER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
132611847	70939

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$141,029	$238,971	$0	0	35	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,005,556	$1,214,083	$0	16	3,039	0
(14) ACCIDENT ONLY	$50,499	$241,103	$0	1	175	0
(15) BLANKET	$35,060	$23,357	$0	1	43	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$58,973	$94,669	$0	0	173	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$20,729	$15,018	$0	0	15	0
(19) MEDICARE SUPPLEMENT	$1,159,807	$785,758	$0	0	494	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$327	$0	$0	0	3	0
(22) DENTAL/VISION	$119	$110	$0	1	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
630782739	91472

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,407,278	$508,631	$0	0	9,937	9,989
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$185,773	$324,041	$0	0	215	255
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,278	$0	$0	0	3	4
(18) LONG TERM CARE	$123	$0	$0	0	1	1
(19) MEDICARE SUPPLEMENT	$166,968	$128,836	$0	0	123	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$49,562	$10,769	$0	0	710	1,045
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GOLDEN RULE INSURANCE COMPANY

FEIN	NAIC Company Code
376028756	62286

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,720,428	$1,548,718	$0	0	167	62
(03) CONVERSION	$27,409	$134,537	$4,057	0	13	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$8,335,928	$9,998,371	$1,795,425	0	939	124
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$99,450,239	$60,842,006	$14,152,109	0	25,690	20,749
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,387	$1,095	$0	0	8	2
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,463	$0	$0	0	3	0
(18) LONG TERM CARE	$0	$0	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$4,108,453	$4,150,936	$0	0	2,038	0
(20) SHORT TERM HEALTH	$584,746	$262,207	$540,339	0	295	175
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GOVERNMENT EMPLOYEES INSURANCE COMPANY

FEIN	NAIC Company Code
530075853	22063

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$24,307	$3,833	$0	0	210	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
740651020	63967

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$178,433	$106,309	$0	0	304	618
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GREAT AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131935920	63312

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$652	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$445	$0	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$306	$7,592	$0	0	1	0
(18) LONG TERM CARE	$707,837	$223,741	$31,284	6	372	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GREAT SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742058261	90212

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,745	$3,836	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT WEST LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
980000673	80705

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$148,811	$86,044	$0	2	11	24
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT-WEST HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
593428587	95805

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$39,666	$0	$0	0	5	3
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$273,211	$0	$0	2	53	37
(06) INSTATE 51+ MEMBER GROUPS	$5,191,020	$0	$0	40	1,002	703
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
840467907	68322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$180,422	$0	$0	0	154	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,137,372	$0	$0	11	565	534
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$33,022,261	$0	$0	954	30,628	23,330
(14) ACCIDENT ONLY	$388,470	$0	$0	0	1,565	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$79,596	$0	$0	0	340	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$93,528	$0	$0	0	1,225	500
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GUARANTEE TRUST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361174500	64211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$331,756	$308,789	$3,015	0	54	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$162,232	$73,989	$0	1	6	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,586,662	$2,063,067	$853,531	0	9,339	0
(15) BLANKET	$207,890	$385,416	$153,837	22	225	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$39,298	$15,106	$3,544	0	129	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$223,729	$5,765	$0	0	1,764	0
(18) LONG TERM CARE	$3,289,017	$4,049,158	$111,291	0	847	0
(19) MEDICARE SUPPLEMENT	$3,214,522	$2,284,154	$10,897	0	3,477	0
(20) SHORT TERM HEALTH	$101,543	$15,779	$101,543	0	157	203
(21) SPECIFIED OR DREAD DISEASE	$99,392	$9,814	$2,194	0	162	0
(22) DENTAL/VISION	$25,011	$9,743	$1,836	2	17	4
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

GUARANTY INCOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720201480	64238

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$108,119	$2,630	$36,151	0	95	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
135123390	64246

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$298,712	$1,164,429	$0	0	368	237
(03) CONVERSION	$399,504	$1,293,625	$94,360	0	83	52
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$785,019	$272,252	$0	1	566	637
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$671,997	$63,643	$152,024	916	39,867	1,993
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$24,158,895	$21,041,339	$1,620,294	1,168	43,035	2,375
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$75,032,578	$49,363,356	$13,502,099	3,394	154,987	193,734
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HARLEYSVILLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231580983	64327

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$140	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HARTFORD FIRE INSURANCE COMPANY

FEIN	NAIC Company Code
060383750	19682

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$372,165	$652,938	$0	3	1,064	0
(14) ACCIDENT ONLY	$8,913	$47,468	$0	1	2,020	0
(15) BLANKET	$265,814	$0	$0	409	248,526	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$127,576	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
060838648	70815

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$451,411	$356,591	$0	7	752	0
(14) ACCIDENT ONLY	$5,243,253	$3,065,313	$0	1,114	599,073	0
(15) BLANKET	$1,127,001	$520,176	$0	935	104,284	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$50,349,483	$39,680,642	$0	1,107	183,948	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,421,015	$1,117,439	$0	24	4,480	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
391052598	71153

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,656	$8,702	$0	0	34	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,858	$14,199	$0	0	77	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$62,411	$81,604	$0	0	731	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HARTFORD LIFE GROUP INSURANCE COMPANY

FEIN	NAIC Company Code
736095123	74268

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$185,223	$95,812	$0	0	3,003	7,808
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,460,822	$1,249,565	$0	0	15,872	41,268
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HARTFORD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060974148	88072

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,353,513	$1,010,541	$0	336	220,109	0
(15) BLANKET	$578,608	$238,243	$0	697	55,499	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$416,104	$171,332	$0	36	998	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,248,000	$1,459,308	$0	41	7,995	0
(18) LONG TERM CARE	$264,245	$108,804	$0	23	2,535	0
(19) MEDICARE SUPPLEMENT	$12,233,077	$5,038,239	$0	2	23,473	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$817,776	$336,721	$0	2	7,844	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HCC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
351817054	92711

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$13,183,923	$12,725,442	$2,456,389	71	21,024	47,094
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$11,838	$3,977	$0	0	5	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
361236610	70670						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(03) CONVERSION		$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$1,653,712	$2,124,923	$0	557	557	179
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$27,756,567	$23,344,779	$0	867	3,704	3,542
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$291,887,315	$245,587,569	$0	409	55,967	57,624
(13) EXCESS / STOP LOSS		$0	$0	$0	0	0	0
(14) ACCIDENT ONLY		$0	$0	$0	0	0	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$0	$0	$0	0	0	0
(18) LONG TERM CARE		$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT		$8,955,353	$6,584,056	$0	4,014	4,014	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$0	$0	$0	0	0	0
(22) DENTAL/VISION		$514,225	$27,790	$0	0	840	804
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HEALTH FIRST HEALTH PLANS, INC.

FEIN	NAIC Company Code
593315064	95019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$709,495	$611,029	$596,172	0	95	69
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,677,548	$2,332,032	$121,811	460	460	302
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$35,036,897	$27,340,680	$3,498,795	1,447	8,598	5,511
(06) INSTATE 51+ MEMBER GROUPS	$45,570,517	$38,741,102	$1,572,641	82	8,690	8,016
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$3,674,518	$23,612,569	$1,676,785	4	8,240	7,929
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HEALTH NET LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
730654885	66141

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$74,282	$534,611	$0	0	11	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HEALTH OPTIONS, INC.

FEIN	NAIC Company Code
592403696	95089

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$1,899,805	$1,660,214	$74,931	0	406	94
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$51,749,096	$36,997,628	$5,513,630	0	11,955	4,367
(03) CONVERSION	$15,205,120	$27,849,748	$4,018,036	0	2,967	1,058
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$25,675,275	$26,856,337	$686,159	3,640	3,640	3,025
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$471,208,555	$345,395,871	$32,803,446	12,476	101,123	60,143
(06) INSTATE 51+ MEMBER GROUPS	$1,130,790,187	$838,880,160	$83,130,948	855	170,830	124,172
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$172,408,764	$147,596,356	$8,575,417	33	20,057	18,632
(13) EXCESS / STOP LOSS	$991,701	$678,564	$0	9	7,913	5,435
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HIGHMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
061041332	93440

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,714,005	$2,525,682	$3,063,458	17	25,043	0
(14) ACCIDENT ONLY	$79,462	$18,762	$1,273	28	4,567	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,447,120	$1,026,787	$0	19	4,613	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$118,006	$84,612	$0	2	1,126	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HORACE MANN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370726637	64513

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,406	$21,867	$0	0	112	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,628	$2,002	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$324,035	$0	$0	3	984	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HOUSEHOLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
382341728	93777

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$487	$44	$0	0	16	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
611041514	69671						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$1,250,616	$1,260,982	$821,658	0	202	12
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$49,745,540	$21,315,341	$24,317,311	0	23,315	14,653
(03) CONVERSION		$2,028,983	$2,355,952	$615,263	0	275	82
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$20,378,426	$20,117,432	$376,579	1,672	1,672	1,336
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$73,995,776	$56,220,698	$15,657,783	2,477	12,061	8,270
(06) INSTATE 51+ MEMBER GROUPS		$173,903,087	$141,641,548	$44,413,028	292	30,017	21,940
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$15,426,121	$2,081,454	$5,816,941	23	34,304	42,546
(13) EXCESS / STOP LOSS		$0	$0	$0	0	0	0
(14) ACCIDENT ONLY		$0	$0	$0	0	0	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$0	$0	$0	0	0	0
(18) LONG TERM CARE		$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT		$3,296,790	$2,786,914	$0	0	1,279	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$0	$0	$0	0	0	0
(22) DENTAL/VISION		$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

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HUMANA INSURANCE COMPANY

FEIN	NAIC Company Code
391263473	73288

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$332,154	$597,038	$0	0	42	33
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,528,703	$1,298,937	$6,345	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$102,620	$1,345,117	$0	5	337	359
(13) EXCESS / STOP LOSS	$57,208	$0	$0	2	93	122
(14) ACCIDENT ONLY	$119,278	$0	$0	957	11,896	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$177,387	$38,154	$14,324	77	523	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$12,693	$16,583	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$128,854	$115,390	$0	12	4	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANA MEDICAL PLAN, INC.

FEIN	NAIC Company Code
611103898	95270

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,943,356	$4,104,112	$361,573	0	518	231
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$6,091,549	$5,943,231	$327,576	688	688	464
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$38,346,970	$28,719,258	$6,829,159	1,166	8,091	3,960
(06) INSTATE 51+ MEMBER GROUPS	$465,800,495	$383,596,144	$51,782,383	344	88,603	65,242
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

HUMANADENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
390714280	70580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$29,877	$0	$117,584	51	4,821	5,351
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$24,378	$0	$0	0	27	0
(22) DENTAL/VISION	$7,537,721	$4,535,836	$2,938,774	1,076	15,302	11,616
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

IDEALIFE INSURANCE COMPANY

FEIN	NAIC Company Code
061053475	97764

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$24,260	$84,468	$0	0	15	0
(19) MEDICARE SUPPLEMENT	$3,289,483	$2,555,264	$0	0	1,283	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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IDS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410823832	65005

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,186,537	$2,678,447	$1,101,874	0	7,360	0
(18) LONG TERM CARE	$13,465,249	$4,137,186	$4,823	0	10,552	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370344290	64580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,093,705	$1,361,839	$0	0	146	63
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,997	$140,637	$0	0	55	11
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,528,382	$3,540,760	$594,922	0	7,596	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

INDEPENDENT ORDER OF FORESTERS

FEIN	NAIC Company Code
980000680	58068

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,113	$18,931	$0	0	79	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INDIANAPOLIS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350413330	64645

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,071	$0	$0	0	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$768,803	$52,998	$0	0	1,122	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT

FEIN	NAIC Company Code
431014771	81779

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$269	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ING LIFE INSURANCE AND ANNUITY COMPANY

FEIN	NAIC Company Code
710294708	86509

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$35,336	$52,580	$0	0	1	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$249	$21,271	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$44,599	$0	$0	0	54	0
(19) MEDICARE SUPPLEMENT	$14,721	$487	$0	0	11	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ING USA ANNUITY AND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410991508	80942

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$30,106	$49,456	$0	0	78	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,026	$595,705	$0	0	956	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INTERNATIONAL DENTAL PLANS, INC.

FEIN	NAIC Company Code
592327793	52011

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$309,974	$136,619	$0	0	1,462	1,784
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INVESTORS HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610574893	64904

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$5,080	$13,140	$0	0	3	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
231632193	63487

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,609	$2,975	$0	0	7	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,790	$3,309	$0	0	6	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,500	$13,850	$0	0	31	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$7,100	$13,100	$0	0	16	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750300900	64017

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,652	$4,099	$0	0	16	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$51	$80	$0	0	2	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,415	$2,188	$0	0	11	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$59,693	$61,980	$0	0	56	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$68,127	$105,333	$0	0	47	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,156	$1,787	$0	0	23	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

FEIN	NAIC Company Code
620395665	70254

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0		$0	0	0	0
(14) ACCIDENT ONLY	$2,724,711	$2,480,741	$514,620	1,330	203,441	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$41,882,941	$32,884,039	$7,045,418	1,523	205,499	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,048,307	$4,844,412	$0	143	1,216	0
(22) DENTAL/VISION	$9,852,642	$6,599,113	$2,727,016	210	19,716	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON PILOT LIFEAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
220832760	62057

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$8,729	$74,085	$0	0	8	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,086	$72,503	$0	0	15	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

JEFFERSON-PILOT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560359860	67865

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$923	$0	$0	0	3	0
(03) CONVERSION	$14,265	$427,175	$0	0	4	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$942	$0	$0	0	3	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$57,600	$37,241	$0	0	231	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,750,190	$2,732,469	$0	0	2,329	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JOHN ALDEN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410999752	65080

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$27,778	$16,018	$9,120	0	6	1
(03) CONVERSION	$333,690	$657,019	$0	0	30	7
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$27,912	$1,887	$0	1	5	2
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$389,593	$1,861,296	$184,011	0	25	1
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$5,724,244	$1,612,127	$1,998,188	1	1,627	1,425
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$861	$0	$0	0	30	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$35,618	$161,535	$0	0	23	0
(18) LONG TERM CARE	$697,876	$444,864	$0	0	345	0
(19) MEDICARE SUPPLEMENT	$725,162	$461,764	$0	0	352	0
(20) SHORT TERM HEALTH	$398,668	$194,853	$327,989	0	176	60
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$24,402	$13,083	$665	11	44	28
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

JOHN HANCOCK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041414660	65099

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$73,903	$136,699	$0	0	396	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,254,104	$3,369,545	$0	0	807	0
(18) LONG TERM CARE	$77,459,138	$34,684,751	$38,905,040	180	41,084	2,920
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

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

FEIN	NAIC Company Code
010233346	65838

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,019	$25,311	$0	0	16	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

KANAWHA INSURANCE COMPANY

FEIN	NAIC Company Code
570380426	65110

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$159,252	$257,776	$0	0	89	67
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$26,884	$100	$24,781	0	139	200
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,294	$2,481	$753	0	53	23
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$802,414	$342,373	$96,704	0	2,455	30
(18) LONG TERM CARE	$15,793,394	$5,599,118	$214,400	0	10,338	0
(19) MEDICARE SUPPLEMENT	$740,641	$477,148	$0	0	274	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$362,852	$36,237	$158,374	0	2,835	2,538
(22) DENTAL/VISION	$43,910	$34,657	$0	0	88	91
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

KANSAS CITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
440308260	65129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$10,994	$9,469	$0	0	5	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,754	$1,158	$0	0	27	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$291,110	$540,132	$0	14	376	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,954	$5,463	$0	0	4	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$121	$21	$0	0	3	1
(22) DENTAL/VISION	$414,326	$259,120	$8,500	17	720	339
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

KNIGHTS OF COLUMBUS

FEIN	NAIC Company Code
060416470	58033

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$33,483	$75,546	$0	0	85	18
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,258	$0	$0	0	10	3
(18) LONG TERM CARE	$958,624	$0	$0	0	764	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LAFAYETTE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350457540	65242

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$79,581	$0	$2,625	26	2,244	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$114,142	$82,407	$30,199	6	216	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

FEIN	NAIC Company Code
046076039	65315

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$12,201,925	$15,594,932	$489,677	26	44,940	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LIBERTY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570249218	65323

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,808,758	$104,307	$247,119	0	26,815	10,976
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$902	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$61,714	$19,807	$12,348	0	278	57
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$17,093	$8,187	$136	0	16	28
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LIBERTY MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
041543470	23043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$585	$846	$0	0	1	0
(03) CONVERSION	$16,651	$218,368	$0	0	6	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$57,262	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$517	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$1,671	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LIFE INSURANCE COMPANY OF GEORGIA

FEIN	NAIC Company Code
580298930	65471

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$46,004	$5,335	$0	0	133	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$38,617	$10,243	$0	0	3,865	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$143,262	$55,559	$0	0	2,340	30
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,961	$90,577	$0	0	115	0
(18) LONG TERM CARE	$51,855	$85,613	$0	0	47	9
(19) MEDICARE SUPPLEMENT	$1,395,700	$1,448,974	$0	0	706	4
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$522,211	$1,608,374	$0	0	3,512	1,314
(22) DENTAL/VISION	$71,848	$82,886	$0	0	202	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$123,353	$188,038	$0	0	170	201
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
231503749	65498

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$8,050	$0	0	0	0
(14) ACCIDENT ONLY	$5,334,637	$9,960,505	$0	40	26,673	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,921,237	$1,429,875	$0	10	24,015	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$19,305,270	$26,082,640	$0	38	55,157	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,299,531	$564,757	$0	22	28,744	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LIFE INSURANCE COMPANY OF THE SOUTHWEST

FEIN	NAIC Company Code
750953004	65528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$91	$0	$0	0	1	1
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LIFE INVESTORS INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
420191090	64130

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$9,661	$18,885	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$18,162	$31,614	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$938,124	$174,363	$0	0	4,851	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$157,353	$63,361	$0	0	530	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,040,156	$322,591	$0	0	6,480	0
(18) LONG TERM CARE	$5,523,053	$1,844,818	$265,154	0	3,770	0
(19) MEDICARE SUPPLEMENT	$10,707,872	$8,059,742	$0	0	4,890	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$887,355	$1,009,675	$0	0	1,205	442
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LINCOLN BENEFIT LIFE COMPANY

FEIN	NAIC Company Code
470221457	65595

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$8,057,819	$880,058	$896,454	0	2,551	635
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LINCOLN HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042314290	65927

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,071	$1,400	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$107,423	$496	$107,423	0	287	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LINCOLN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350472300	65676

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,671	$0	$0	1	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,963,159	$14,040,739	$0	0	2,020	0
(18) LONG TERM CARE	$329,828	$314,564	$0	0	226	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

LONDON LIFE REINSURANCE COMPANY

FEIN	NAIC Company Code
232044256	76694

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$176,408	$214,067	$107,448	1	204	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$11,997	$27,313	$0	0	9	2
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LOYAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630343428	65722

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14,903	$4,351	$9,722	0	57	47
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$18,424	$5,379	$0	1	184	113
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$61,111	$17,841	$521	1	201	0
(18) LONG TERM CARE	$879,253	$256,704	$651,410	0	547	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$641,627	$187,327	$14,873	0	4,755	4,484
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MADISON NATIONAL LIFE INSURANCE COMPANY INC.

FEIN	NAIC Company Code
390990296	65781

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$357,129	$147,203	$357,129	1	40	52
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,159	$229	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$145,182	$129,093	$0	1	5	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,303	$0	$0	0	11	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MANHATTAN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
450252531	67083

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$225	$180	$0	0	0	0
(18) LONG TERM CARE	$207,429	$1,839,084	$0	0	586	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MARKEL INSURANCE COMPANY

FEIN	NAIC Company Code
363101262	38970

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,265,540	$822,016	$102,941	0	214,873	0
(15) BLANKET	$1,483,808	$647,819	$158,183	0	9,910	20
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$113,259	$44,901	$112,491	0	712	30
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041590850	65935

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,914,121	$29,392,761	$1,043,577	0	9,403	0
(18) LONG TERM CARE	$3,393,040	$30,954	$864,937	0	910	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEDAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
340977231	69515

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$155,120	$37,150	$0	0	113	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEDICAL SAVINGS INSURANCE COMPANY

FEIN	NAIC Company Code
351975418	74217

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$30,421	$17,205	$27,260	0	5	3
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$20,869,412	$11,584,985	$5,453,238	4	5,505	6,824
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEDICO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470520541	71471

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,393	$82	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,137	$45	$0	0	2	0
(18) LONG TERM CARE	$357,845	$0	$97,409	0	267	0
(19) MEDICARE SUPPLEMENT	$204,204	$129,421	$108,595	0	137	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,131	$0	$0	0	32	21
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEGA LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
592213662	97055

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$162,174	$9,490	$0	0	40	36
(03) CONVERSION	$0	$249,824	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$9,756,512	$8,789,999	$0	22	17,240	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$9,533	$0	$0	0	4	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$47,905,222	$26,458,000	$8,705,403	11	11,339	8,657
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,490,135	$799,918	$46,116	66	20,889	36
(15) BLANKET	$1,387,413	$369,500	$0	0	37,482	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$200,692	$112,764	$78,605	0	465	319
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$233,417	$86,261	$45,933	0	773	1
(18) LONG TERM CARE	$16,431	$336	$0	0	12	0
(19) MEDICARE SUPPLEMENT	$32,807	$45,028	$0	0	25	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$12,691,430	$7,304,811	$128,884	98	24,258	4,697
(22) DENTAL/VISION	$874,582	$417,469	$0	0	6,154	4,688
(23) PRESCRIPTION DRUG	$81,076	$48,646	$470	0	152	81
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEMBERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391236386	86126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$545	$0	$0	0	13	15
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$271	$1,329	$0	0	2	2
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MENNONITE MUTUAL AID ASSOCIATION

FEIN	NAIC Company Code
356059333	57991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$370,623	$113,742	$0	0	49	38
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$585,045	$522,403	$0	0	237	100
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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METROPOLITAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135581829	65978

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$170,066	$89,683	$0	21	20	2
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$913,171	$121,622	$0	31	555	526
(14) ACCIDENT ONLY	$6,659,190	$2,828,655	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$690,760	$948,085	$0	2	270	273
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$57,201,607	$69,180,981	$0	0	0	0
(18) LONG TERM CARE	$24,408,136	$7,961,859	$0	2,662	2,662	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$98,711,992	$77,788,707	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MIDLAND NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460164570	66044

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,005	$0	$0	0	127	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MID-SOUTH INSURANCE COMPANY

FEIN	NAIC Company Code
560710065	79987

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$52,018	$44,710	$0	0	9	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,326	$5,058	$0	0	4	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

FEIN	NAIC Company Code
620724538	66087

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$53,322	$9,490	$746	0	14	6
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$607,199	$130,214	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$85,696	$15,043	$17,024	0	14	2
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$67,131,914	$32,588,851	$15,747,852	20	19,132	13,867
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$203,471	$24,483	$53,754	0	154	25
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$52,331	$0	$19,781	0	75	23
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,540	$0	$0	0	8	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$842,918	$161,964	$249,341	0	6,298	2,741
(22) DENTAL/VISION	$592,263	$193,414	$131,746	0	3,842	2,917
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MIDWESTERN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350838945	66109

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,567	$1,094	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$1,432	$986	$0	0	2	1
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MINNESOTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410417830	66168

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,380,922	$1,207,248	$967,793	0	68,110	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,866,251	$2,794,657	$25,335	0	4,062	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MONUMENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520419790	66281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,724,673	$1,724,596	$0	10	3,173	4,125
(14) ACCIDENT ONLY	$15,982,383	$6,770,489	$0	0	197,966	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$657,234	$224,291	$0	0	3,528	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$208,674	$126,293	$0	0	1,730	0
(18) LONG TERM CARE	$6,155,370	$789,919	$1,328,460	0	3,255	0
(19) MEDICARE SUPPLEMENT	$7,048,760	$3,616,316	$0	0	3,194	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,515,981	$4,737,343	$0	0	9,715	0
(22) DENTAL/VISION	$116,322	$58,793	$0	0	1,355	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$1,392	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131632487	66370

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$49,025	$260,119	$0	0	0	3
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$144,464	$331,242	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,652,647	$3,289,301	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MTL INSURANCE COMPANY

FEIN	NAIC Company Code
361516780	66427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$84,869	$421,075	$0	0	76	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131614399	88668

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$170,733	$289,410	$0	502	265	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MUTUAL OF OMAHA INSURANCE COMPANY

FEIN	NAIC Company Code
470246511	71412

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,536,966	$7,839,301	$0	0	802	150
(03) CONVERSION	$10,511	$9,552	$0	0	4	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	($1,322)	$407,559	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$597,551	$543,347	$0	3	89	105
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$39,618	$0	$0	8	104	178
(13) EXCESS / STOP LOSS	$9,412	$593	$0	2	23	58
(14) ACCIDENT ONLY	$4,145,032	$3,082,658	$1,132,383	4	445,175	9,457
(15) BLANKET	$581,668	$194,584	$470,764	57	95,544	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$646,716	$463,497	$128,893	0	3,034	703
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,144,249	$4,009,173	$303,549	9	10,655	10
(18) LONG TERM CARE	$10,548,377	$1,167,311	$383,460	5	6,888	0
(19) MEDICARE SUPPLEMENT	$20,692,680	$12,812,838	$2,024,777	0	9,502	2
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,809,797	$1,594,297	$892,421	0	34,640	10,894
(22) DENTAL/VISION	$77,879	$59,978	$0	2	121	129
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MUTUAL PROTECTIVE INSURANCE COMPANY

FEIN	NAIC Company Code
470122200	31119

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,072	$0	$0	0	63	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$110,997	$98,138	$0	0	234	20
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$36,950	$25,588	$0	0	76	0
(18) LONG TERM CARE	$3,806,538	$2,183,799	$75,762	0	3,441	0
(19) MEDICARE SUPPLEMENT	$42,917,328	$32,734,768	$13,255	0	23,157	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$534,194	$291,510	$0	0	1,985	1,102
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MUTUAL SAVINGS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630148960	66397

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$19,669	$41,341	$0	0	2,667	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

MUTUAL SERVICE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410203970	66419

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$210,942	$8,268	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONAL BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231618791	61409

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$47,507	$351,161	$0	0	81	41
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$241	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$68,529	$49,858	$0	0	381	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,638	$4,548	$0	0	5	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,903	$8,499	$0	0	3	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONAL CASUALTY COMPANY

FEIN	NAIC Company Code
380865250	11991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$104,615	$11,616	$0	157	55,475	9
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,197	$9,269	$0	0	25	28
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,887	$6,105	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,961	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390493780	66583

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$269	$1,239	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$43,295	$96,655	$0	0	78	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,954	$3,718	$0	0	3	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$43	$0	$0	0	1	0
(22) DENTAL/VISION	$15,286	$7,356	$15,286	1	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
030144090	66680

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,257,831	$8,189,048	$49,488	0	1,390	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONAL STATES INSURANCE COMPANY

FEIN	NAIC Company Code
430825796	60593

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,714	$0	$655	0	35	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,425,027	$4,558,333	$632,187	0	2,347	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$14,754,911	$15,148,581	$1,041,143	0	6,273	0
(19) MEDICARE SUPPLEMENT	$13,581,694	$9,249,475	$369,587	0	5,339	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,296,040	$1,262,432	$37,959	0	1,258	0
(22) DENTAL/VISION	$32,249	$17,617	$0	0	53	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

FEIN	NAIC Company Code
751623431	87963

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,380	$0	$0	0	16	8
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$114	$0	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$57,633	$2,597	$6,481	0	169	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$665,868	$53,091	$130,784	0	1,457	1,270
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONAL WESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840467208	66850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,494	$31,097	$0	0	71	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

FEIN	NAIC Company Code
231619082	70750

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,730	$80	$0	0	10	10
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONWIDE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
314156830	66869

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$132,180	$69,689	$0	1	65	143
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$5,325,089	$4,932,879	$199,067	0	67,882	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
230990450	68225

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$99	$0	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,926	$1,264	$0	0	28	21
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$111,817	$77,803	$0	0	463	194
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$205	$10,740	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,959	$1,862	$0	0	13	22
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

FEIN	NAIC Company Code
650996107	95123

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$6,636,825	$8,426,133	$2,520,498	0	1,302	196
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$292,807,518	$237,501,270	$25,789,324	8,532	56,710	37,060
(06) INSTATE 51+ MEMBER GROUPS	$122,451,474	$109,096,926	$10,130,820	256	27,136	17,586
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NEW ENGLAND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042708937	91626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$26,332	$771,350	$1,465	1	1	2
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,685,238	$837,780	$93,762	64	1,606	1,253
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$289,043	$1,035,552	$10,300	342	342	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,551	$2,558	$0	1	2	4
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NEW ERA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742552025	78743

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$44,101	$91,610	$0	0	102	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,592,320	$3,992,110	$0	0	1,827	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$12,895	$8,648	$0	0	215	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$740	$53	$0	0	12	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NEW YORK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135582869	66915

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$349,165	$221,046	$0	0	356	69
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$12,205,516	$11,800,495	$1,572,453	0	4,138	2,491
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$687,792	$662,674	$226,477	0	11,178	1,124
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$123,074	$109,275	$11,583	0	414	135
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,666,726	$12,184,247	$194,323	0	7,353	8
(18) LONG TERM CARE	$4,912,302	$1,795,737	$725,056	1	3,465	0
(19) MEDICARE SUPPLEMENT	$799,573	$700,263	$0	0	291	19
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NIPPON LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
042509896	81264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$593,902	$592,745	$9,965	25	43	58
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,117,859	$687,954	$15,577	25	129	65
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$12,912	$0	$0	2	22	20
(13) EXCESS / STOP LOSS	$11,769	$0	$274	4	26	25
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,381	$0	$388	7	12	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$87,516	$65,459	$1,790	33	91	96
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NORTH AMERICAN CO FOR LIFE AND HEALTH INSURANCE

FEIN	NAIC Company Code
362428931	66974

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$12,067	$18,574	$0	0	127	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560340860	67032

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$498,059	$128,981	$498,059	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$692	$8,177	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

FEIN	NAIC Company Code
362258318	69000

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$3,628,260	$78,298	$1,003,585	0	2,081	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390509570	67091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$47,658,684	$52,355,546	$9,956,225	918	50,218	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

FEIN	NAIC Company Code
560343440	67148

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$29,610	$3,250	$0	0	142	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,093	$1,760	$0	0	9	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$12,354	$4,252	$0	0	53	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$599	$1,681	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$91,235	$40,503	$0	0	391	484
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OHIO CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
310396250	24074

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$854	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OHIO NATIONAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code
310962495	89206

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$55	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,062,656	$1,193,229	$14,882	0	643	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OHIO NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310397080	67172

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$546	$680	$0	0	2	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$665,420	$113,617	$81,306	0	317	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OHIO STATE LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
314271600	67180

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,633	$830	$0	0	23	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OLD AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
440376695	67199

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$23,144	$414	$0	0	735	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,865	$553	$0	0	179	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$271	$57	$0	0	2	0
(18) LONG TERM CARE	$595,001	$3,700,523	$0	0	441	0
(19) MEDICARE SUPPLEMENT	$6,989	$14,715	$0	0	18	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,312	$2,905	$0	0	113	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OLD REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
250410420	24147

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,734,775	$2,107,205	$4,734,775	0	28,096	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OLD REPUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361577440	67261

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$121,955	$59,274	$0	4	102,730	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ONEBEACON AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
042475442	20621

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$64,848	$18,872	$0	2	1,200	3,400
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA

FEIN	NAIC Company Code
314273120	56383

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$13,839	$729	$1,739	0	397	54
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,120	$2,073	$44	0	31	14
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$54,467	$59,475	$0	0	338	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$9,934,933	$7,497,791	$353,815	0	4,527	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

OZARK NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430812448	67393

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,089	$10,350	$0	0	55	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PACIFIC LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code
953769814	97268

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$17,754	$60,198	$0	0	2	3
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$3,944,121	$3,031,043	$984,034	8	630	788
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,162,028	$4,062,742	$142,455	288	288	202
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$63,079,828	$52,339,263	$982,642	1,693	5,468	3,503
(11) OUT OF STATE 51+ MEMBER GROUPS	$4,385,770	$4,059,728	$1,220,661	28	959	703
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$52,624	$0	$1,765	493	3,268	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$78,820	$54,748	$0	17	288	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$963,661	$614,955	$30,533	207	1,231	1,088
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PACIFIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951079000	67466

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$564,901	$266,418	$107,962	3	780	975
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
351137395	70785

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$941,394	$774,190	$180,710	31	656	4
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PAN-AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720281240	67539

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$8,978	$6,717	$0	0	12	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,189,522	$1,262,333	$913,755	37	6,679	0
(14) ACCIDENT ONLY	$106,887	$35,183	$16,488	29	2,057	662
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,838,687	$2,250,205	$592,154	58	3,391	2,879
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$301,830	$117,202	$46,560	87	2,469	777
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$28,437	$52,481	$4,387	7	99	29
(22) DENTAL/VISION	$107,973	$22,821	$16,656	213	1,051	372
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PAUL REVERE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041768571	67598

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,509	$40,690	$0	72	72	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$27,138,296	$69,168,858	$22,023	13,403	20,174	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PENN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
230952300	67644

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,720,843	$6,904,218	$0	0	876	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PENN TREATY NETWORK AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
232603386	63282

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$50,478,740	$43,995,325	$1,151,627	0	28,531	0
(19) MEDICARE SUPPLEMENT	$325,000	$302,068	$0	0	198	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PENNSYLVANIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231305366	67660

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$165,456	$76,485	$30,731	0	1,537	40
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$333,155	$102,437	$41,720	0	604	16
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,233,941	$1,703,669	$286,706	0	4,357	118
(18) LONG TERM CARE	$30,436	$0	$0	0	29	0
(19) MEDICARE SUPPLEMENT	$3,738	$2,719	$1,421	0	5	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$18,425	$6,515	$0	0	92	0
(22) DENTAL/VISION	$4,143	$158	$4,143	0	21	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PEOPLES BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430378030	66605

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$307,323	$175,580	$0	2	295	287
(14) ACCIDENT ONLY	$1,809,855	$0	$0	0	9,063	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$740,344	$0	$0	0	4,749	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$150,157	$237,160	$0	0	73	0
(19) MEDICARE SUPPLEMENT	$3,587,419	$0	$0	0	2,034	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$31,653	$0	$0	0	665	133
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741952955	67784

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$118,310	$174,876	$3,539	0	97	32
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$13,220	$0	$13,220	20	40	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,357,581	$944,586	$0	5	2,812	1,406
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$172,631	$81,904	$0	14	791	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$48,304	$123,928	$0	0	41	7
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$59,002	$61,086	$0	0	196	49
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHOENIX LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060493340	67814

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,965	$0	$0	0	7	9
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHYSICIANS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
470270450	80578

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$77,657	$248,487	$0	0	16	3
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$546,353	$1,331,679	$0	0	129	30
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,192	$720	$0	0	16	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,535,458	$3,193,898	$330,411	0	14,898	3,826
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,570	$151	$0	0	22	0
(18) LONG TERM CARE	$786,981	$411,603	$131,575	0	515	0
(19) MEDICARE SUPPLEMENT	$4,997,822	$3,584,172	$0	0	1,926	139
(20) SHORT TERM HEALTH	$265	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$211,346	$48,225	$0	0	1,061	230
(22) DENTAL/VISION	$180	$12	$0	0	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PREFERRED MEDICAL PLAN, INC.

FEIN	NAIC Company Code
591419293	95271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$515,965	$563,038	$46,466	0	272	86
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$54,087,115	$42,733,165	$7,425,906	0	27,784	12,294
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PRIMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041590590	65919

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$48,903	$6,333	$0	1	20	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$33,369	$144	$0	0	82	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$22,739	$48,873	$0	0	68	0
(18) LONG TERM CARE	$46,374	$17,725	$0	0	46	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PRINCIPAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420127290	61271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,562,590	$4,281,093	$0	0	310	182
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$8,418,149	$9,556,700	$274,572	29	1,435	1,046
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$216,913	$0	$0	2	156	97
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,407	$4,126	$0	0	45	20
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,077,477	$10,080,863	$3,043,722	1,180	61,714	0
(18) LONG TERM CARE	$43,763	$6,915	$0	0	197	0
(19) MEDICARE SUPPLEMENT	$22,005,299	$16,205,326	$0	0	8,306	716
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$27,043,486	$17,907,267	$3,285,426	2,731	53,139	47,931
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PROFESSIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
590411385	68047

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,452,345	$608,472	$223,082	0	4,596	3,217
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,642,804	$2,711,191	$866,741	0	12,304	8,613
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$703,737	$281,792	$108,095	0	4,025	2,818
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
630761690	88536

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,643	$2,565	$0	0	11	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PROTECTIVE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630169720	68136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$118	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,707	$0	$0	0	37	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$316,192	$635,591	$0	0	249	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$45,377	$64,014	$0	0	30	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,430,804	$9,654,262	$0	0	14,991	0
(22) DENTAL/VISION	$7,300	$0	$0	0	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
231335885	67903

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$1,513,178	$2,302,872	$0	0	89	62
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
620331200	68195

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,248	$0	$0	70	70	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$56,785,323	$132,826,569	$2,722,559	127,875	127,875	0
(18) LONG TERM CARE	$1,530,333	$46,039	$1,029,644	2,204	2,204	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,787,764	$577,595	$883,485	11,405	11,405	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

FEIN	NAIC Company Code
221211670	68241

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,777,117	$3,031,866	$0	0	1,624	324
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,306,217	$714,548	$0	245	121,278	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,399	$3,325	$0	0	142	5
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$28,444,650	$33,100,280	$0	432	111,137	0
(18) LONG TERM CARE	$6,004,191	$4,703,743	$0	4	3,983	0
(19) MEDICARE SUPPLEMENT	$14,817	$26,543	$0	0	13	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$939	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

PYRAMID LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
480557726	68284

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$746,203	$1,408,025	$0	0	120	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$14,580	$13,311	$0	0	13	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$45	$0	$0	0	1	0
(18) LONG TERM CARE	$386,062	$340,024	$5,368	0	179	0
(19) MEDICARE SUPPLEMENT	$3,130,043	$2,330,742	$400,310	0	1,399	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$33,180	$10,823	$9,556	0	144	0
(22) DENTAL/VISION	$1,765	$88	$1,765	0	6	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

QBE INSURANCE CORPORATION

FEIN	NAIC Company Code
222311816	39217

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$113,523	$42,901	$113,523	4	3,795	2,078
(14) ACCIDENT ONLY	$191,923	$59,662	$191,923	0	4,356	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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REASSURE AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
380779740	65765

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$15,052	$31,847	$0	0	163	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$58,010	$17,742	$0	0	499	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$20,143	$33,564	$0	0	207	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,315,009	$13,392,796	$0	0	3,186	0
(18) LONG TERM CARE	$86,287	$0	$0	0	8	0
(19) MEDICARE SUPPLEMENT	$6,007	$12,440	$0	0	7	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$616,608	$344,079	$0	0	3,305	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430476110	68357

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,052	$0	$0	0	30	3
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$25	$0	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$995	$0	$0	0	6	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIANCE STANDARD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
360883760	68381

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,156,709	$1,558,171	$1,973,861	182	70,749	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,905,671	$13,468,594	$4,254,568	567	61,753	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$3,893,678	$3,142,654	$1,050,847	86	9,850	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIASTAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410451140	67105

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$9,257,755	$4,427,302	$2,398,684	258	53,081	122,086
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,841	$53,670	$0	4	86	198
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,237,137	$1,662,240	$805,633	78	7,166	0
(18) LONG TERM CARE	$4,729	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$137	$0	$137	0	0	0
(22) DENTAL/VISION	$3,173,336	$2,141,836	$1,312,913	18	12,971	26,849
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
530242530	61360

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$392,240	$0	$147,295	11	1,500	3,450
(14) ACCIDENT ONLY	$0	$42,039	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$289	$0	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$70,641	$48,768	$1,043	2	273	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$433,974	$458,093	$24,165	0	1,078	2,479
(22) DENTAL/VISION	$78,170	$20,003	$0	0	921	1,473
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RENAISSANCE LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
351536282	94587

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$141,270	$100,402	$140,951	34	693	458
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RESERVE NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
730661453	68462

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$337,110	$217,624	$0	0	104	35
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$9,888	$10,518	$0	1	8	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$15,440	$2,170	$0	0	99	40
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$35,220	$28,801	$0	0	51	10
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$493	$0	$0	0	2	0
(18) LONG TERM CARE	$29,552	$5,972	$0	0	38	10
(19) MEDICARE SUPPLEMENT	$1,194,364	$1,089,169	$0	0	521	44
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,543	$388	$0	0	72	15
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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S.USA LIFE INSURANCE COMPANY, INC.

FEIN	NAIC Company Code
860788099	60183

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,641	$0	$1,641	0	53	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SAFEGUARD HEALTH PLANS, INC.

FEIN	NAIC Company Code
650073323	52009

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$12,926,130	$7,417,644	$431,703	2,681	253,009	37,940
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SAFEHEALTH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
330515751	79014

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,531,803	$2,045,783	$156,972	228	3,283	6,977
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SEARS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
363742955	69914

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$74,295	$4,669	$55,956	0	2,694	1,223
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,202	$2,693	$0	0	25	7
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY LIFE OF DENVER INSURANCE COMPANY

FEIN	NAIC Company Code
840499703	68713

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$7,242	$17,343	$0	0	6	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$712	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,839	$45	$0	0	97	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,060	$0	$0	0	27	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,904	$4,429	$0	0	60	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
150442730	68772

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,409	$0	$540	11	457	0
(15) BLANKET	$3,577	$19,758	$0	2	517	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,418	$1,916	$0	0	8	13
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$199,803	$1,190,617	$0	8	351	150
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362610791	69485

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$10,603	$0	$0	0	764	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENTRY INSURANCE A MUTUAL COMPANY

FEIN	NAIC Company Code
390333950	24988

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,415	$0	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$184,683	$0	$0	0	168	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$33,598	$0	$0	0	1,216	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENTRY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
396040276	68810

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,565	$3,262	$0	0	15	0
(03) CONVERSION	$125	$0	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$23,413	$210	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$55,922	$14,271	$0	0	638	0
(18) LONG TERM CARE	$2,589	$0	$0	0	2	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$328	$0	$0	0	0	0
(22) DENTAL/VISION	$63,624	$29,440	$0	0	307	166
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SHENANDOAH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
540377280	68845

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$130,469	$42,000	$16,182	228	11,178	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$793,981	$221,541	$154,877	80	2,562	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$5,751,822	$3,714,335	$1,687,119	826	13,426	12,172
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SIRIUS AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
132930697	35408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$487,779	$158,133	$0	2	981	2,560
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SONS OF NORWAY

FEIN	NAIC Company Code
410547795	57142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$723	$0	$0	0	7	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,917	$12,749	$0	0	21	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$993	$1,900	$0	0	15	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.

FEIN	NAIC Company Code
571136359	

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$202,309	$381,953	$202,309	8	553	167

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SOUTHWESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742088326	91391

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,928,003	$2,138,033	$2,120	0	1,413	790
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STANDARD INSURANCE COMPANY

FEIN	NAIC Company Code
930242990	69019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,104,456	$1,300,285	$137,858	691	236,440	2,869
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$55,048,945	$31,903,571	$2,118,308	1,333	233,510	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$6,505,048	$4,741,948	$3,371,011	142	14,809	7,234
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
730994234	86355

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$16,279	$19,511	$0	0	27	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$52,467	$10,299	$0	0	3,398	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$41,511	$103,703	$0	0	555	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$546	$2,645	$0	0	4	0
(18) LONG TERM CARE	$64,867	$59,164	$0	0	38	0
(19) MEDICARE SUPPLEMENT	$10,058,426	$7,310,947	$556,637	0	4,581	0
(20) SHORT TERM HEALTH	$32,066	$0	$0	0	89	0
(21) SPECIFIED OR DREAD DISEASE	$22,111	$3,468	$0	0	160	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STANDARD LIFE AND CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
570290111	71706

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$65,030	$10,095	$65,030	0	500	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

FEIN	NAIC Company Code
135679267	69078

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,116,487	$1,758,257	$3,116,487	12	9,575	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$207,769	$13,653	$207,769	28	550	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$41,723	$140,115	$0	0	71	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$58,526	$574,659	$53,874	8	242	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STARMOUNT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720977315	68985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$32,876	$0	$953	0	448	268
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$8,548	$0	$0	2	68	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
314316080	25135

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$683	$1,475	$0	0	2	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$329	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

FEIN	NAIC Company Code
370533100	25178

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$51,153	$0	$0	0	9	7
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$14,272,867	$14,075,556	$29,724	0	3,340	1,048
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$276,300	$44,357	$0	2	3,434	3,384
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,466,625	$3,808,119	$1,912,382	0	94,584	13,143
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,647,249	$3,760,216	$312,764	0	19,386	0
(18) LONG TERM CARE	$2,380,191	$2,337,156	$401,630	0	7,257	0
(19) MEDICARE SUPPLEMENT	$17,844,562	$10,982,944	$984,684	0	7,778	123
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350684263	69116

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,441	$39,351	$0	0	7	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$24,121	$159,139	$0	0	54	0
(18) LONG TERM CARE	$1,028,038	$40,426	$412,967	0	296	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

STONEBRIDGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
030164230	65021

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$21,346,710	$5,403,443	$2,700,523	0	203,256	234,994
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,350,974	$1,112,711	$305,707	0	33,599	29,140
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$735,818	$0	$137,352	0	10,519	3,508
(18) LONG TERM CARE	$214,159	$228,668	$0	0	210	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$84,346	$33,108	$641	0	840	359
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SUN LIFE ASSURANCE COMPANY OF CANADA

FEIN	NAIC Company Code
381082080	80802

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$17,601,498	$11,037,321	$4,832,136	46	82,877	183,986
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,681,586	$4,821,605	$1,559,755	313	39,586	87,880
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SUNAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520502540	69256

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$19,548	$0	$0	0	52	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SURETY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
870198108	69310

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$22,791	$34,605	$0	0	27	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

SYMETRA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
910742147	68608

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$24,931	$18,233	$0	0	5	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$41,775,364	$27,328,822	$8,160,817	106	106,388	131,921
(14) ACCIDENT ONLY	$51,255	$0	$25,013	35	2,326	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$418,370	$218,483	$39,223	17	253	314
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$31,400	$29	$0	13	84	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

FEIN	NAIC Company Code
131624203	69345

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$201	$19,580	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$24,217	$86,400	$0	3	89	0
(18) LONG TERM CARE	$1,515,204	$411,060	$0	0	674	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

THE PUBLIC HEALTH TRUST OF DADE COUNTY

FEIN	NAIC Company Code
591713947	95126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$175,740	$233,131	$0	0	25	30
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$867,500	$1,217,650	$0	33	109	54
(06) INSTATE 51+ MEMBER GROUPS	$38,408,478	$35,203,215	$0	7	7,957	5,791
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

THRIVENT FINANCIAL FOR LUTHERANS

FEIN	NAIC Company Code
390123480	56014

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$836,558	$1,416,558	$0	0	159	70
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$59	$0	$0	0	4	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,594	$292	$0	0	131	38
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,111,904	$2,941,563	$47,086	0	1,852	12
(18) LONG TERM CARE	$5,565,937	$1,514,292	$737	0	3,579	671
(19) MEDICARE SUPPLEMENT	$823,062	$619,864	$1,383	0	283	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TIAA-CREF LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133917848	60142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$1,170,254	$9,987	$38,442	0	579	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
940781581	25518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$32,537	$18,229	$0	0	70	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIME INSURANCE COMPANY

FEIN	NAIC Company Code
390658730	69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,148,291	$5,694,879	$456,098	0	14,840	430
(03) CONVERSION	$47,815	$78,130	$0	0	6	2
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$1,039,612	$1,534,805	$209,565	0	90	7
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$53,828,582	$26,305,541	$12,290,924	1	15,657	15,071
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$76	$0	$0	0	4	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,344	$6,360	$0	0	30	16
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$16,903,014	$27,466,249	$0	0	10,979	0
(19) MEDICARE SUPPLEMENT	$13,195	$3,374	$0	0	7	0
(20) SHORT TERM HEALTH	$5,069,050	$5,349,872	$4,180,700	0	2,811	688
(21) SPECIFIED OR DREAD DISEASE	$135	$0	$0	0	10	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TOTAL HEALTH CHOICE, INC.

FEIN	NAIC Company Code
330603319	95134

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$830,853	$373,020	$1,801	0	222	54
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$22,456,196	$19,397,038	$1,691,764	0	8,313	2,607
(03) CONVERSION	$12,410,334	$8,952,479	$52,041	0	3,730	843
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$304,711	$746,040	$23,486	16	16	14
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,352,389	$2,611,140	$356,752	138	88	50
(06) INSTATE 51+ MEMBER GROUPS	$5,980,169	$5,222,279	$1,548,107	2,726	1,610	1,116
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
366071399	70688

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,868	$0	$0	0	2	0
(14) ACCIDENT ONLY	$250,944	$0	$0	0	3,069	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$279,871	$0	$0	0	1,256	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,360	$0	$0	0	7	0
(18) LONG TERM CARE	$568,884	$47,368	$0	0	282	0
(19) MEDICARE SUPPLEMENT	$334,298	$0	$0	0	21	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TRANSAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390989781	86231

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$3,176,641	$3,070,922	$0	769	769	361
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$239,591	$231,617	$0	29	58	18
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,533,123	$769,927	$0	14	17,634	22,924
(14) ACCIDENT ONLY	$419,605	$37,978	$0	0	1,096	530
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$866,019	$742,668	$289,425	0	2,265	1,105
(18) LONG TERM CARE	$2,798,375	$1,981,692	$0	0	1,756	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,435,966	$100,204	$753,219	0	2,714	1,751
(22) DENTAL/VISION	$37,961	$21,593	$0	0	65	39
(23) PRESCRIPTION DRUG	$5,904	$2,952	$0	0	28	7
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951060502	67121

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$11,198	$17,735	$0	0	46	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,900	$0	$0	0	15	8
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,007	$81,020	$0	0	51	0
(18) LONG TERM CARE	$11,504,526	$7,867,663	$1,470,975	0	5,107	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TRANS-OCEANIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
660235829	69523

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10,928	$0	$0	0	220	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TRAVELERS INSURANCE COMPANY

FEIN	NAIC Company Code
060566090	87726

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$80,748	$3,272,031	$0	0	115	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34,097	$2,830	$0	0	269	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$44,306	$251,334	$0	0	271	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$928,416	$2,158,423	$0	0	725	0
(18) LONG TERM CARE	$23,779,083	$19,721,563	$0	0	9,424	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TRUASSURE INSURANCE COMPANY

FEIN	NAIC Company Code
363757528	92525

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$317	$241	$317	0	4	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRUSTMARK INSURANCE COMPANY

FEIN	NAIC Company Code
360792925	61425

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$8,668	$1,311	$0	0	1	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,904,317	$2,124,795	$0	0	500	204
(03) CONVERSION	$171,752	$22,641	$44,849	0	30	12
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$115,703	$66,684	$0	8	8	2
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$176,103	$194,862	$0	4	37	15
(06) INSTATE 51+ MEMBER GROUPS	$192,190	$67,382	$0	5	174	103
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$423,989	$43,527	$0	1	56	17
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$134,287	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$538,461	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$324,210	$190,154	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,731,058	$3,860,016	$458,410	12	10,112	7,078
(14) ACCIDENT ONLY	$77,170	$3,097	$18,876	100	945	69
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$43,872	$98,023	$0	3	112	21
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,407,005	$5,919,557	$19,143	65	2,718	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$76,157	$66,388	$0	0	55	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,185,149	$1,645,735	$909,031	171	20,344	7,978
(22) DENTAL/VISION	$152,412	$42,440	$46,350	16	443	230
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

TRUSTMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
363421358	62863

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$345,287	$399,971	$0	2	123	96
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$8,520	$12,132	$0	1	1	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$569,488	$0	4	4	2
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$3,414,212	$0	24	59	68
(11) OUT OF STATE 51+ MEMBER GROUPS	$567,366	$956,971	$97,093	43	406	210
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$106,874	$58,996	$6,249	32	383	236
(14) ACCIDENT ONLY	$9,081	$0	$45	54	1,759	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,363	$12,803	$134	16	113	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$91,188	$0	$12,806	2	116	129
(22) DENTAL/VISION	$8,886	$57,988	$246	15	148	102
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

U.S. SPECIALTY INSURANCE COMPANY

FEIN	NAIC Company Code
521504975	29599

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,454,746	$430,965	$74,619	39	1,047	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ULICO CASUALTY COMPANY

FEIN	NAIC Company Code
132988846	37893

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$531,704	$986,398	$0	0	61	34
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$4,318	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$23,543	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$145,813	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNICARE LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
520913817	80314

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$246,845	$138,756	$0	0	132	5
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$1,439,820	$1,339,662	$0	4	192	219
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$111,452	$66,141	$45,892	14	19	15
(11) OUT OF STATE 51+ MEMBER GROUPS	$19,498,878	$16,860,972	$3,314,038	208	3,158	2,408
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$35,083	$0	$0	44	5,617	2,692
(13) EXCESS / STOP LOSS	$293,169	$163,750	$0	15	619	578
(14) ACCIDENT ONLY	$37,036	$52,000	$4,957	23	4,692	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$317,222	$202,989	$0	16	981	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,587,245	$1,283,645	$165,995	164	2,778	2,287
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNIFIED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
431917728	11121

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$5,539	$0	$5,539	0	8	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,040	$0	$2,040	0	7	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNION BANKERS INSURANCE COMPANY

FEIN	NAIC Company Code
750860066	69701

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$69,409	$55,806	$0	0	20	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$36	$0	$0	0	2	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,363	$18,187	$0	0	15	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,393	$15,741	$0	0	39	0
(18) LONG TERM CARE	$100,242	$122,955	$0	0	103	0
(19) MEDICARE SUPPLEMENT	$1,967,648	$1,396,413	$3,211	0	950	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,650	$1,302	$0	0	85	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNION CENTRAL LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
310472910	80837

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,087,362	$2,632,762	$226,003	6	1,531	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNION FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310252460	62596

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,804,189	$1,539,396	$115,492	0	25,135	18,622
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$315,873	$221,769	$0	0	1,212	256
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$774	$1,220	$0	0	5	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$739,797	$776,314	$0	0	420	2
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,292,721	$1,365,437	$0	0	7,055	8,527
(22) DENTAL/VISION	$298	$318	$0	0	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNION SECURITY INSURANCE COMPANY

FEIN	NAIC Company Code
810170040	70408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$36,837	$78,245	$0	0	5	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$136,562	$180,227	$0	0	30	8
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$92	$0	$0	1	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,056	$2,238	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$23,784,607	$11,095,713	$0	811	46,994	0
(18) LONG TERM CARE	$10,219,838	$1,763,701	$0	0	7,265	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$695	$0	$0	0	19	0
(22) DENTAL/VISION	$6,926,740	$14,101,451	$0	853	38,645	302
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
731128555	92916

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$17,564,681	$8,731,354	$6,165,933	0	14,371	5,587
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,027,586	$2,270,881	$0	0	5,264	1,689
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,075	$2,038	$0	0	16	0
(18) LONG TERM CARE	$665,313	$357,961	$0	0	483	0
(19) MEDICARE SUPPLEMENT	$73,278,185	$50,223,837	$0	0	28,515	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,704,131	$857,256	$0	0	5,719	2,865
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED CONCORDIA DENTAL PLANS OF FLORIDA,INC.

FEIN	NAIC Company Code
650243292	52020

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$114,755	$75,782	$1,346	29	346	717
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED CONCORDIA INSURANCE COMPANY

FEIN	NAIC Company Code
860307623	85766

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$6,966,333	$5,520,068	$254,903	118	32,592	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED DENTAL CARE INSURANCE COMPANY

FEIN	NAIC Company Code
860538651	97870

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$3,881	$1,904	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133036472	91693

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$389	$0	$0	0	12	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$86	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$209	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,399	$33,209	$0	0	115	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED HEALTHCARE INSURANCE COMPANY

FEIN	NAIC Company Code
362739571	79413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$27,568,449	$20,434,716	$0	5,430	5,430	5,223
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$439,357,565	$297,561,741	$0	17,811	133,794	84,809
(06) INSTATE 51+ MEMBER GROUPS	$468,924,905	$372,566,129	$0	705	72,276	59,222
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$20,087,903	$16,007,138	$0	30	3,105	2,544
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$28,502,281	$25,527,564	$0	1	103,220	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$378,800,447	$339,151,928	$0	1	195,076	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$14,629,970	$11,605,175	$0	22	2,251	1,845
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
591293865	95264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,781,214	$1,566,456	$0	0	0	0
(03) CONVERSION	$18,322,594	$26,557,413	$0	0	3,486	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$592,583,802	$388,532,813	$110,666,821	13,390	57,259	41,755
(06) INSTATE 51+ MEMBER GROUPS	$1,056,685,255	$832,796,607	$155,455,416	1,777	177,706	118,028
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
361896670	69930

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,038,731	$103,162	$148,836	0	12,684	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$905,497	$290,930	$0	0	8,234	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$193,504	$99,012	$0	0	2,390	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$316,417	$41,639	$56,797	0	2,120	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED OF OMAHA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470322111	69868

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$478	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$382,904	$65,307	$0	2	196	98
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$556,734	$332,008	$0	7	106	170
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$505,397	$3	$0	45	6,813	5,164
(13) EXCESS / STOP LOSS	$295,932	$370,259	$199,743	19	908	2,270
(14) ACCIDENT ONLY	$219,101	$140,390	$23,549	144	17,629	1,079
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$41,053	$30,038	$0	9	10	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,012,825	$3,506,133	$745,498	77	14,296	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,216	$1,000	$0	0	129	0
(22) DENTAL/VISION	$1,000,596	$617,546	$155,332	33	1,824	2,363
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

FEIN	NAIC Company Code
135459480	70106

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$37,056	$80,142	$0	0	70	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$6,585,217	$9,256,013	$1,646,304	8	3,563	4,454
(14) ACCIDENT ONLY	$1,750,266	$842,997	$437,566	475	13,656	17,070
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$174,212	$46,983	$0	2	193	241
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$9,508,940	$9,330,989	$2,377,469	283	6,091	7,614
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$7,482,331	$4,532,568	$1,870,583	521	3,577	4,471
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

FEIN	NAIC Company Code
580869673	63479

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$348,694	$502,487	$0	0	236	54
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$999	$1,880	$0	0	17	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$12,063	$35,151	$0	0	76	4
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$334,657	$437,768	$0	0	788	0
(18) LONG TERM CARE	$35,967	$312	$2,660	0	58	0
(19) MEDICARE SUPPLEMENT	$1,413,277	$1,125,475	$58,233	1	716	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$145,040	$81,439	$13,760	0	794	412
(22) DENTAL/VISION	$3,856	$43	$0	0	3	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNITED WORLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
756010770	72850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$119	$123	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$24,333	$6,510	$24,333	0	193	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNIVERSAL HEALTH CARE, INC.

FEIN	NAIC Company Code
050528708	11574

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$9,460	$692	$9,460	0	7	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

UNUM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
010278678	62235

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,705,732	$4,369,113	$477,627	1,224	334,974	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$16,997	$105,659	$0	104	104	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$126,491,718	$203,247,098	$17,197,084	2,807	464,255	0
(18) LONG TERM CARE	$19,449,332	$4,500,121	$1,235,609	250	34,459	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

USAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741472662	69663

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,445	$0	$0	0	64	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$59,856	$35,758	$0	0	116	14
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$525,099	$442	$0	0	467	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$14,707,504	$9,086,002	$840,956	0	7,129	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$24,264	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

VALLEY FORGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
236200031	70211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$432,430	$2,867	$0	0	204	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VETERANS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362545774	81027

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$563,185	$0	$0	0	5,003	1,001
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$117,165	$0	$0	0	825	165
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$248	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,287	$0	$0	0	13	3
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

FEIN	NAIC Company Code
650453436	95266

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$69,405,000	$48,663,000	$9,078,000	0	27,795	3
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$1,365,000	$1,323,000	$0	114	114	29
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,221,000	$3,372,000	$0	39	370	95
(06) INSTATE 51+ MEMBER GROUPS	$33,071,000	$27,196,000	$0	14	6,526	6,902
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VISTA HEALTHPLAN, INC.

FEIN	NAIC Company Code
650986441	95114

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$406,000	$123,000	$0	0	0	0
(03) CONVERSION	$2,457,000	$2,246,000	$0	0	878	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$21,273,000	$20,831,000	$201,000	2,047	2,047	1,600
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$99,120,000	$89,245,000	$9,878,000	4,655	23,882	10,240
(06) INSTATE 51+ MEMBER GROUPS	$315,038,000	$270,212,000	$15,529,000	234	65,620	49,416
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

VISTA INSURANCE PLAN, INC.

FEIN	NAIC Company Code
650545388	60091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$15,559,000	$10,184,000	$82,728	47	2,238	718
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WASHINGTON NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
361933760	70319

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$213,525	$227,151	$0	0	121	17
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$29,036	$37,959	$0	1	11	3
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,378,325	$1,778,089	$0	23	20,877	1,385
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$233,444	$255,264	$0	4	1,528	129
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$36,010	$38,986	$0	1	129	1
(18) LONG TERM CARE	$16,005,141	$30,133,628	$0	11	5,407	0
(19) MEDICARE SUPPLEMENT	$10,768,538	$7,152,578	$0	1	5,941	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$95,953	$110,024	$0	3	704	281
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$830,443	$1,084,739	$0	2	259	277
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WELLCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
592583622	95081

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,144,248	$35,142	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WEST COAST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
940971150	70335

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$118	$33,760	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$28,868	$0	$0	0	22	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310487145	70483

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$217,428	$0	$26,560	0	5,623	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,390,235	$2,699,706	$216,444	0	5,152	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WESTWARD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
860201136	78301

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$16,990	$2,007	$0	0	55	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
131976260	66230

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,066	$0	$0	0	16	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,829	$0	$0	0	9	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

FEIN	NAIC Company Code
470339250	57320

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$130,169	$0	$0	0	380	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$45,088	$0	$0	0	137	0
(18) LONG TERM CARE	$15,518	$0	$0	0	14	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$128,578	$0	$0	0	870	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

WORLD INSURANCE COMPANY

FEIN	NAIC Company Code
470339860	70629

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$234,406	$2,677,169	$0	0	359	214
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$87,834	$176,468	$0	1	88	56
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$76	$0	$0	0	5	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$10,004	$11,235	$0	0	85	16
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,783	$24,267	$0	0	20	0
(18) LONG TERM CARE	$0	$53,606	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$1,924,321	$1,861,074	$0	0	718	35
(20) SHORT TERM HEALTH	$1,044	$26,334	$1,044	0	2	0
(21) SPECIFIED OR DREAD DISEASE	$234	$0	$0	0	29	11
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2004

ZURICH AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
364233459	16535

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,004,443	$1,164,289	$499,116	6	1,766	2,023
(14) ACCIDENT ONLY	$3,267,685	$2,032,781	$838,163	86	61,688	33
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,183,038	$1,710,145	$0	1	3,797	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,895	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment Summary for CY2003

	Direct Premiums Earned	Groups	Primary Insureds	Covered Dependents	Covered Lives
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$7,115,683	0	5,827	2,245	8,072
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$745,656,782	0	290,393	148,047	438,440
(03) CONVERSION	$122,702,708	0	24,654	6,889	31,543
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$116,811,377	12,757	12,759	9,499	22,258
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,948,423,999	86,219	615,621	352,865	968,486
(06) INSTATE 51+ MEMBER GROUPS	$7,422,045,048	25,383	1,638,427	1,172,813	2,811,240
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$8,144,450	0	919	143	1,062
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$395,798,985	211	108,206	87,921	196,127
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$10,021,808	1,446	1,446	818	2,264
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$117,918,125	4,296	15,360	10,647	26,007
(11) OUT OF STATE 51+ MEMBER GROUPS	$563,671,487	2,159	113,805	98,203	212,008
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$4,391,933,622	3,278	1,230,953	1,183,879	2,414,832
(13) EXCESS / STOP LOSS	$210,229,108	2,179	450,146	518,583	968,729
(14) ACCIDENT ONLY	$245,050,776	12,917	5,783,669	3,267,435	9,051,104
(15) BLANKET	$15,152,242	1,028	435,643	106	435,749
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$158,507,567	289	727,736	180,688	908,424
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$850,373,744	389,263	2,485,355	122,881	2,608,236
(18) LONG TERM CARE	$603,669,814	7,542	381,210	11,504	392,714
(19) MEDICARE SUPPLEMENT	$1,202,578,305	725	643,988	3,044	647,032
(20) SHORT TERM HEALTH	$12,713,602	0	6,404	2,212	8,616
(21) SPECIFIED OR DREAD DISEASE	$158,019,154	8,501	515,071	296,096	811,167
(22) DENTAL/VISION	$437,665,471	26,460	1,006,330	841,986	1,848,316
(23) PRESCRIPTION DRUG	$475,655	44	492	195	687
(24) CHAMPUS/TRICARE	$1,679,316	2	1,983	2,065	4,048

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

5 STAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
541829709	77879

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$833,732	$661,853	$112,854	0	1,249	995
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520891929	71854

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$7,343,304	$1,779,973	$558,916	0	56,006	53,414
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,008	$187,293	$629	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ACACIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
530022880	60038

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$871	$97	$0	0	8	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ACADEMY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840528301	60046

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,250	$0	$0	0	14	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$32,703	$22,054	$0	0	157	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$98,156	$132,045	$0	0	60	20
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$2,236	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ACE AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
952371728	22667

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,079,181	$3,737,387	$0	8	3,984	2,447
(14) ACCIDENT ONLY	$39,989	$48,537	$137,791	2	1,095	0
(15) BLANKET	$559,851	$679,525	$279,799	0	210,376	8
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$319,916	$388,300	$137,791	0	9	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ADVANCE INSURANCE COMPANY

FEIN	NAIC Company Code
860269558	83445

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$418	$0	$374	1	6	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,348	$1,205	$343	3	35	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AETNA HEALTH INC.

FEIN	NAIC Company Code
592411584	95088

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$18,529,008	$34,730,508	$2,814,517	0	3,479	1,863
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$14,593,783	$10,551,305	$2,216,784	3,090	3,090	1,469
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$548,846,593	$396,816,087	$83,360,680	20,527	103,846	66,926
(06) INSTATE 51+ MEMBER GROUPS	$415,824,536	$306,574,388	$45,328,512	613	90,707	66,443
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$15,218,735	$11,003,145	$2,311,115	971	2,601	2,162
(11) OUT OF STATE 51+ MEMBER GROUPS	$437,955,308	$333,339,917	$15,958,365	990	91,701	77,080
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$38,414,862	$0	$3,056,978	196	71,446	81,712
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AETNA INSURANCE COMPANY OF CONNECTICUT

FEIN	NAIC Company Code
061286276	36153

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$6,198,086	$5,394,368	$6,198,086	16	16	26,867
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AETNA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
066033492	60054

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,692,952	$5,174,781	$0	0	750	196
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$39,351,392	$28,312,514	$1,613,279	1,340	4,827	3,870
(06) INSTATE 51+ MEMBER GROUPS	$51,342,910	$43,640,297	$0	564	9,844	10,829
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$39,281,022	$32,767,899	$0	786	8,450	9,296
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$1,156,904,327	$1,094,175,449	$0	2,788	158,233	174,057
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,108,469	$1,211,224	$0	1,846	272,369	27,054
(15) BLANKET	$2,379,597	$1,609,049	$0	1	1,520	60
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$122,915	$376,967	$0	0	30	11
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$12,822,042	$12,202,693	$0	39	48,244	0
(18) LONG TERM CARE	$3,698,363	$2,199,493	$0	81	4,477	1,918
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$65,817,294	$45,466,436	$0	1,943	136,792	166,887
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AIG CENTENNIAL INSURANCE COMPANY

FEIN	NAIC Company Code
232044095	34789

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,792	$669	$0	0	22	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,142	$184	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
221721971	20796

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,561	$12,328	$0	0	31	17
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$54,023	$23,787	$0	0	265	161
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$84,278	$0	$0	0	7,795	0
(18) LONG TERM CARE	$1,669	$336	$0	0	9	5
(19) MEDICARE SUPPLEMENT	$142,803	$137,833	$0	0	125	117
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALFA LIFE INSURANCE CORPORATION

FEIN	NAIC Company Code
630338648	79049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$101	$0	$0	0	5	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
411366075	90611

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$27,873	$50,168	$0	0	80	5
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$2,734	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$85,760	$1,362,147	$0	1	2	3
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,240,104	$1,386,713	$253,644	5	479	623
(14) ACCIDENT ONLY	$2,824	$113,678	$452	6	39	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$70,333	$363,652	$0	6	398	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$48,217	$213,063	$0	2	3	0
(18) LONG TERM CARE	$6,665,802	$443,713	$0	4	49	5
(19) MEDICARE SUPPLEMENT	$47,153	$726,467	$0	16	54	22
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$491	$21,376	$0	1	5	0
(22) DENTAL/VISION	$60,392	$16,357	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	($150)	$39,884	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY CO.

FEIN	NAIC Company Code
046145677	84824

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$928,643	$2,106,506	$0	0	69	29
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ALLSTATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362554642	60186

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,384,304	$1,507,386	$0	0	114,473	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,390,098	$319,397	$0	0	7,621	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$368,891	$218,702	$0	0	191	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ALTA HEALTH & LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591031071	67369

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$8,593,872	$6,680,976	$0	3	9,307	4,677
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$54,695	$42,521	$0	6	46	43
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$964,164	$749,552	$0	71	1,264	621
(14) ACCIDENT ONLY	$35,894	$27,904	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,398,757	$2,642,233	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$240,287	$186,801	$0	41	1,001	857
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN CAPITOL INSURANCE COMPANY

FEIN	NAIC Company Code
741219404	60291

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$32,617	$61,197	$0	0	32	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

FEIN	NAIC Company Code
230342560	20427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$246,141	$186,225	$0	2	110,356	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,179	$14,452	$0	0	9	9
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

FEIN	NAIC Company Code
580663085	60380

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$43,461,710	$19,619,936	$17,608,523	0	167,015	168,498
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$23,902,818	$9,368,626	$10,083,525	0	120,594	114,588
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$31,226,702	$13,002,034	$13,778,631	4	77,689	0
(18) LONG TERM CARE	$2,948,387	$569,013	$428,184	0	2,275	149
(19) MEDICARE SUPPLEMENT	$8,829,216	$6,048,264	$0	0	4,155	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$60,318,590	$31,548,582	$16,833,507	0	204,342	188,138
(22) DENTAL/VISION	$4,163,390	$1,805,630	$2,288,750	0	10,682	7,886
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN FIDELITY ASSURANCE COMPANY

FEIN	NAIC Company Code
730714500	60410

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,104	$68	$0	0	16	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$99,302	$42,525	$0	4	27	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,092,197	$1,168,886	$0	6	11,731	0
(14) ACCIDENT ONLY	$10,855	$308	$0	4	29	2
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$923,265	$329,597	$689,999	16	2,819	8
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,650,962	$3,411,797	$2,059,109	96	18,434	76
(18) LONG TERM CARE	$225,447	$229,955	$252	0	119	78
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,139,782	$1,220,182	$207,992	0	3,091	230
(22) DENTAL/VISION	$543	$257	$243	0	2	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
620306330	66672

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$409,636	$979,612	$0	0	349	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,329,955	$354,509	$652,910	0	31,751	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,611,098	$787,944	$0	0	14,650	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$166,167	$211,986	$0	0	6,328	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,645,892	$1,586,989	$0	0	928	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,101,848	$2,749,508	$579,068	0	17,625	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
250598210	60488

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,340,024	$952,055	$129,340	0	2,125	147
(18) LONG TERM CARE	$14,344	$323	$0	0	6	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,204	$0	$5,204	0	40	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520696632	60518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,189	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$19,539	$40,385	$0	0	16	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$51	$0	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
590781901	60534						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(03) CONVERSION		$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS		$192,392	$86,165	$0	1	5	4
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS		$150,667	$71,337	$0	0	0	0
(14) ACCIDENT ONLY		$12,579,474	$4,489,504	$5,931,205	1	36,127	36,126
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$8,559,081	$2,956,909	$4,348,869	59	13,950	10,912
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$6,629,171	$3,371,630	$1,297,857	160	16,940	0
(18) LONG TERM CARE		$2,894,563	$4,064,428	$0	0	1,308	0
(19) MEDICARE SUPPLEMENT		$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$15,211,237	$10,882,939	$3,117,837	8	43,754	42,001
(22) DENTAL/VISION		$512,666	$242,496	$0	16	902	0
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN INCOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741365936	60577

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,064,556	$328,500	$510,262	0	384,181	10,710
(15) BLANKET	$57,680	$18,202	$57,680	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$351,029	$90,545	$106,838	0	3,762	292
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,316	$5,522	$0	0	51	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$226,283	$230,137	$0	0	158	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$302,625	$136,755	$14,665	0	3,230	1,774
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN INSURANCE COMPANY OF TEXAS

FEIN	NAIC Company Code
751302312	81949

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$19,014	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$43,626	$0	$43,626	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$900	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,123	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,059	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
860207231	97179

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$210,769	$262,589	$10,102	0	31	14
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$202,260	$853,811	$0	0	9	6
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$56,914,854	$33,975,268	$7,502,213	0	12,975	9,118
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,718,864	$4,782,473	$879,393	123	4,189	4,357
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$58,744	$68,758	$0	35	125	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$7,448,298	$4,589,438	$86,016	1,298	11,287	9,483
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460260270	67989

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$357	$6,000	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10	$0	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
740484030	60739

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$250,506	$1,527,259	$0	0	149	55
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,365	$3,507	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$16,508	$29,026	$0	1	6	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$200,843	$10,116	$0	0	23	13
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$70,042	$565,529	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	($7,737)	$144,168	$0	0	146	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$45,838	$223,143	$0	0	85	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$9,122	$74,702	$0	0	14	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$76,242	$49,806	$0	0	301	0
(22) DENTAL/VISION	$371	$1,081	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

FEIN	NAIC Company Code
751016594	71773

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,293,367	$3,109,228	$0	0	671	521
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$8,146,854	$5,552,889	$988,527	0	1,627	1,286
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$567,253	$212,576	$0	567	56,725	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$273	$62	$273	1	3	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN PIONEER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
590935083	60763

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$578	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$5,912	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$73,084	$136,105	$0	0	91	0
(18) LONG TERM CARE	$9,691,768	$12,032,250	$576,108	0	3,869	286
(19) MEDICARE SUPPLEMENT	$94,944,991	$65,985,547	$7,942,382	0	46,487	209
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$159,669	$116,155	$13,007	0	192	166
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN PUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
640349942	60801

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$39,530	$4,557	$11,540	4	50	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$740,258	$158,437	$216,113	26	513	1,283
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$187,324	$106,122	$54,688	6	137	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,833	$5,191	$0	1	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$214,736	$133,034	$62,690	10	255	638
(22) DENTAL/VISION	$372,584	$259,527	$108,774	25	670	1,675
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
420113630	60836

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$377,071	$908,293	$0	0	181	54
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,538	$121	$0	0	34	4
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$10,918	$677	$0	0	100	6
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$32	$0	$0	0	1	0
(18) LONG TERM CARE	$36,362	$89,386	$0	0	29	4
(19) MEDICARE SUPPLEMENT	$1,404,803	$1,003,379	$0	0	780	24
(20) SHORT TERM HEALTH	($29)	$13	$0	0	1	0
(21) SPECIFIED OR DREAD DISEASE	$10,109	$12,900	$0	0	221	65
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN STATES INSURANCE COMPANY

FEIN	NAIC Company Code
350145400	19704

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$137,685	$0	$0	0	27	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$74,920	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350145825	60895

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,230,244	$1,142,148	$1,797,973	47	10,961	0
(14) ACCIDENT ONLY	$77,468	$37,093	$11,344	117	5,424	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$789,118	$1,810,410	$8,219	42	327	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICAN ZURICH INSURANCE COMPANY

FEIN	NAIC Company Code
363141762	40142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$840,886	$799,454	$0	3	1,751	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
350810610	61999

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$340	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERITAS LIFE INSURANCE CORP.

FEIN	NAIC Company Code
470098400	61301

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$30,735	$14,640	$0	0	17	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$18,413,431	$12,469,083	$2,467,825	257	34,322	15,027
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420175020	61689

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$13,654	$141,392	$13,226	0	36	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMEX ASSURANCE COMPANY

FEIN	NAIC Company Code
362760101	27928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,200,183	$4,278,935	$11,200,183	0	41,000	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,500	$948	$4,500	2	26	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ANTHEM LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350980405	61069

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$15	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,084	$4,905	$0	1	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$290,871	$373,677	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ASSURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
381843471	71439

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9,309	$0	$9,309	0	41	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$106,332	$7,068	$105,246	0	214	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$830,950	$3,300,076	$246,032	0	2,766	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$141	$0	$141	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ATLANTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580146380	61093

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,890	$831	$0	0	45	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$25,950	$3,659	$0	0	843	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AVEMCO INSURANCE COMPANY

FEIN	NAIC Company Code
520795746	10367

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$657,705	$189,552	$202,676	4	1,797	3,959
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AVMED, INC.

FEIN	NAIC Company Code
592742907	95263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,032,355	$1,617,241	$189,258	340	340	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$10,948,612	$8,659,897	$2,610,175	657	1,619	1,180
(06) INSTATE 51+ MEMBER GROUPS	$496,928,353	$426,371,340	$4,439,124	241	85,269	95,976
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AXA EQUITABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135570651	62944

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,006,204	$3,964,700	$0	0	1,233	795
(03) CONVERSION	$29,558	$133,059	$0	0	26	6
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,923,799	$1,213,785	$0	0	5,058	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BALBOA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
952566317	68160

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$302,725	$174,443	$0	9	1,856	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANKERS FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580658963	61239

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,311	$1,022	$0	0	27	6
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$15,026	$14,911	$0	0	19	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,971	$911	$188	0	7	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,456,096	$930,680	$477,460	0	560	1
(20) SHORT TERM HEALTH	$779	$41	$0	0	2	0
(21) SPECIFIED OR DREAD DISEASE	$86,934	$31,543	$0	0	622	161
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

BANKERS LIFE AND CASUALTY COMPANY

FEIN	NAIC Company Code
360770740	61263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$465,548	$709,368	$0	0	2	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$60,238	$173	$1,273	0	471	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$255,329	$221,010	$15,714	0	615	37
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$410,669	$206,472	$39,366	0	789	0
(18) LONG TERM CARE	$60,845,921	$28,694,473	$5,833,296	0	28,286	23
(19) MEDICARE SUPPLEMENT	$42,516,365	$30,172,663	$1,696,633	0	19,417	1,148
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$305,557	$239,386	$12,621	0	865	531
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$207,001	$280,640	$0	0	78	1
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591460067	81043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$4,869,482	$4,047,843	$0	1	473	800
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,795,982	$371,687	$1,192,764	1	143	82
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34,243	$0	$0	0	290	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

BANKERS LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
131970218	63932

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,302	$59,674	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$942	$29,343	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BAPTIST LIFE ASSOCIATION

FEIN	NAIC Company Code
160341875	57223

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$850	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BCS INSURANCE COMPANY

FEIN	NAIC Company Code
366033921	38245

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,487,370	$5,529,167	$0	8	220,394	26,732
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$185,028	$119,062	$0	4	745	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BCS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362149353	80985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$316	$0	$0	0	1	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BEST LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
956042390	90638

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$216,423	$149,795	$2,260	40	346	270
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

FEIN	NAIC Company Code
592015694	98167

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$3,685,682	$4,067,767	$1,158,673	0	5,028	1,953
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$439,434,764	$283,712,215	$104,742,443	0	167,053	101,612
(03) CONVERSION	$11,874,646	$16,235,731	$3,947,070	0	2,065	610
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$33,642,879	$26,504,150	$1,621,504	2,294	2,294	1,505
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$403,005,673	$35,498,573	$41,630,305	0	69,200	42,470
(06) INSTATE 51+ MEMBER GROUPS	$1,766,765,032	$232,491,320	$146,466,764	14,708	304,846	247,213
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$2,983,000,000	$2,996,000,000	$171,362,325	100	922,338	867,380
(13) EXCESS / STOP LOSS	$2,732,643	$1,512,198	$0	18	19,911	13,672
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$344,009,411	$267,469,633	$39,479,222	0	210,113	191
(20) SHORT TERM HEALTH	$2,483,743	$1,126,062	$2,483,743	0	1,060	556
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

BROKERS NATIONAL LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
630483783	74900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$206	$0	$206	0	2	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,133,805	$686,603	$1,137,635	0	2,172	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

BROTHERHOOD MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
350198580	13528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$33,917	$7,392	$0	0	95	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

BUSINESS MEN'S ASSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
440188050	61492

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,896	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,034,724	$3,496,772	$0	37	7,020	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CAPITAL HEALTH PLAN, INC.

FEIN	NAIC Company Code
591830622	95112

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,926,740	$2,858,161	$280,594	0	429	225
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,112,191	$4,100,185	$80,032	576	576	551
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$46,355,294	$39,719,699	$1,639,151	1,730	9,831	7,745
(06) INSTATE 51+ MEMBER GROUPS	$244,049,876	$221,870,863	$1,707,037	167	40,269	43,695
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CAREPLUS HEALTH PLANS, INC.

FEIN	NAIC Company Code
592598550	95092

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$328,208	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$45,884	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CATHOLIC ASSOCIATION OF FORESTERS

FEIN	NAIC Company Code
041589950	58130

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$934	$190	$0	0	11	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CATHOLIC KNIGHTS INSURANCE SOCIETY

FEIN	NAIC Company Code
390201015	56030

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,558	$100	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CELTIC INSURANCE COMPANY

FEIN	NAIC Company Code
060641618	80799

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$448,121	$1,355,305	$291,964	0	139	32
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$23,855	$56,260	$13,947	0	2	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$28,996,133	$18,514,052	$7,570,432	0	7,758	3,591
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$20,866,356	$14,001,701	$0	0	7,153	0
(20) SHORT TERM HEALTH	$886,328	$675,976	$0	0	302	137
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRAL NATIONAL LIFE INSURANCE COMPANY OF OMAHA

FEIN	NAIC Company Code
470397286	61700

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,794	$5,897	$0	0	20	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750916066	61735

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,629	$0	$0	0	7	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,084	$0	$0	0	4	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CENTRAL STATES HEALTH AND LIFE COMPANY OF OMAHA

FEIN	NAIC Company Code
470123035	61751

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$193,500	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$67,002	$9,064	$40,610	0	732	298
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$52,713	$41,479	$0	0	94	0
(18) LONG TERM CARE	$147,288	$595	$0	0	76	0
(19) MEDICARE SUPPLEMENT	$6,927,295	$4,364,866	$1,175,630	2	3,882	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$4,039,509	$5,255,535	$377,340	0	6,799	5,065
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CENTRAL UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420884060	61883

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$283,554	$728,153	$0	0	138	88
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,083	$0	$0	0	31	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$199,766	$264,659	$0	0	130	55
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,749	$21,600	$0	0	59	9
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$49,079	$52,072	$0	0	64	7
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$688,843	$707,431	$0	0	2,749	2,162
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$58,736	$67,009	$0	0	92	70
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CENTRE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041589940	80896

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$13,665	$358,902	$0	0	89	36
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,546,647	$1,729,261	$0	0	1,556	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CHASE LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code
310501247	67164

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,185	$0	$0	0	4	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CHESAPEAKE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520676509	61832

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,097,712	$600,316	$123	0	3,027	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CIGNA HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
592089259	95136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,355,594	$1,114,309	$424,629	135	490	327
(06) INSTATE 51+ MEMBER GROUPS	$268,349,900	$235,425,421	$67,940,205	1,312	53,410	40,441
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CINCINNATI LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
311213778	76236

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$13,523	$69,246	$0	0	20	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$430	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,333	$9,866	$0	0	16	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,224	$27,349	$0	0	6	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,799	$364,407	$0	0	81	0
(18) LONG TERM CARE	$98,045	$134,114	$0	0	45	0
(19) MEDICARE SUPPLEMENT	$1,164	$17,871	$0	0	4	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$318	$25	$0	0	22	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CITICORP LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430979556	80322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$68,005	$99,615	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CITIZENS SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610648389	61921

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,514	$520	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,233	$3,919	$0	0	2	0
(22) DENTAL/VISION	$0	$14,439	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

COLONIAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720172600	73326

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$606,978	$111,607	$350,497	0	429	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
570144607	62049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14,234,677	$4,877,833	$14,867,874	0	73,539	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,558,408	$555,311	$1,826,438	0	6,358	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,655,490	$12,105,431	$21,684,975	89	78,164	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,725	$153	$1,718	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$8,857,393	$3,580,440	$10,168,146	1	30,271	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

COLONIAL PENN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231628836	62065

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$47,263	$28,451	$0	0	379	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,692	$445	$0	0	9	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$37,294	$24,560	$0	0	40	0
(19) MEDICARE SUPPLEMENT	$2,205,126	$1,497,344	$0	0	723	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

COLORADO BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840674027	84786

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$185,155	$35,024	$0	0	913	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$37,208	$16,529	$0	0	63	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750956156	77720

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,866	$15,522	$0	0	7	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$687	$0	$0	0	7	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$13,823	$7,051	$0	0	52	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	($601)	$16,656	$0	0	36	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,899	$5,331	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$17,797	$7,234	$0	0	237	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLUMBIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
161321681	76023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,779	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$412,646	$337,452	$0	4,356	12,936	8,580
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150274455	62103

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,740	$457	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,285	$10,975	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$11,263	$11,432	$0	4,576	11,939	7,363
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLUMBUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
311191427	99937

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$59,757	$224,879	$0	0	228	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
150274810	81426

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$101,576	$84,227	$0	0	4,997	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$32,856	$15,802	$0	0	270	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,955	$21,077	$0	0	1,203	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMPANION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570523959	77828

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,288,843	$165,106	$0	32	7,789	2,855
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,609	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$79,784	$68,833	$0	15	293	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$49,752	$30,652	$0	16	85	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

COMPBENEFITS INSURANCE COMPANY

FEIN	NAIC Company Code
742552026	60984

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$15,158,548	$10,598,136	$672,540	0	41,288	38,253
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

FEIN	NAIC Company Code
020268648	62251

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,654	$15,080	$0	0	92	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060303370	62308

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$766,986	$0	$0	91	91	184
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,188,403	$0	$0	183	387	666
(06) INSTATE 51+ MEMBER GROUPS	$371,729,210	$406,137,627	$0	613	143,413	147,314
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$645,242	$695,351	$0	15	13,013	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,114,338	$9,394,730	$0	17	7,660	0
(18) LONG TERM CARE	$143,258	$1,929	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$20,504,877	$30,478,750	$0	297	119,963	58,654
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONSECO HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
341083130	78174

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,422,369	$575,826	$121,423	0	4,063	1,946
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,833,839	$350,301	$142,048	0	1,902	911
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$111,419	$9,403	$5,585	0	44	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10,571,928	$4,314,647	$529,926	0	31,666	15,167
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONSECO INSURANCE COMPANY

FEIN	NAIC Company Code
450103436	60682

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$10,373	$397	$0	0	178	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$275,122	$483,593	$0	0	2,705	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$46,081	$80,999	$0	0	124	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$22,412	$39,395	$0	0	120	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONSECO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042299444	65900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$3,246	$5,523	$0	0	21	28
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$461,326	$58,184	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$45,852	$78,018	$0	0	0	0
(18) LONG TERM CARE	$59,850	$101,835	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,986	$5,081	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONSECO SENIOR HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
230704970	76325

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$47,690	$64,604	$0	0	15	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,869	$0	$0	0	64	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$472,121	$1,104,081	$0	0	718	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$27,687	$10,500	$0	0	78	0
(18) LONG TERM CARE	$49,887,697	$98,791,386	$38,859	0	30,442	0
(19) MEDICARE SUPPLEMENT	$1,220,787	$1,615,548	$0	0	612	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$528,280	$333,848	$0	0	1,308	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONSTITUTION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361824600	62359

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$37,196	$12,015	$37,196	0	23	0
(18) LONG TERM CARE	$4,866,556	$1,571,979	$4,866,556	0	4,415	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONTINENTAL AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
570514130	71730

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$358,418	$91,291	$11,043	84	1,839	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$221,525	$56,423	$41,085	56	1,290	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$518,796	$132,139	$4,658	123	4,345	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$333,833	$85,029	$66,646	79	1,713	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONTINENTAL ASSURANCE COMPANY

FEIN	NAIC Company Code
360947200	62413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$639,280	$1,892,356	$12,192	0	35	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$4,382,315	$150,510	$155,218	14	6,989	3,730
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,081	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,150	$22,785	$0	1	3	0
(15) BLANKET	$4,126,602	$2,860,121	$1,268,405	9	847	14
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$112,509	$1,070,289	$0	0	52	52
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONTINENTAL CASUALTY COMPANY

FEIN	NAIC Company Code
362114545	20443

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$12,073,824	$4,243,536	$3,959	76	1,332,275	2,558,416
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$516,741	$989,744	$9,524	3	2,058	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$28,649,718	$24,616,278	$3,101,659	501	108,633	29
(18) LONG TERM CARE	$7,278,031	$18,147,860	$0	27	28,318	2,512
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONTINENTAL GENERAL INSURANCE COMPANY

FEIN	NAIC Company Code
470463747	71404

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$443,539	$853,068	$31,975	0	43	8
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,924,132	$6,390,288	$974	0	1,464	658
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$21,024,981	$14,412,734	$4,939,125	0	4,426	2,845
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$23,929	$5,522	$181	0	87	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,428	$47,580	$0	0	12	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$155,778	$77,488	$3,940	0	215	0
(18) LONG TERM CARE	$1,237,270	$643,575	$7,667	0	539	245
(19) MEDICARE SUPPLEMENT	$17,928,592	$13,491,796	$131,906	1	126	0
(20) SHORT TERM HEALTH	$2,030	$7	$2,030	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$22,398	$12,719	$395	0	80	43
(22) DENTAL/VISION	$3,287	$1,694	$600	0	18	9
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

FEIN	NAIC Company Code
621181209	68500

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$225,452	$237,001	$222,239	0	713	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$52,538	$0	$51,789	0	25	0
(19) MEDICARE SUPPLEMENT	$17,746,424	$11,153,872	$17,771,167	0	10,604	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,648	$0	$3,596	0	16	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CSA FRATERNAL LIFE

FEIN	NAIC Company Code
360971620	56138

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$24	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$70	$0	$0	0	6	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

CUNA MUTUAL INSURANCE SOCIETY

FEIN	NAIC Company Code
390230590	62626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,210	$40,848	$0	0	4	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,624,877	$557,334	$0	58	228,957	44,720
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$255,271	$36,632	$0	0	2,263	291
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$318,194	$180,169	$0	59	1,128	2
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$21,044	$32,356	$0	0	27	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$23,406	$16,124	$0	0	52	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CUNA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420388260	65749

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,617	$10,363	$0	0	29	0
(18) LONG TERM CARE	$337,619	$32,105	$191,357	0	468	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMC NATIONAL LIFE COMPANY

FEIN	NAIC Company Code
420868851	62928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,054	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$523	$3,528	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,280	$5,438	$0	0	11	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$8,586	$1,737	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$250,679	$30,262	$0	0	497	181
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPIRE FIRE AND MARINE INSURANCE COMPANY

FEIN	NAIC Company Code
476022701	21326

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$82,900	$73,558	$82,900	0	16	19
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$16,850,017	$7,192,544	$6,924,282	0	4,820	5,108
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$2,727,114	$1,158,255	$488,007	0	1,031	308
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPIRE GENERAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code
631073929	94285

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$9,908	$12,039	$7,322	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPLOYEES LIFE COMPANY (MUTUAL)

FEIN	NAIC Company Code
362123818	84174

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$121	$405	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPLOYERS REINSURANCE CORPORATION

FEIN	NAIC Company Code
480921045	39845

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,424,784	$1,116,082	$0	0	5,933	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EPIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391502108	64149

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,314	$2,330	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
341626521	77968						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(03) CONVERSION		$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS		$0	$0	$0	0	0	0
(14) ACCIDENT ONLY		$0	$0	$0	0	0	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$0	$0	$0	0	0	0
(18) LONG TERM CARE		$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT		$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$902,830	$149,730	$336,041	0	1,564	3,128
(22) DENTAL/VISION		$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FARMERS AND TRADERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150304150	63193

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$470	$960	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,482	$0	$0	0	6	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FEDERAL HOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350576390	67695

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,983	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,630	$1,280	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$51,261	$83,739	$0	0	0	0
(18) LONG TERM CARE	$2,039	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$144,891	$82,002	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$8,047	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FEDERAL INSURANCE COMPANY

FEIN	NAIC Company Code
131963496	20281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$508,103	$76,919	$0	80	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

FEIN	NAIC Company Code
361063550	63223

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,029	$0	$0	0	335	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$127	$0	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$57,822	$14,301	$6,113	0	182	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FIDELITY SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430949844	71870

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$6,992	$0	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$73,430	$463,609	$23,184	0	4	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$7,121,861	$6,484,349	$1,263,860	0	1,221	805
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,581,398	$891,430	$459,567	31	1,214	758
(14) ACCIDENT ONLY	$449,817	$329,621	$80,631	0	6,472	4,170
(15) BLANKET	$0	$15,489	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$298,465	$107,371	$95,714	4	1,726	570
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$489,080	$9,744	$84,344	0	186	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$627,333	$430,867	$985,965	0	375	28
(21) SPECIFIED OR DREAD DISEASE	$466,673	$191,218	$146,667	6	3,777	2,899
(22) DENTAL/VISION	$3,466,115	$2,723,802	$1,606,380	116	35,110	28,886
(23) PRESCRIPTION DRUG	$181,995	$147,771	$4,117	44	175	65
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041867050	69140

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$54,017	$261,122	$0	0	11	3
(03) CONVERSION	$143,931	$2,050,513	$0	0	24	11
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST COLONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
540596414	63401

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$5,510	$612	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
382242132	90328

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$443,141	$207,020	$176,119	4	2,790	3,242
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FLORIDA COMBINED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
592876465	76031

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$945,910	$637,584	$0	36	3,258	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$9,692,616	$7,101,402	$0	300	44,620	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$24,527,171	$14,260,474	$0	1,266	77,427	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FLORIDA HEALTH CARE PLAN, INC.

FEIN	NAIC Company Code
593222484	95124

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,734,896	$4,566,080	$377,922	0	897	548
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$1,568,050	$1,551,378	$396,775	283	285	93
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$13,233,562	$10,995,222	$3,234,306	936	3,577	1,488
(06) INSTATE 51+ MEMBER GROUPS	$78,253,646	$63,618,806	$3,560,896	65	17,202	13,421
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

FORT DEARBORN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362598882	71129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$169,075	$47,305	$0	54	200	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$996	$697	$0	1	1	3
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FORT WAYNE HEALTH & CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
351495207	38830

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$9,748,741	$6,706,701	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FREEDOM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
611096685	62324

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$25,696	$5,283	$5,868	0	5	3
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$16,536,173	$12,294,230	$5,877,291	0	3,531	2,585
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,862	$0	$0	0	14	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$217	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$682,939	$456,061	$34,125	0	2,861	404
(22) DENTAL/VISION	$43,223	$0	$14,046	0	50	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GARDEN STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
221700753	63657

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,749	$0	$0	1	46	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GE GROUP LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
060893662	80926

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$6,885,579	$7,055,067	$2,229,296	73	4,208	5,049
(14) ACCIDENT ONLY	$392,793	$151,123	$102,209	1,162	35,612	1,185
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$849,296	$821,912	$84,052	2	83	57
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,370,721	$2,609,007	$1,301,458	814	19,883	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$9,943,406	$7,002,864	$3,157,353	875	21,080	24,969
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GE LIFE AND ANNUITY ASSURANCE COMPANY

FEIN	NAIC Company Code
540283385	65536

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,010	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,530	$0	$188	0	3	3
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,431	$2,356	$0	0	0	0
(18) LONG TERM CARE	$80,658	$60,643	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$252,270	$348,370	$5,577	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,513	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

FEIN	NAIC Company Code
916027719	70025

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14,643	$801,382	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$91,753,091	$38,168,608	$10,475,552	1	49,637	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GENESIS INSURANCE COMPANY

FEIN	NAIC Company Code
061024360	38962

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$304,839	$380,802	$0	0	175	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GERBER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
132611847	70939

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$129,970	$148,654	$0	0	35	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,516,377	$300,530	$0	11	2,860	0
(14) ACCIDENT ONLY	$11,025	$342,745	$0	1	4,446	0
(15) BLANKET	$16,410	$9,246	$0	1	43	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$49,639	$30,513	$0	0	186	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$13,425	$75,575	$0	0	14	0
(19) MEDICARE SUPPLEMENT	$1,171,796	$775,112	$0	0	568	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$316	$0	$0	0	2	0
(22) DENTAL/VISION	$7,827	$4,409	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
630782739	91472

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$778,833	$0	$0	0	6,707	62
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$230,811	$346,237	$0	0	245	43
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,305	$0	$0	0	3	1
(18) LONG TERM CARE	$125	$0	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$192,684	$321,107	$0	0	146	2
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$57,424	$22,012	$0	0	821	397
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GOLDEN RULE INSURANCE COMPANY

FEIN	NAIC Company Code
376028756	62286

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,994,087	$1,885,453	$0	0	225	77
(03) CONVERSION	$29,523	$410,291	$5,998	0	10	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$7,139,007	$10,898,600	$1,297,569	0	819	109
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$90,698,303	$67,398,861	$13,403,808	1	22,998	18,464
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,558	$601	$0	0	8	2
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,510	$0	$0	0	3	0
(18) LONG TERM CARE	$60,000	$0	$60,000	0	1	0
(19) MEDICARE SUPPLEMENT	$4,266,183	$3,695,001	$0	0	2,178	0
(20) SHORT TERM HEALTH	$730,760	$299,552	$675,220	0	313	145
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GOVERNMENT EMPLOYEES INSURANCE COMPANY

FEIN	NAIC Company Code
530075853	22063

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$25,918	$94	$0	0	223	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
740651020	63967

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$143,997	$122,918	$0	0	313	656
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GREAT AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131935920	63312

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$679	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$658	$0	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$319	$0	$0	0	1	0
(18) LONG TERM CARE	$671,139	$62,810	$129,246	5	350	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GREAT SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742058261	90212

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,220	$15,046	$0	0	1	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$268,772	$167,075	$8,420	0	305	281
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GREAT WEST LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
980000673	80705

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$496,122	$719,293	$0	1	4	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$48,469	$70,272	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GREAT-WEST HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
593428587	95805

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$4,058,137	$3,756,327	$315,373	43	772	509
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$3,323,710	$3,076,520	$346,911	36	632	617
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
840467907	68322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$83,358	$62,218	$0	0	15	5
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$328,122	$244,909	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$960,317	$716,778	$345,765	32	1,726	1,353
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$30,056,953	$22,434,415	$3,916,598	1,057	33,264	27,450
(14) ACCIDENT ONLY	$390,587	$21,533	$0	28	1,572	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,315,381	$2,474,590	$450,719	4	342	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$141,371	$105,519	$0	27	3,446	3,321
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GUARANTEE TRUST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361174500	64211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$359,541	$353,170	$0	0	231	81
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$194,310	$91,731	$0	0	319	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,061,290	$2,460,035	$2,337,884	0	9,308	0
(15) BLANKET	$2,226,693	$2,732,612	$1,723,908	0	225	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$42,509	$9,174	$6,792	0	125	8
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$301,680	$244,926	$30,945	0	1,823	0
(18) LONG TERM CARE	$4,214,238	$4,707,928	$1,454	0	1,231	0
(19) MEDICARE SUPPLEMENT	$3,944,848	$1,959,169	$65,501	0	1,564	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$120,748	$12,256	$14,657	0	794	163
(22) DENTAL/VISION	$8,291	$2,517	$8,291	2	91	47
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GUARANTY INCOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720201480	64238

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$71,719	$4,493	$18,447	0	69	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
135123390	64246

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$763,984	$987,251	$0	0	381	138
(03) CONVERSION	$373,622	$666,250	$127,447	0	85	45
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$419,582	$276,812	$0	1	47	54
(06) INSTATE 51+ MEMBER GROUPS	$915,655	$0	$84,547	3	758	866
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$637,084	$78,055	$169,266	868	36,530	1,827
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$18,538,669	$27,709,852	$1,543,210	1,083	40,892	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$91,455	$188,454	$0	0	33	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$69,973,461	$45,331,505	$16,701,926	3,136	154,276	192,845
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HARLEYSVILLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231580983	64327

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$73	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
060838648	70815

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,436,680	$1,212,822	$0	8	2,948	0
(14) ACCIDENT ONLY	$2,854,595	$2,160,701	$0	896	272,062	0
(15) BLANKET	$774,851	$505,289	$0	313	71,540	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,600	$332	$0	0	35	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$46,635,186	$39,355,299	$0	1,026	178,973	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$835,007	$544,517	$0	685	1,542	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$63,765	$3,210	$0	0	806	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
391052598	71153

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,600	$332	$0	0	35	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$15,673	$789	$0	0	82	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$63,765	$3,210	$0	0	806	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HARTFORD LIFE GROUP INSURANCE COMPANY

FEIN	NAIC Company Code
736095123	74268

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$89,632	$331,726	$3,959	2	429	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$586,170	$1,178,836	$450,048	4	2,850	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HARTFORD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060974148	88072

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,012,072	$3,380,770	$0	229	381,166	0
(15) BLANKET	$1,004,107	$1,253,052	$0	703	127,991	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$170,977	$192,808	$0	12	545	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,958,374	$5,583,442	$0	37	16,620	0
(18) LONG TERM CARE	$551,666	$622,106	$0	7,032	7,032	0
(19) MEDICARE SUPPLEMENT	$7,022,697	$7,919,394	$0	18	17,903	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$637,983	$719,444	$0	8,132	8,132	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HCC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
351817054	92711

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$17,191,259	$11,485,705	$7,763,171	81	32,572	72,961
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$15,639	$9,271	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HEALTH FIRST HEALTH PLANS, INC.

FEIN	NAIC Company Code
593315064	95019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$710,646	$662,570	$505,522	0	103	64
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,737,644	$2,946,292	$677,557	453	453	442
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$27,212,760	$22,106,714	$158,577,752	1,160	7,200	4,452
(06) INSTATE 51+ MEMBER GROUPS	$53,392,935	$48,123,236	$2,053,115,415	70	11,047	11,220
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$1,826,640	$0	$0	2	4,171	3,440
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HEALTH NET LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
730654885	66141

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$88,197	$462,889	$0	0	14	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$6,229	$2,001	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HEALTH OPTIONS, INC.

FEIN	NAIC Company Code
592403696	95089

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$2,166,769	$1,982,882	$128,837	0	403	97
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$55,423,535	$42,868,693	$7,510,306	0	16,366	5,898
(03) CONVERSION	$11,201,328	$14,876,162	$4,493,881	0	2,397	837
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$30,475,084	$24,682,160	$734,726	2,768	2,768	2,918
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$452,383,747	$266,961,158	$33,119,498	14,663	101,182	61,377
(06) INSTATE 51+ MEMBER GROUPS	$1,126,972,160	$537,755,062	$57,625,837	1,829	204,583	164,251
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$164,000,000	$169,000,000	$906,005	32	41,417	29,910
(13) EXCESS / STOP LOSS	$763,496	$291,125	$0	6	7,910	5,449
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HIGHMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
061041332	93440

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,461,042	$1,700,189	$1,068,692	8	6,603	0
(14) ACCIDENT ONLY	$57,450	$147,022	$6,667	36	5,031	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,094,063	$807,161	$682,942	30	5,151	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$82,952	$79,298	$52,524	2	1,241	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HORACE MANN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370726637	64513

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,336	$148	$0	0	120	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,563	$2,901	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$359,665	$224,617	$417	3	1,031	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HOUSEHOLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
382341728	93777

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$827	$40,141	$0	0	20	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
611041514	69671						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$124,719	$245,756	$124,719	0	73	85
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$7,037,471	$1,994,664	$7,037,471	0	9,090	15,176
(03) CONVERSION		$1,573,087	$2,249,323	$452,550	0	222	68
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$20,871,278	$21,532,782	$1,263,434	2,082	2,082	1,726
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$72,390,554	$54,259,498	$13,731,077	2,878	13,510	9,208
(06) INSTATE 51+ MEMBER GROUPS		$117,407,159	$102,309,469	$34,309,412	245	33,864	23,669
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$6,354,912	$41,486,788	$856,596	12	9,226	12,368
(13) EXCESS / STOP LOSS		$0	$0	$0	0	0	0
(14) ACCIDENT ONLY		$0	$0	$0	0	0	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$0	$0	$0	0	0	0
(18) LONG TERM CARE		$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT		$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$0	$0	$0	0	0	0
(22) DENTAL/VISION		$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HUMANA INSURANCE COMPANY

FEIN	NAIC Company Code
391263473	73288

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$333,178	$342,761	$0	0	48	38
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$6,536	$7,199	$6,536	1	1	3
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$4,382,620	$4,544,965	$105,049	207	478	356
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$92,953	$1,212,379	$39,200	8	293	330
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$140,173	$34,536	$18,361	1,098	14,057	14,057
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$274,705	$73,414	$0	91	676	130
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,747,815	$1,947,987	$37,067	201	1,284	904
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HUMANA MEDICAL PLAN, INC.

FEIN	NAIC Company Code
611103898	95270

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,560,134	$3,337,252	$347,081	0	601	304
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$5,699,897	$6,748,585	$573,946	733	733	590
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$43,327,540	$33,695,852	$11,397,902	1,446	10,783	5,592
(06) INSTATE 51+ MEMBER GROUPS	$397,553,949	$342,563,439	$58,503,562	316	90,801	71,134
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

HUMANADENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
390714280	70580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$187,564	$0	$39,745	16	4,038	4,880
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$25,179	$0	$0	85	85	0
(22) DENTAL/VISION	$2,784,511	$1,955,720	$523,537	807	9,247	6,618
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

IDS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410823832	65005

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,478,799	$2,779,235	$1,011,014	0	7,009	0
(18) LONG TERM CARE	$13,921,396	$4,029,051	$531,801	0	10,785	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370344290	64580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,035,934	$1,457,003	$0	0	175	73
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$20,420	$2,880	$0	0	61	13
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,575,767	$2,537,045	$687,187	0	7,601	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT

FEIN	NAIC Company Code
431014771	81779

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$356	$0	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ING LIFE INSURANCE AND ANNUITY COMPANY

FEIN	NAIC Company Code
710294708	86509

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$265,536	$690,751	$0	0	100	16
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
230723970	22713

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$884,992	$0	0	0	0
(14) ACCIDENT ONLY	$16,566	$4,614	$0	4	83	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,889	$36,777	$0	2	185	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$64,886	$291,488	$0	3	24	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$12,990	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

INVESTORS HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610574893	64904

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$5,423	$9,470	$0	0	4	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

FEIN	NAIC Company Code
620395665	70254

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$520,733	$0	0	0	0
(14) ACCIDENT ONLY	$2,027,706	$0	$141	1,233	180,286	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$34,797,313	$4,032,367	$655	898	170,587	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$4,535,933	$7,134,417	$0	111	900	0
(22) DENTAL/VISION	$8,246,807	$0	$3,469	220	16,878	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

JEFFERSON PILOT LIFEAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
220832760	62057

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$20,490	$138,796	$0	0	12	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

JEFFERSON-PILOT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560359860	67865

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,490	$0	$0	0	3	0
(03) CONVERSION	$26,156	$71,010	$0	0	6	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$51,917	$0	0	0	0
(14) ACCIDENT ONLY	$1,097	$0	$0	0	8	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$150,769	$0	$0	0	7	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,888,473	$3,428,690	$0	0	309	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

JOHN ALDEN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410999752	65080

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$26,420	$14,534	$5,384	0	3	0
(03) CONVERSION	$375,754	$223,245	$0	0	44	16
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$14,520	$186,662	$0	1	2	2
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$3,372	$237	$2,846	0	2	1
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$3,882,646	$1,758,026	$1,770,031	0	1,231	1,059
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$138,289	$0	0	0	0
(18) LONG TERM CARE	$790,846	$406,865	$0	0	421	0
(19) MEDICARE SUPPLEMENT	$775,257	$423,017	$0	0	390	0
(20) SHORT TERM HEALTH	$411,891	$118,877	$344,765	0	200	59
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$28,335	$17,016	$1,058	10	52	49
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

JOHN HANCOCK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041414660	65099

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$84,047	$130,331	$0	0	438	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,279,987	$4,068,457	$0	0	846	0
(18) LONG TERM CARE	$58,114,830	$22,745,972	$13,470,663	152	40,767	4,402
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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

FEIN	NAIC Company Code
010233346	65838

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,440	$42,361	$0	0	17	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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KANAWHA INSURANCE COMPANY

FEIN	NAIC Company Code
570380426	65110

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$169,904	$295,593	$0	0	108	46
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,584	$0	$0	0	9	13
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,536	$2,267	$1,745	0	62	13
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$447,194	$189,581	$263,867	0	2,053	42
(18) LONG TERM CARE	$15,180,203	$5,125,081	$2,971,315	0	10,500	0
(19) MEDICARE SUPPLEMENT	$826,976	$680,786	$0	0	320	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$219,985	$55,025	$141,081	0	947	1,001
(22) DENTAL/VISION	$137,640	$117,613	$21,481	0	240	116
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

KANSAS CITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
440308260	65129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,025	$0	$0	0	7	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$121	$1,270	$0	0	29	3
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$287,724	$412,028	$9,216	23	1,065	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,468	$925	$0	0	5	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$89	$0	$0	0	3	1
(22) DENTAL/VISION	$438,133	$217,442	$438,133	21	714	285
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

KNIGHTS OF COLUMBUS

FEIN	NAIC Company Code
060416470	58033

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$19,883	$476	$41,865	0	637	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$270	$0	$0	0	0	0
(18) LONG TERM CARE	$833,601	$27,155	$0	0	101	23
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LAFAYETTE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350457540	65242

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$3,065	$0	$1,213	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

FEIN	NAIC Company Code
046076039	65315

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,280,153	$14,847,036	$381,115	28	50,834	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LIBERTY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570249218	65323

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$5,298,528	$1,048,243	$1,027,015	0	38,244	16,265
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$66,499	$39,922	$3,169	0	399	76
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$16,034	$2,146	$1,041	0	18	28
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LIBERTY MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
041543470	23043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$584	$423	$0	0	1	0
(03) CONVERSION	$18,449	$52,516	$0	0	8	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$41,435	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$689	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$2,268	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LIFE INSURANCE COMPANY OF GEORGIA

FEIN	NAIC Company Code
580298930	65471

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$54,074	$15,618	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$45,635	$7,810	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$296,072	$207,334	$0	0	414	367
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$42,436	$104,941	$0	0	0	0
(18) LONG TERM CARE	$55,507	$67,865	$0	0	54	0
(19) MEDICARE SUPPLEMENT	$1,513,914	$1,567,170	$0	0	812	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$543,493	$1,235,110	$0	0	155	67
(22) DENTAL/VISION	$83,775	$94,230	$0	0	77	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
231503749	65498

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,486,270	$10,618,985	$0	27	32,431	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,847,368	$1,603,781	$0	6	23,092	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,121,286	$24,614,104	$0	35	60,347	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,000	$808,765	$0	2	38	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LIFE INSURANCE COMPANY OF THE SOUTHWEST

FEIN	NAIC Company Code
750953004	65528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$91	$0	$0	0	1	1
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LIFE INVESTORS INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
420191090	64130

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$9,390	$2,252	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$16,102	$72,688	$0	0	8	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,095,049	$55,641	$0	0	5,133	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,023,893	$757,879	$0	0	1,394	425
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$746,233	$131,105	$0	0	4,347	0
(18) LONG TERM CARE	$5,051,373	$2,148,899	$530,828	0	3,828	0
(19) MEDICARE SUPPLEMENT	$7,810,751	$7,546,237	$0	0	4,740	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$160,841	$5,405	$0	0	597	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LINCOLN BENEFIT LIFE COMPANY

FEIN	NAIC Company Code
470221457	65595

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$8,658,999	$585,760	$3,136,628	0	2,853	1,109
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LINCOLN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350472300	65676

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,034	$29	$0	1	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,076,528	$9,674,548	$0	0	2,120	0
(18) LONG TERM CARE	$349,196	$109,008	$0	0	213	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LONDON LIFE REINSURANCE COMPANY

FEIN	NAIC Company Code
232044256	76694

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$120,978	$40,734	$0	0	1	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$12,606	$26,132	$0	0	19	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

LOYAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630343428	65722

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,893	$300	$1,594	0	41	25
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$14,318	$2,445	$15	0	261	104
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$42,332	$48,175	$247	0	237	0
(18) LONG TERM CARE	$186,348	$0	$0	0	177	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$456,551	$588,614	$9,305	0	5,207	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MADISON NATIONAL LIFE INSURANCE COMPANY INC.

FEIN	NAIC Company Code
390990296	65781

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$874,441	$635,062	$874,441	2	99	128
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,406	$81	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,523	$60,916	$0	0	7	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,314	$740	$0	0	13	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MANHATTAN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
450252531	67083

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$252	$903	$0	0	0	0
(18) LONG TERM CARE	$828,858	$2,969,317	$0	0	741	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MARKEL INSURANCE COMPANY

FEIN	NAIC Company Code
363101262	38970

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,357,615	$899,926	$534,601	0	129,197	0
(15) BLANKET	$1,540,470	$559,043	$76,138	0	6,933	24
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$15,973	$4,293	$15,973	0	46	31
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041590850	65935

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$12,295,951	$44,007,083	$846,755	0	10,336	0
(18) LONG TERM CARE	$2,122,523	$95,894	$1,018,590	0	784	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MEDAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
340977231	69515

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$89,261	$8,762	$0	0	81	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MEDICAL SAVINGS INSURANCE COMPANY

FEIN	NAIC Company Code
351975418	74217

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$3,646	$0	$3,646	0	2	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$16,382,354	$8,951,735	$7,242,570	0	6,121	9,180
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MEDICO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470520541	71471

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$17	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,504	$591	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,137	$9	$0	0	2	0
(18) LONG TERM CARE	$202,516	$61,820	$55,989	0	212	0
(19) MEDICARE SUPPLEMENT	$78,720	$64,524	$47,513	0	36	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$12,241	$279	$222	0	42	28
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MEGA LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
592213662	97055

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$92,804	$40,701	$0	0	33	38
(03) CONVERSION	$19,320	$18,270	$0	0	7	2
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$7,888,040	$8,400,004	$0	41	18,923	120
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$33,568	$20,490	$15,760	0	8	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$43,384,389	$27,121,138	$10,792,527	0	12,323	9,696
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$75,586	$61,736	$27,372	0	193	15
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$114,012	$5,103	$829,999	0	385	289
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,979,920	$6,425,391	$4,946,894	46	21,126	4,376
(18) LONG TERM CARE	$52,392	$0	$0	0	12	12
(19) MEDICARE SUPPLEMENT	$43,517	$54,115	$0	0	347	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$626,978	$116,972	$193,728	0	2,958	1,492
(22) DENTAL/VISION	$732,454	$294,559	$253,535	0	5,948	4,470
(23) PRESCRIPTION DRUG	$74,055	$40,730	$0	0	174	103
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MEMBERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391236386	86126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$622	$0	$0	0	14	2
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$356	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MENNONITE MUTUAL AID ASSOCIATION

FEIN	NAIC Company Code
356059333	57991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$393,402	$685,126	$0	0	58	48
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$595,094	$396,465	$0	0	245	112
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

METROPOLITAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135581829	65978

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$700,455	$896,772	$0	0	1,635	325
(03) CONVERSION	$239,393	$525,402	$0	0	163	49
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$716,540	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$35,088	$25,821	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$740,959	$245,549	$0	0	0	0
(14) ACCIDENT ONLY	$4,207,031	$415,294	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,170,300	$16,798,402	$0	0	35	4
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$56,366,229	$71,931,332	$0	0	0	0
(18) LONG TERM CARE	$19,476,767	$9,668,453	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$90,433,298	$68,577,122	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MIDLAND NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460164570	66044

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$885	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MID-SOUTH INSURANCE COMPANY

FEIN	NAIC Company Code
560710065	79987

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$44,827	$33,958	$0	0	12	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$5,547	$5,065	$0	0	4	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

FEIN	NAIC Company Code
620724538	66087

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$54,988	$2,784	$0	0	20	30
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$31,186	$19,348	$21,022	0	11	2
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$55,275,998	$34,811,878	$16,882,703	0	17,352	12,878
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$53,891	$22,014	$28,310	0	110	16
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$504,120	$247,236	$4,092	0	1,458	17
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,918	$117	$0	0	13	0
(18) LONG TERM CARE	$1,145	$421	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$972	$575	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$757,431	$176,445	$171,897	0	4,848	2,013
(22) DENTAL/VISION	$642,789	$231,449	$167,432	0	5,706	9,558
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MIDWESTERN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350838945	66109

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,944	$981	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$1,356	$785	$0	0	2	2
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MINNESOTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410417830	66168

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,766,392	$1,753,764	$1,083,510	0	73,431	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,877,531	$10,853,528	$3,805	0	4,301	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MONUMENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520419790	66281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,577,530	$2,783,464	$0	16	3,940	0
(14) ACCIDENT ONLY	$15,901,472	$3,838,721	$0	0	319,377	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$752,115	$226,249	$0	0	4,389	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$345,927	$200,685	$0	0	2,552	0
(18) LONG TERM CARE	$3,905,600	$708,797	$1,783,964	0	3,177	0
(19) MEDICARE SUPPLEMENT	$7,267,311	$6,242,912	$0	0	3,358	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7,359,836	$4,358,854	$0	0	13,844	0
(22) DENTAL/VISION	$451,864	$101,824	$0	0	5,953	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$2,366	$5,787	$0	0	8	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131632487	66370

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$89,716	$190,533	$0	0	68	7
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$20	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,635	$1,321	$0	0	31	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,857,695	$5,304,776	$0	0	3,493	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$16	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131614399	88668

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$159,998	$300,795	$0	39	763	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MUTUAL OF OMAHA INSURANCE COMPANY

FEIN	NAIC Company Code
470246511	71412

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$17,991,596	$15,938,612	$16,919	0	2,934	919
(03) CONVERSION	$11,162	$14,290	$0	0	5	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$2,803	$392,015	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$863,756	$713,479	$0	4	174	201
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$129	$0	6	85	41
(13) EXCESS / STOP LOSS	$7,650	$1,441	$0	1	15	38
(14) ACCIDENT ONLY	$3,340,995	$2,359,349	$370,776	4	35,717	9,579
(15) BLANKET	$21,877	$157,178	$22,646	0	31	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$636,626	$562,218	$0	0	3,125	789
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,060,475	$2,255,989	$308,703	11	15,472	3
(18) LONG TERM CARE	$10,260,311	$11,218,784	$1,547,535	5	7,180	0
(19) MEDICARE SUPPLEMENT	$19,932,512	$12,313,202	$2,632,142	0	9,338	3
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,242,768	$1,490,063	$1,136,138	0	31,084	9,583
(22) DENTAL/VISION	$111,350	$93,251	$0	3	228	245
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MUTUAL PROTECTIVE INSURANCE COMPANY

FEIN	NAIC Company Code
470122200	31119

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,331	$20	$0	0	79	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$133,295	$169,451	$0	0	292	33
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$44,619	$12,849	$0	0	94	0
(18) LONG TERM CARE	$3,938,404	$2,222,134	$42,771	0	3,600	0
(19) MEDICARE SUPPLEMENT	$49,289,459	$33,666,113	$6,747	0	26,711	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$595,418	$228,168	$0	0	2,173	1,219
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MUTUAL SAVINGS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630148960	66397

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$20,611	$35,900	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

MUTUAL SERVICE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410203970	66419

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,425	$1,007	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,028,102	$604,968	$998,119	53	167	106
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONAL BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231618791	61409

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$56,616	$607,266	$0	0	97	49
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$239	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$66,721	$74,330	$0	0	371	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,000	$66,494	$0	0	11	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,361	$2,224	$0	0	3	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONAL CASUALTY COMPANY

FEIN	NAIC Company Code
380865250	11991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$108,508	$56,643	$0	165	39,994	11
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$20,454	$31,105	$0	0	28	31
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,145	$9,901	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,860	$146	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390493780	66583

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,217	$68	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$52,140	$2,874	$0	0	84	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$3,043	$171	$0	0	5	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$609	$0	$0	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
030144090	66680

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,331,325	$7,589,758	$47,138	0	1,457	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONAL STATES INSURANCE COMPANY

FEIN	NAIC Company Code
430825796	60593

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$5,945	$791	$3,656	0	53	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$651,348	$131,441	$449,392	0	470	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$22,156,508	$15,454,104	$1,582,865	0	9,790	0
(19) MEDICARE SUPPLEMENT	$14,025,733	$7,884,775	$2,417,804	0	6,219	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,041,587	$1,057,481	$110,691	0	1,672	0
(22) DENTAL/VISION	$39,512	$30,550	$0	0	67	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

FEIN	NAIC Company Code
751623431	87963

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,588	$0	$151	0	18	27
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$114	$0	$0	0	4	4
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$60,415	$5,781	$4,115	0	178	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$601,600	$77,536	$151,110	0	1,354	2,558
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONAL WESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840467208	66850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,789	$31,097	$0	0	71	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

FEIN	NAIC Company Code
231619082	70750

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,948	$2,285	$0	0	10	10
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONWIDE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
314156830	66869

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$3,602,052	$1,453,928	$1,687,750	2	62	136
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,238,348	$3,522,117	$3,408,016	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
230990450	68225

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$88	$624	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,838	$1,682	$0	0	28	21
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$124,029	$117,038	$0	0	513	411
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$289	$10,741	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,891	$4,449	$0	0	16	25
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

FEIN	NAIC Company Code
650996107	95123

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$5,282,478	$7,818,067	$444,040	0	1,325	290
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$259,115,849	$200,319,578	$39,143,323	8,056	58,386	39,728
(06) INSTATE 51+ MEMBER GROUPS	$155,752,690	$137,967,609	$28,526,340	342	39,437	28,257
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NEW ENGLAND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042708937	91626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$618	$1,490,351	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$91,545	$225,746	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,933,130	$2,146,753	$0	0	0	0
(14) ACCIDENT ONLY	$40,097	$30,783	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$473,922	$297,599	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$116,558	$213,898	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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NEW ERA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742552025	78743

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$56,625	$157,688	$0	0	117	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$16	$1,304	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,619,496	$4,397,716	$0	0	2,086	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$11,550	$1,716	$0	0	241	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$692	$471	$0	0	12	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NEW YORK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135582869	66915

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$371,454	$277,037	$0	0	394	84
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$10,371,198	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$369,145	$360,267	$27,522	0	6,445	970
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$105,194	$93,087	$10,352	0	430	128
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,583,675	$9,156,361	$214,063	0	9,019	9
(18) LONG TERM CARE	$4,430,375	$1,444,483	$642,729	2	3,123	0
(19) MEDICARE SUPPLEMENT	$826,285	$593,433	$0	0	337	28
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NIPPON LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
042509896	81264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$618,053	$448,341	$68,795	32	54	70
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,565,362	$899,278	$37,975	25	235	157
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$15,642	$0	$0	2	26	24
(13) EXCESS / STOP LOSS	$15,850	$0	$340	4	29	25
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,044	$0	$1,104	8	33	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$91,538	$52,148	$879	34	159	144
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NORTH AMERICAN CO FOR LIFE AND HEALTH INSURANCE

FEIN	NAIC Company Code
362428931	66974

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14,199	$177,096	$0	0	149	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560340860	67032

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$2,405,180	$5,879,617	$2,405,180	1	16,035	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,661	$792	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

FEIN	NAIC Company Code
362258318	69000

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$2,548,640	$71,932	$734,756	0	1,519	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390509570	67091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$44,972,338	$44,630,337	$9,412,629	0	51,525	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

FEIN	NAIC Company Code
560343440	67148

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$36,926	$11,118	$337	0	158	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,363	$6,021	$0	0	10	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$15,406	$14,547	$0	0	64	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$747	$5,753	$0	0	3	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$113,779	$138,579	$0	0	444	548
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OHIO CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
310396250	24074

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$854	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OHIO NATIONAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code
310962495	89206

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$55	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,072,682	$1,078,998	$27,285	0	654	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OHIO NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310397080	67172

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,114	$2,605	$0	0	3	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$674,078	$3,013	$120,572	0	315	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OHIO STATE LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
314271600	67180

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,110	$4,093	$0	0	23	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OLD AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
440376695	67199

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$26,600	$552	$0	0	829	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,594	$4,935	$0	0	192	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$270	$16	$0	0	2	0
(18) LONG TERM CARE	$691,070	$4,135,477	$0	0	514	0
(19) MEDICARE SUPPLEMENT	$9,376	$14,194	$0	0	28	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,776	$98	$0	0	120	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OLD REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
250410420	24147

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,284,311	$2,061,566	$3,284,311	0	21,756	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OLD REPUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361577440	67261

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$101,409	$176,930	$0	4	105,038	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA

FEIN	NAIC Company Code
314273120	56383

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14,474	$11,981	$1,946	0	436	69
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,194	$1,119	$263	0	43	21
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$60,048	$18,726	$0	0	379	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$10,909,000	$8,289,577	$791,454	0	4,994	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

OZARK NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430812448	67393

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,907	$1,333	$0	0	56	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PACIFIC LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code
953769814	97268

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$16,391	$21,480	$3,501	0	3	4
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$4,390,229	$3,746,552	$848,235	7	604	755
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$5,756,522	$5,382,281	$324,175	506	506	354
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$95,390,788	$65,936,611	$11,113,361	2,954	11,888	7,830
(11) OUT OF STATE 51+ MEMBER GROUPS	$2,753,031	$2,084,431	$1,339,997	24	732	548
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$72,529	$0	$6,483	868	5,088	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$91,679	$64,196	$4,704	31	362	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,505,752	$962,163	$107,808	310	2,254	2,111
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PACIFIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951079000	67466

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$4,512	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$224,735	$854,593	$0	1	141	176
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PAN-AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720281240	67539

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$8,907	$10,031	$0	0	12	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,764,534	$786,443	$178,501	15	1,463	0
(14) ACCIDENT ONLY	$60,490	$7,633	$55,192	2	7	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,551,596	$1,179,749	$2,037,487	15	2,158	1,342
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$302,495	$95,893	$251,175	5	82	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$26,162	$208	$22,974	4	69	15
(22) DENTAL/VISION	$48,953	$14,336	$11,734	7	146	91
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PAUL REVERE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041768571	67598

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$40,331	$22,777	$0	59	2,313	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,965	$26,930	$2,400	0	91	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$28,344,433	$87,646,842	$118,999	265	23,641	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PENN TREATY NETWORK AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
232603386	63282

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$56,145,278	$46,444,872	$1,280,904	0	31,103	0
(19) MEDICARE SUPPLEMENT	$159,534	$160,825	$0	0	133	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PENNSYLVANIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231305366	67660

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$182,773	$0	$11,562	0	1,568	41
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$382,487	$91,329	$17,292	0	701	18
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,399,813	$829,406	$99,576	0	4,823	130
(18) LONG TERM CARE	$32,629	$5,240	$0	0	31	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$21,018	$4,838	$0	0	103	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PEOPLES BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430378030	66605

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$392,873	$342,917	$0	3	450	20
(14) ACCIDENT ONLY	$1,059,696	$0	$0	0	8,146	1,578
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$896,316	$0	$0	0	6,239	852
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$165,254	$1,977	$21,719	0	73	0
(19) MEDICARE SUPPLEMENT	$3,084,925	$0	$0	0	1,617	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$38,920	$0	$0	0	752	150
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741952955	67784

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$159,967	$157,913	$19,017	0	94	31
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,050,413	$760,192	$1,025,153	0	2,105	1,052
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$375,147	$236,846	$0	375,147	1,720	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$48,301	$59,862	$0	0	41	7
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHOENIX LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060493340	67814

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,301	$32,927	$0	0	7	9
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHYSICIANS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
470270450	80578

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$142,326	$183,223	$43,622	0	31	3
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$562,695	$689,704	$72,756	0	171	46
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,107	$0	$0	0	17	3
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,061,373	$3,831,523	$433,388	0	18,247	2,601
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$12,465	$10,664	$0	0	40	0
(18) LONG TERM CARE	$571,691	$146,420	$61,228	0	432	0
(19) MEDICARE SUPPLEMENT	$5,290,711	$3,946,232	$197,344	0	2,208	42
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$227,766	$129,856	$12,413	0	1,197	218
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PREFERRED MEDICAL PLAN, INC.

FEIN	NAIC Company Code
591419293	95271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$387,049	$424,633	$39,770	0	207	80
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$45,993,513	$35,994,917	$7,865,128	0	25,463	12,142
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PRIMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041590590	65919

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$59,339	$3,846	$0	0	23	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$34,268	$8,339	$0	0	87	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$24,399	$13,107	$0	0	69	0
(18) LONG TERM CARE	$48,868	$23,449	$0	0	49	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PRINCIPAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420127290	61271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,670,338	$4,453,722	$0	0	389	236
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$7,239,856	$11,678,294	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$11,402,240	$9,901,052	$1,737,304	44	2,047	1,375
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$113,140	$29,974	$0	2	144	97
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$616	$4,288	$0	0	54	25
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$22,517,169	$11,613,605	$5,290,913	1,138	58,677	0
(18) LONG TERM CARE	$48,810	$17,449	$0	0	203	0
(19) MEDICARE SUPPLEMENT	$23,704,801	$17,672,236	$0	0	8,863	775
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$26,579,465	$20,239,517	$1,415,104	2,608	53,225	48,293
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PROFESSIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
590411385	68047

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$739,810	$169,762	$408,973	0	3,418	2,393
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,882,219	$2,583,476	$858,146	0	13,342	9,339
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$631,015	$333,352	$116,700	0	4,031	2,822
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PROTECTIVE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630169720	68136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$121	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,174	$0	$0	0	38	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$339,332	$366,737	$0	0	265	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$41,205	$72,634	$0	0	34	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,724,361	$8,261,349	$0	0	15,139	0
(22) DENTAL/VISION	$4,308,049	$10,436,242	$0	0	212	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
231335885	67903

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$3,182,768	$3,088,167	$0	209	209	115
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
620331200	68195

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	($61,993)	$3,348	$0	1	234	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$11,622		$0	2	82	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$58,152,907	$149,721,882	$4,476,042	135	235,526	0
(18) LONG TERM CARE	$453,414	$61,017	$0	0	131	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,968,921	$533,806	$1,789,156	0	8,613	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
221211670	68241						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$1,777,510	$3,283,777	$0	0	2,432	468
(03) CONVERSION		$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS		$0	$0	$0	0	0	0
(14) ACCIDENT ONLY		$0	$0	$0	0	0	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$11,675	$6,201	$0	0	161	8
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$25,961,447	$31,077,484	$0	494	121,460	0
(18) LONG TERM CARE		$5,066,782	$5,309,251	$0	4	3,470	0
(19) MEDICARE SUPPLEMENT		$16,151	$25,313	$0	0	13	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$0	$0	$0	0	0	0
(22) DENTAL/VISION		$14,827	$85,285	$0	0	0	0
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

PYRAMID LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
480557726	68284

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$906,996	$1,660,928	$0	0	132	55
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$55	$4	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$37	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$380,315	$0	$20,193	0	174	59
(19) MEDICARE SUPPLEMENT	$2,442,264	$1,783,260	$908,959	0	1,034	102
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$18,394	$61,125	$5,520	0	114	23
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

REASSURE AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
380779740	65765

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$21,671	$143,762	$0	0	173	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$55,543	$18,280	$0	0	507	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,842	$10,662	$0	0	117	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,821,534	$10,714,850	$0	0	3,813	0
(18) LONG TERM CARE	$86,838	$0	$0	0	8	0
(19) MEDICARE SUPPLEMENT	$4,271	$35,196	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$691,904	$892,486	$0	0	3,594	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

RELIANCE STANDARD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
360883760	68381

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,027,536	$1,352,900	$1,391,973	214	69,297	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,467,294	$10,274,689	$3,655,817	501	49,081	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$3,629,512	$3,024,970	$1,275,652	81	7,600	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

RELIASTAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410451140	67105

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$9,033,351	$10,421,822	$1,631,700	248	58,595	134,769
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,715	$0	$0	2	75	173
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,832,390	$1,531,540	$728,219	52	7,938	0
(18) LONG TERM CARE	$6,223	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$4,569,654	$2,370,611	$119,760	241	15,715	25,050
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
530242530	61360

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$49,520	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,256	$35,263	$698	1	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$469,354	$438,764	$214,703	0	1,502	1,295
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

RESERVE NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
730661453	68462

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$378,257	$409,243	$0	0	125	38
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$14,746	$7,874	$0	0	10	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$19,110	$5,883	$0	0	120	46
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$46,792	$38,871	$0	0	65	13
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$491	$0	$0	0	2	0
(18) LONG TERM CARE	$33,712	$7,138	$0	0	40	10
(19) MEDICARE SUPPLEMENT	$1,253,952	$1,054,598	$0	0	580	56
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,411	$197	$0	0	79	21
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SAFEHEALTH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
330515751	79014

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,816,299	$1,423,977	$226,587	1,156	119,265	143,118
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SEARS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
363742955	69914

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$23,030	$1,463	$2,776	0	193	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,633	$116	$197	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SECURIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
411412669	93742

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$160,265	$678,594	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
150442730	68772

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9,500	$0	$108	13	425	0
(15) BLANKET	$5,007	$783,500	$0	0	7	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,622	$10,025	$0	0	9	14
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$216,883	$545,727	$4,300	9	420	150
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SECURITY NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362610791	69485

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$10,813	$143	$0	0	764	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SENTRY INSURANCE A MUTUAL COMPANY

FEIN	NAIC Company Code
390333950	24988

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$1,566	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,535	$7,065	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$178,708	$92,711	$0	0	174	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$35,453	$14,766	$0	0	988	0
(22) DENTAL/VISION	$0	$1,631	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SENTRY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
396040276	68810

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,034	$1,974	$0	0	11	0
(03) CONVERSION	$140	$760	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$1,089	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,124	$0	$0	0	5	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$28,037	$1,559,250	$0	0	355	0
(18) LONG TERM CARE	$25,626	$15,075	$0	0	22	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$341	$0	$0	0	0	0
(22) DENTAL/VISION	$32,704	$42,677	$0	0	262	131
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SHENANDOAH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
540377280	68845

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$138,477	$58,500	$14,219	229	10,583	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$630,858	$203,774	$74,495	61	2,257	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$5,506,625	$3,510,763	$1,886,280	750	14,271	14,384
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SONS OF NORWAY

FEIN	NAIC Company Code
410547795	57142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,018	$1,556	$0	0	9	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$17,325	$16,327	$0	0	22	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,016	$1,013	$0	0	16	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SOUTHWESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742088326	91391

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$96	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,993,859	$1,282,111	$0	0	1,477	749
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

STANDARD INSURANCE COMPANY

FEIN	NAIC Company Code
930242990	69019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,908,986	$1,696,276	$499,099	701	213,140	2,828
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$48,090,778	$31,606,062	$6,042,514	1,372	220,524	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$3,755,986	$2,110,212	$636,352	142	7,260	4,990
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
730994234	86355

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$16,265	$14,338	$0	0	32	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$57,277	$121,309	$0	0	3,754	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$25,825	$29,680	$0	0	589	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$584	$2,318	$0	0	5	0
(18) LONG TERM CARE	$84,501	$300,647	$0	0	92	0
(19) MEDICARE SUPPLEMENT	$9,650,350	$6,182,823	$0	0	4,595	0
(20) SHORT TERM HEALTH	$33,096	$6,106	$0	0	92	0
(21) SPECIFIED OR DREAD DISEASE	$24,530	$13,137	$0	0	188	0
(22) DENTAL/VISION	($614)	$3,678	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

STANDARD LIFE AND CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
570290111	71706

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$75,247	$10,452	$75,247	0	500	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

FEIN	NAIC Company Code
135679267	69078

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,323,667	$1,937,819	$3,323,667	11	10,216	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$40,704	$12,833	$0	0	182	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$447,030	$1,076,626	$226,870	37	2,438	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

STAR INSURANCE COMPANY

FEIN	NAIC Company Code
382626205	18023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9	$3,495	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

STARMOUNT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720977315	68985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$31,923	$240	$2,456	0	432	287
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
314316080	25135

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$683	$3,882	$0	0	3	2
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$329	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

FEIN	NAIC Company Code
370533100	25178

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$46,455	$0	$0	0	12	7
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$14,806,065	$14,545,313	$14,105	0	4,173	1,363
(03) CONVERSION	$98,145	$317,422	$28,722	0	22	4
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$37,965,340	$44,909,718	$0	2	5,270	5,398
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$270,266	$322,654	$0	2	3,626	3,494
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,262,751	$3,252,269	$1,121,031	0	78,805	10,521
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,500,735	$5,081,674	$316,107	0	20,126	0
(18) LONG TERM CARE	$3,422,107	$1,517,122	$960,227	0	7,329	0
(19) MEDICARE SUPPLEMENT	$16,594,902	$11,366,739	$1,685,158	0	7,808	157
(20) SHORT TERM HEALTH	$0	$27,395	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350684263	69116

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,900	$145,052	$0	0	7	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$27,143	$99,698	$0	0	57	0
(18) LONG TERM CARE	$981,617	$0	$734,036	0	259	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STERLING INVESTORS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591838073	89184

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,727	$28,760	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STONEBRIDGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
030164230	65021

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$28,573,175	$8,123,645	$4,556,154	0	261,574	296,720
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$579,977	$1,143,330	$1,235	0	3,539	460
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$797,397	$0	$0	0	11,101	3,644
(18) LONG TERM CARE	$287,586	$235,654	$0	0	282	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$76,572	$49,050	$301	0	847	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SUN LIFE ASSURANCE COMPANY OF CANADA

FEIN	NAIC Company Code
381082080	80802

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$14,018,969	$10,014,566	$2,396,894	52	33,691	41,829
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,489,946	$4,499,298	$599,223	217	46,369	102,012
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SUNAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520502540	69256

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$19,342	$125,930	$0	0	63	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SURETY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
870198108	69310

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$23,268	$26,800	$0	0	27	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SWISS RE LIFE & HEALTH AMERICA INC.

FEIN	NAIC Company Code
131562932	82627

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$23,412	$11,802	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

SYMETRA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
910742147	68608

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$7,457	$15,573	$0	0	3	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$27,011,091	$13,751,393	$5,499,380	109	123,307	152,901
(14) ACCIDENT ONLY	$48,810	$0	$8,151	43	2,931	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$246,656	$260,293	$60,540	19	262	325
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$46,753	$11,871	$3,033	15	201	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

FEIN	NAIC Company Code
131624203	69345

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,203	$15,516	$0	0	3	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$140,521	$94,156	$0	4	122	0
(18) LONG TERM CARE	$1,137,896	$323,633	$0	0	709	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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THE PUBLIC HEALTH TRUST OF DADE COUNTY

FEIN	NAIC Company Code
591713947	95126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$124,063	$157,880	$0	0	21	27
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,130,957	$1,969,597	$0	103	202	140
(06) INSTATE 51+ MEMBER GROUPS	$34,396,995	$29,863,528	$0	7	7,315	5,698
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

THRIVENT FINANCIAL FOR LUTHERANS

FEIN	NAIC Company Code
390123480	56014

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$770,545	$1,049,169	$0	0	180	85
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$62	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$18,906	$1,354	$0	0	138	39
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,146,862	$732,414	$56,613	0	1,856	12
(18) LONG TERM CARE	$5,521,591	$2,031,284	$167,664	0	3,561	664
(19) MEDICARE SUPPLEMENT	$856,255	$702,844	$2,547	0	285	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TIAA-CREF LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133917848	60142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$957,703	$0	$957,703	0	570	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
940781581	25518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,236	$7,780	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TIME INSURANCE COMPANY

FEIN	NAIC Company Code
390658730	69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,188,335	$5,546,250	$345,417	0	1,617	598
(03) CONVERSION	$45,054	$159,517	$0	0	6	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$551,226	$243,080	$221,519	0	46	6
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$42,138,809	$19,359,870	$17,570,218	0	14,524	13,701
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$576	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$154	$0	$0	0	6	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,044	$9,093	$0	0	33	18
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$19,474,360	$16,420,943	$0	0	12,329	0
(19) MEDICARE SUPPLEMENT	$9,785	$3,944	$0	0	5	0
(20) SHORT TERM HEALTH	$4,810,674	$2,060,306	$4,020,060	0	3,026	979
(21) SPECIFIED OR DREAD DISEASE	$123	$0	$0	0	9	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TOTAL HEALTH CHOICE, INC.

FEIN	NAIC Company Code
330603319	95134

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$105,227	$59,604	$39,245	0	28	12
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$22,904,693	$16,822,030	$2,312,860	0	5,949	2,344
(03) CONVERSION	$14,742,939	$8,415,828	$2,617,617	0	3,997	838
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$153,721	$180,340	$24,182	38	38	19
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,646,746	$3,418,975	$602,677	292	907	443
(06) INSTATE 51+ MEMBER GROUPS	$5,482,812	$3,721,724	$867,743	44	1,630	625
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
366071399	70688

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,803	$0	$0	0	2	0
(14) ACCIDENT ONLY	$184,406	$0	$0	0	3,304	282
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$226,574	$533	$0	0	1,121	122
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$2,736	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$61,320	$0	$0	0	27	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$570,597	$573,703	$0	0	301	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TRANSAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390989781	86231

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$5,695	$2,383	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$10,123	$64,482	$0	0	29	13
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,172,912	$3,915,428	$0	932	932	458
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$317,894	$298,280	$0	35	71	28
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,144,826	$492,505	$0	12	16,498	0
(14) ACCIDENT ONLY	$16,004	$13,227	$0	0	296	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$35,593	$9,403	$0	0	64	0
(18) LONG TERM CARE	$2,752,383	$1,770,319	$0	0	1,803	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$85,777	$5,147	$0	0	201	0
(22) DENTAL/VISION	$48,497	$24,248	$0	0	69	42
(23) PRESCRIPTION DRUG	$11,912	$5,956	$0	0	53	26
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951060502	67121

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$9,602	$16,877	$0	0	53	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,125	$2,200	$0	0	165	82
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,402	$67,506	$0	0	60	0
(18) LONG TERM CARE	$10,222,067	$6,375,635	$1,174,719	0	5,150	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TRANS-OCEANIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
660235829	69523

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$11,657	$0	$0	0	224	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TRAVELERS INSURANCE COMPANY

FEIN	NAIC Company Code
060566090	87726

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$48,768	$3,577,426	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$41,355	$46,902	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$441,491	$623,198	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$950,360	$1,989,537	$0	0	0	0
(18) LONG TERM CARE	$23,313,290	$15,049,219	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TRUSTMARK INSURANCE COMPANY

FEIN	NAIC Company Code
360792925	61425

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$13,917	$8,348	$0	0	2	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$3,373,507	$3,318,133	$2,727	0	645	287
(03) CONVERSION	$12,413	$30,257	$0	0	4	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$107,260	$102,714	$0	9	9	2
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$177,614	$193,943	$1	132	1,125	757
(06) INSTATE 51+ MEMBER GROUPS	$690,526	$341,146	$0	4	233	170
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$413,302	$170,504	$0	0	65	21
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$85,838	$470,441	$0	7	7	3
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$541,015	$1,466,027	$0	32	83	89
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,159,914	$839,074	$79,661	48	269	296
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$39,090	$555,623	$2,155	18	176	194
(13) EXCESS / STOP LOSS	$5,100,322	$3,856,941	$1,010,023	44	21,408	15,013
(14) ACCIDENT ONLY	$76,335	$10,295	$11,851	151	2,930	42
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$134,762	$573,880	$2,959	4	139	47
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,564,693	$8,688,008	$4,082	87	4,165	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$83,139	$107,926	$0	0	62	0
(20) SHORT TERM HEALTH	$0		$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7,900,545	$3,396,664	$931,358	59	17,368	7,131
(22) DENTAL/VISION	$87,980	$180,558	$16,496	27	570	348
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

TRUSTMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
363421358	62863

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$9,295	$20,779	$0	0	1	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

U.S. SPECIALTY INSURANCE COMPANY

FEIN	NAIC Company Code
521504975	29599

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,272,322	$1,107,694	$256,281	76	1,007	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ULICO CASUALTY COMPANY

FEIN	NAIC Company Code
132988846	37893

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$505,448	$1,485,429	$0	0	75	41
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$9,489	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$51,785	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$245,122	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNICARE LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
520913817	80314

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$378,669	$189,543	$0	0	10	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$1,888,978	$1,670,535	$0	4	268	233
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$420,918	$161,261	$0	12	18	6
(11) OUT OF STATE 51+ MEMBER GROUPS	$24,437,997	$21,965,415	$9,853,038	190	4,165	2,947
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$41,097,632	$37,725,133	$4,595,149	61	12,084	3,946
(13) EXCESS / STOP LOSS	$3,797,458	$3,280,293	$0	16	620	599
(14) ACCIDENT ONLY	$38,572	$9,750	$2,556	16	4,498	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$113,020	$315,020	$76,179	8	1,505	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,297,349	$947,882	$295,262	137	3,473	2,672
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNION BANKERS INSURANCE COMPANY

FEIN	NAIC Company Code
750860066	69701

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$77,556	$124,742	$0	0	20	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$193	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,658	$9,229	$0	0	24	0
(18) LONG TERM CARE	$102,832	$218,233	$0	0	94	0
(19) MEDICARE SUPPLEMENT	$2,309,927	$1,374,333	$0	0	1,023	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,055	$0	$0	0	105	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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UNION CENTRAL LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
310472910	80837

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,125,434	$3,433,283	$221,408	25	2,204	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNION FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310252460	62596

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,307,295	$1,268,547	$349,417	0	48,907	5,561
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$698,778	$384,187	$0	0	3,593	118
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$62	$34	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$16,157	$8,883	$0	0	23	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,381,291	$759,432	$482	0	11,137	23
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNION SECURITY INSURANCE COMPANY

FEIN	NAIC Company Code
810170040	70408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$66,876	$243,053	$0	0	8	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$254,528	$254,219	$0	0	69	18
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$4,718	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$787	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$124	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$27	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,236	$575	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$19,216,468	$13,914,661	$0	720	30,234	0
(18) LONG TERM CARE	$11,667,560	$0	$0	0	7,366	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$876	$0	$0	0	29	0
(22) DENTAL/VISION	$14,538,519	$9,500,719	$0	790	36,711	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
731128555	92916

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$11,938,625	$4,586,905	$0	0	11,271	3,429
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,338,350	$1,298,440	$0	0	4,025	1,084
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,246	$1,886	$0	0	18	0
(18) LONG TERM CARE	$743,365	$594,821	$0	0	543	0
(19) MEDICARE SUPPLEMENT	$73,410,333	$47,963,360	$0	0	29,210	12
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,066,297	$618,948	$0	0	3,900	2,104
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED CONCORDIA INSURANCE COMPANY

FEIN	NAIC Company Code
860307623	85766

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$4,154,928	$3,262,989	$265,312	139	9,671	9,252
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133036472	91693

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$447	$0	$0	0	16	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$86	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$209	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,317	$3,288	$0	0	123	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED HEALTHCARE INSURANCE COMPANY

FEIN	NAIC Company Code
362739571	79413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$48,674,131	$40,798,657	$0	0	72,395	0
(06) INSTATE 51+ MEMBER GROUPS	$374,894,666	$314,226,290	$0	0	191,182	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$23,620,889	$19,798,448	$0	0	12,119	0
(14) ACCIDENT ONLY	$821,363	$688,446	$0	0	495	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$69,109,681	$57,926,035	$0	0	35,120	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,353,187	$6,163,261	$0	0	3,710	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$333,590,461	$279,607,318	$0	0	180,899	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$9,329,431	$7,819,699	$0	0	4,699	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
591293865	95264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$19,185,080	$16,315,062	$2,350,172	0	4,545	0
(03) CONVERSION	$17,256,111	$28,431,006	$4,400,308	0	4,036	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$845,802,333	$596,895,147	$34,892,882	24,363	129,353	93,084
(06) INSTATE 51+ MEMBER GROUPS	$1,043,711,984	$912,038,882	$229,825,379	3,858	192,188	126,621
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED OF OMAHA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470322111	69868

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$3,595	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$559,857	$159,991	$212,014	2	220	138
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$837,206	$897,388	$2,094	10	233	182
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$7	$0	37	7,420	5,597
(13) EXCESS / STOP LOSS	$41,731	$128,925	$1,173	13	158	397
(14) ACCIDENT ONLY	$345,836	$127,753	$8,996	143	73,548	1,443
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,707,332	$3,564,774	$47,359	93	10,212	65
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	($5,187)	$0	$0	0	138	0
(22) DENTAL/VISION	$1,170,935	$929,100	$312,329	37	2,578	3,032
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

FEIN	NAIC Company Code
135459480	70106

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$27,987	$25,142	$0	0	21	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$83,840	$0	$0	12	12	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$6,379,607	$10,807,289	$1,496,401	6	3,597	899
(14) ACCIDENT ONLY	$2,451,218	$2,718,026	$602,607	404	13,785	3,446
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$162,566	$72,077	$0	2	195	48
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,913,973	$11,675,072	$2,226,068	241	6,148	1,536
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$5,049,044	$3,769,940	$1,144,927	444	3,610	902
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

FEIN	NAIC Company Code
580869673	63479

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$406,751	$383,164	$0	0	268	57
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$726	$8	$0	0	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$35,611	$52,222	$0	0	82	6
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$414,287	$1,330,740	$60	0	880	0
(18) LONG TERM CARE	$15,934	$207,926	$0	0	36	0
(19) MEDICARE SUPPLEMENT	$1,200,818	$826,514	$0	1	660	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$142,314	$74,592	$2,156	0	840	409
(22) DENTAL/VISION	$4,258	$123	$0	0	4	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNITED WORLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
756010770	72850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$64	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$166	$0	$0	0	2	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

UNUM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
010278678	62235

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,465,683	$6,885,098	$1,965,961	1,292	391,687	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$19,191	$223,226	$0	0	171	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$113,920,148	$195,302,317	$19,663,127	2,826	435,004	0
(18) LONG TERM CARE	$18,381,709	$4,766,866	$2,554,158	217	34,305	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

USAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741472662	69663

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,912	$0	$0	0	59	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$67,419	$30,305	$0	0	133	14
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$535,782	$933,518	$0	0	473	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$14,612,943	$9,829,727	$1,017,539	0	7,098	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$28,379	$505,006	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

VALLEY FORGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
236200031	70211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$478,766	$0	$0	0	246	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

VETERANS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362545774	81027

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$610,414	$0	$0	0	5,527	1,105
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$127,059	$0	$0	0	906	181
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$686	$0	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,373	$0	$0	0	14	3
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

FEIN	NAIC Company Code
650453436	95266

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$67,326,000	$46,356,000	$0	0	28,881	3
(03) CONVERSION	$628,000	$365,000	$0	0	94	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$8,350,000	$5,216,000	$307,000	454	1,249	556
(06) INSTATE 51+ MEMBER GROUPS	$52,254,000	$44,274,000	$5,181,000	61	9,674	8,628
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VISTA HEALTHPLAN, INC.

FEIN	NAIC Company Code
650986441	95114

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,861,000	$1,269,000	$0	0	288	94
(03) CONVERSION	$8,442,000	$5,699,000	$0	0	1,918	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$112,162,000	$75,720,000	$10,095,000	7,150	25,491	12,800
(06) INSTATE 51+ MEMBER GROUPS	$269,602,000	$258,677,000	$24,194,000	152	63,155	49,997
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

VISTA INSURANCE PLAN, INC.

FEIN	NAIC Company Code
650545388	60091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$26,967,655	$19,842,453	$0	5	4,381	1,280
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WASHINGTON NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
361933760	70319

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$312,272	$353,105	$0	0	156	4
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$16,485	$16,664	$0	1	12	3
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$671,460	$692,708	$0	23	21,284	1,286
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$259,232	$295,542	$0	2	1,686	124
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,564,935	$3,609,285	$0	8	11,709	2
(18) LONG TERM CARE	$16,678,108	$24,043,127	$0	12	6,360	0
(19) MEDICARE SUPPLEMENT	$12,867,418	$9,455,350	$0	1	6,911	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$81,204	$92,308	$0	3	691	161
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$610,900	$618,199	$0	2	319	342
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

WELLCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
592583622	95081

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$14,626,046	$14,571,787	$0	0	946	478
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

WEST COAST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
940971150	70335

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$180	$33,274	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$37,851	$0	$0	0	22	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310487145	70483

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$223,371	$1,109	$54,879	0	6,533	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,183,158	$2,671,720	$314,329	0	5,587	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

FEIN	NAIC Company Code
470339250	57320

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$95,512	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$50,783	$0	$0	0	0	0
(18) LONG TERM CARE	$15,339	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$123,506	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

WORLD INSURANCE COMPANY

FEIN	NAIC Company Code
470339860	70629

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,452,274	$2,760,146	$0	0	397	176
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$75,388	$6,923	$0	1	6	3
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34	$407	$0	0	5	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$12,480	$8,414	$0	0	94	19
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$17,137	$39,106	$0	0	29	0
(18) LONG TERM CARE	($1,947)	$1,639	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$2,137,025	$1,453,308	$0	0	834	9
(20) SHORT TERM HEALTH	($117)	$171,780	$978	0	2	0
(21) SPECIFIED OR DREAD DISEASE	$256	$6	$0	0	32	10
(22) DENTAL/VISION	$777	$2,383	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2003

ZURICH AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
364233459	16535

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,126,345	$1,524,277	$137,992	15	1,230	1,382
(14) ACCIDENT ONLY	$3,078,755	$1,468,989	$895,418	51	30,881	34
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,484,233	$379,946	$873,511	3	6,961	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment Summary for CY2002

	Direct Premiums Earned	Groups	Primary Insureds	Covered Dependents	Covered Lives
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$10,365,999	0	4,550	1,758	6,308
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$673,329,160	0	286,856	121,959	408,815
(03) CONVERSION	$59,138,954	0	18,834	4,476	23,310
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$192,010,015	21,445	32,391	26,637	59,028
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,655,982,149	111,608	581,686	408,146	989,832
(06) INSTATE 51+ MEMBER GROUPS	$6,627,916,271	14,487	1,538,018	1,281,157	2,819,175
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$6,538,298	0	969	159	1,128
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$337,820,760	15,480	110,009	96,678	206,687
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$13,934,146	2,113	2,504	1,703	4,207
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$119,173,386	5,665	27,037	18,483	45,520
(11) OUT OF STATE 51+ MEMBER GROUPS	$522,578,916	6,341	135,020	100,293	235,313
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$3,711,612,073	1,360	776,135	753,258	1,529,393
(13) EXCESS / STOP LOSS	$207,242,004	2,116	434,499	365,362	788,019
(14) ACCIDENT ONLY	$254,010,454	12,049	3,761,119	696,491	4,272,435
(15) BLANKET	$26,308,092	3,593	440,639	394	398,230
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$169,564,019	1,368	545,353	185,635	730,540
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$672,348,124	17,883	1,892,580	79,759	1,731,237
(18) LONG TERM CARE	$541,182,537	991	548,513	16,912	565,408
(19) MEDICARE SUPPLEMENT	$1,173,741,916	1,522	758,715	13,019	768,207
(20) SHORT TERM HEALTH	$14,914,776	0	6,264	2,450	8,714
(21) SPECIFIED OR DREAD DISEASE	$140,049,197	126	498,051	287,925	785,976
(22) DENTAL/VISION	$392,193,041	16,047	987,559	597,506	1,584,223
(23) PRESCRIPTION DRUG	$3,650,229	88	2,168	1,112	3,280
(24) CHAMPUS/TRICARE	$3,591,470	5	2,539	1,996	4,535

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

5 STAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
541829709	77879

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$769,070	$744,133	$94,867	0	1,281	1,069
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520891929	71854

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,429,861	$1,217,997	$690,016	0	51,650	46,348
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

ACACIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
530022880	60038

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$992	$1,657	$0	0	10	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ACADEMY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840528301	60046

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,624	$0	$0	0	15	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$39,067	$15,529	$0	0	178	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$169,382	$6,542	$0	0	85	24
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ACE AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
952371728	22667

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,695,284	$0	$0	29	9,694	6,326
(14) ACCIDENT ONLY	$4,265	$0	$0	0	0	0
(15) BLANKET	$410,609	$0	$1,233	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$2,422,651	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ADVANCE INSURANCE COMPANY

FEIN	NAIC Company Code
860269558	83445

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$123	$0	$82	2	15	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,553	$0	$2,225	3	22	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$33	$132	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AETNA HEALTH INC.

FEIN	NAIC Company Code
592411584	95088

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$13,769,754	$26,335,904	$2,113,597	0	2,996	1,649
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$76,299,683	$64,992,070	$8,932,652	3,543	14,432	11,617
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$437,632,263	$372,775,161	$51,235,032	20,320	82,777	66,629
(06) INSTATE 51+ MEMBER GROUPS	$386,216,378	$360,578,467	$76,834,908	5,047	97,939	67,527
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,739,836	$2,333,793	$320,762	127	518	417
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$15,714,886	$13,385,940	$1,830,703	730	2,972	2,393
(11) OUT OF STATE 51+ MEMBER GROUPS	$432,618,027	$403,899,871	$86,066,175	5,653	109,705	75,640
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$30,493,300	$0	$13,940,400	192	62,289	72,479
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AETNA INSURANCE COMPANY OF CONNECTICUT

FEIN	NAIC Company Code
061286276	36153

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,690,523	$2,924,724	$0	14	24,808	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AETNA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
066033492	60054

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$136,208	$223,392	$0	0	72	12
(03) CONVERSION	$2,589,864	$4,072,826	$136,881	0	492	130
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$35,487,643	$28,916,050	$1,304,180	1,222	5,099	4,183
(06) INSTATE 51+ MEMBER GROUPS	$66,265,899	$56,888,125	$0	770	13,806	16,612
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$897,903,661	$846,971,410	$0	744	157,904	173,694
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,353,399	$2,450,486	$0	429	175,488	4,660
(15) BLANKET	$1,430,177	$1,653,533	$0	1	1,883	80
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,892,290	$11,341,650	$0	37	48,384	0
(18) LONG TERM CARE	$3,143,173	$1,982,849	$0	71	3,244	1,409
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$53,454,646	$43,416,105	$0	1,226	130,553	143,607
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AIG CENTENNIAL INSURANCE COMPANY

FEIN	NAIC Company Code
232044095	34789

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,194	$386	$0	0	28	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,280	$132	$0	0	6	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
221721971	20796

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,794	$1,680	$0	0	33	8
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$68,984	$25,817	$0	0	285	111
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$106,438	$4,465	$0	0	9,415	9,415
(18) LONG TERM CARE	$2,378	$1,307	$0	0	11	5
(19) MEDICARE SUPPLEMENT	$161,415	$137,189	$0	0	83	30
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

ALFA LIFE INSURANCE CORPORATION

FEIN	NAIC Company Code
630338648	79049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$108	$994	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
411366075	90611

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$23,281	$22,142	$0	0	83	9
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	($32,210)	$1,263,432	$48,916	4	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$14,416,844	$858,706	$2,553,532	96	7,426	9,654
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$996,388	$698,553	$141,866	11	624	811
(14) ACCIDENT ONLY	$253,931	$23,270	$471,224	35	19,792	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$443,390	$10,008	$79,226	45	504	4
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$609,836	$427,765	$28,708	30	3,486	3,484
(18) LONG TERM CARE	$6,601,773	$0	$0	4	53	5
(19) MEDICARE SUPPLEMENT	$926,219	$1,627,571	$0	55	2,963	1,180
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$62,360	$29,995	$57,603	25	5	0
(22) DENTAL/VISION	$629,975	$55,819	$52,216	13	12,056	15,673
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	($3,924)	$198,828	($62,017)	5	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY CO.

FEIN	NAIC Company Code
046145677	84824

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,069,465	$3,442,042	$0	0	100	47
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLSTATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362554642	60186

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,484,259	$5,506,726	$0	0	129,149	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$996,852	$150,169	$0	0	8,654	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$374,422	$240,243	$0	0	196	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALTA HEALTH & LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591031071	67369

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$922,017	$1,161,331	$0	1	276	133
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$119,479	$150,490	$0	2	38	15
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$12,485,330	$15,725,964	$0	110	10,541	6,021
(14) ACCIDENT ONLY	$352,511	$444,007	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$575,235	$724,540	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,568,676	$1,975,834	$0	42	3,869	3,937
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN CAPITOL INSURANCE COMPANY

FEIN	NAIC Company Code
741219404	60291

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$40,427	$75,864	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

FEIN	NAIC Company Code
230342560	20427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$302,570	$24,263	$290,345	1	115,995	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$455	$6,600	$0	0	3	3
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

FEIN	NAIC Company Code
580663085	60380

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$35,708,872	$16,002,034	$16,372,148	0	145,630	144,880
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,710,270	$7,873,744	$6,323,010	0	110,876	106,094
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$24,314,517	$9,257,536	$12,431,065	4	66,885	0
(18) LONG TERM CARE	$2,793,259	$438,875	$543,762	0	2,240	148
(19) MEDICARE SUPPLEMENT	$9,843,772	$6,530,388	$0	0	4,566	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$50,956,820	$26,189,291	$14,780,749	0	190,783	177,720
(22) DENTAL/VISION	$3,073,713	$1,354,475	$2,155,928	0	8,746	6,476
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN FIDELITY ASSURANCE COMPANY

FEIN	NAIC Company Code
730714500	60410

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,968	$84	$0	0	24	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$38,912	$12,662	$12,622	4	28	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,218,899	$39,835	$117,567	9	9,864	0
(14) ACCIDENT ONLY	$4,560	$1,191	$92	0	36	7
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$522,097	$173,797	$423,358	27	2,976	32
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,324,762	$2,353,064	$2,305,465	99	18,231	237
(18) LONG TERM CARE	$235,950	$111,317	$0	0	122	80
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,016,706	$773,529	$192,567	0	2,796	567
(22) DENTAL/VISION	$1,133	$6	$398	0	2	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN GENERAL ASSURANCE COMPANY

FEIN	NAIC Company Code
361677770	68373

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$402,378	$774,097	$0	9	269	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
620306330	66672

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$415,689	$1,553,297	$0	0	399	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,183,453	$432,586	$328,645	0	33,108	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,618,285	$623,014	$0	0	16,806	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$171,354	$261,228	$0	0	7,270	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,823,231	$1,485,155	$0	0	1,082	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,875,962	$3,018,042	$236,650	0	16,694	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
250598210	60488

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,356,192	$1,114,712	$130,241	0	2,228	2,227
(18) LONG TERM CARE	$11,609	$375	$0	0	7	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520696632	60518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,858	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$12,601	$57,441	$0	0	16	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$51	$0	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
590781901	60534						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(03) CONVERSION		$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS		$475,137	$340,490	$0	1	5	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$108	$77	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS		$174,672	$727,128	$0	0	0	0
(14) ACCIDENT ONLY		$10,483,449	$3,843,931	$5,695,113	0	31,378	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$6,082,601	$3,816,930	$1,667,861	83	8,800	5,908
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$6,683,890	$4,046,475	$1,081,573	45	16,611	95
(18) LONG TERM CARE		$2,969,423	$3,412,886	$0	0	1,470	0
(19) MEDICARE SUPPLEMENT		$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$12,839,265	$9,487,619	$2,872,979	2	41,083	40,486
(22) DENTAL/VISION		$438,709	$314,385	$314,385	15	1,338	277
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN INCOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741365936	60577

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,949,319	$1,883,297	$602,504	0	364,094	10,333
(15) BLANKET	$65,259	$34,637	$65,259	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$292,451	$521,167	$81,834	0	2,941	822
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,604	$1,658	$29	0	62	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$241,147	$250,667	$0	0	160	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$313,981	$164,903	$17,986	0	3,326	1,382
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN INSURANCE COMPANY OF TEXAS

FEIN	NAIC Company Code
751302312	81949

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$94,594	$84,297	$0	0	27	12
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$379	$0	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,640	$25,473	$0	0	26	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$423	$0	$0	0	1	1
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,932	$2,743	$0	0	41	1
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
941516991	60704

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$378	$0	$0	0	4	2
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$770	$0	$0	0	6	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
860207231	97179

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$223,276	$244,070	$2,939	0	30	10
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$392,861	$605,602	$0	0	21	11
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$66,930,547	$42,761,385	$9,597,113	15,480	15,480	11,076
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$1,956	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$615	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,856,949	$1,335,998	$1,008,780	98	3,232	2,173
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$63,786	$70,716	$0	37	137	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$7,819,862	$5,179,588	$185,659	1,423	12,971	11,226
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460260270	67989

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$114	$23,370	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
740484030	60739

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$169,080	$701,061	$1,172	0	112	139
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$7,170	$7,449	$0	1	1	1
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$34,866	$4,290	$0	1	4	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$256,566	$63,056	$0	0	27	41
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$719,731	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$266,694	$153,992	$0	0	2,115	5,115
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$140,121	$128,392	$0	0	66	82
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$43,226	$56,696	$0	0	50	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$5,820	$36,483	$0	0	15	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$49,242	$93,045	$3,376	0	313	0
(22) DENTAL/VISION	$545	$311	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

FEIN	NAIC Company Code
751016594	71773

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,314,144	$3,009,006	$6,114	0	754	935
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$11,700,471	$6,114,014	$4,439,063	0	3,016	4,584
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$653,822	$566,791	$291,377	372	3,330	428
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN PIONEER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
590935083	60763

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$14,647	$47,702	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$149,844	$487,991	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$739	$6,993	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$57,783	$143,035	$0	0	100	0
(18) LONG TERM CARE	$11,045,532	$7,736,993	$1,284,987	0	4,589	263
(19) MEDICARE SUPPLEMENT	$94,334,841	$67,096,905	$13,430,629	1	51,035	237
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$20,517	$115,785	$0	0	133	53
(22) DENTAL/VISION	$171,437	$152,621	$27,523	13	272	219
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN PUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
640349942	60801

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$52,434	$5,867	$24,033	2	94	141
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$302,167	$34,520	$138,499	10	542	814
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$107,263	$25,148	$49,164	4	193	289
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,225	$2,191	$1,020	1	4	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$197,292	$271,079	$90,429	7	354	531
(22) DENTAL/VISION	$423,311	$277,443	$194,026	15	760	1,140
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
420113630	60836

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$758,324	$667,147	$0	0	33	8
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$551,616	$485,292	$0	0	24	13
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,968	$4,975	$0	0	31	4
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$22,980	$11,663	$0	0	107	6
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$33,901	$80,862	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$282,400	$210,141	$0	0	138	138
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$11,273	$3,566	$0	0	166	68
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN STATES INSURANCE COMPANY

FEIN	NAIC Company Code
350145400	19704

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$196,500	$0	$0	0	33	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$44,732	$25,125	$0	0	79	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350145825	60895

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,402,535	$1,576,543	$1,690,300	19	7,369	0
(14) ACCIDENT ONLY	$78,384	$47,871	$32,809	61	4,984	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$999,104	$1,382,085	$170,084	43	3,000	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

AMERICAN ZURICH INSURANCE COMPANY

FEIN	NAIC Company Code
363141762	40142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,230	$6,346	$0	2	58	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
350810610	61999

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$115	$0	$82	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERIGROUP FLORIDA, INC.

FEIN	NAIC Company Code
650318864	95093

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,586,177	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$46,795	$3,985	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$83,192	$7,084	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$562,157	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERITAS LIFE INSURANCE CORP.

FEIN	NAIC Company Code
470098400	61301

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$30,646	$38,324	$0	0	23	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$16,946,653	$12,562,088	$2,559,279	281	32,487	14,405
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420175020	61689

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$426	$0	$0	0	3	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMEX ASSURANCE COMPANY

FEIN	NAIC Company Code
362760101	27928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,516,392	$521,738	$8,514,834	10	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,744	$10,052	$4,935	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ANTHEM LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350980405	61069

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0		0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$30,423	$56,936	$0	0	10	8
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,595,796	$1,079,684	$0	0	698	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ASSURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
381843471	71439

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,557	$4,036	$1,557	0	16	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$583,156	$361,894	$37,059	0	1,325	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ATLANTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580146380	61093

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,310	$1,753	$0	0	56	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$32,205	$101,378	$0	0	247	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AUTO-OWNERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
381814333	61190

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$475,664	$92,432	$0	0	0	0
(18) LONG TERM CARE	$965	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$61,640	$69,070	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AVEMCO INSURANCE COMPANY

FEIN	NAIC Company Code
520795746	10367

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,251,165	$2,890,500	$755,767	4	4,489	1,077
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AVMED, INC.

FEIN	NAIC Company Code
592742907	95263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,541,604	$3,452,194	$23,308	566	566	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$16,502,422	$5,422,104	$539,890	934	2,512	1,976
(06) INSTATE 51+ MEMBER GROUPS	$487,492,401	$475,976,986	$15,470,714	261	102,907	113,981
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AXA EQUITABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135570651	62944

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,623,612	$3,939,412	$0	0	1,382	833
(03) CONVERSION	$77,249	$93,376	$0	0	27	7
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,394,616	$28,270,661	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BALBOA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
952566317	68160

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,091,898	$82,333	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BALTIMORE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520236900	61212

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$78,147	$7,977	$78,147	0	179	0
(14) ACCIDENT ONLY	$31,298	$0	$31,010	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,476	$1,140	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$353,113	$184,923	$311,097	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$224,871	$28,462	$59,117	0	4	1
(22) DENTAL/VISION	$116,407	$80,975	$0	0	76	54
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

BANKERS FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580658963	61239

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,990	$3,339	$0	0	30	4
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$14,282	$47,642	$0	0	23	2
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,028	$7,902	$0	0	12	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$940,429	$623,816	$269,349	0	482	4
(20) SHORT TERM HEALTH	$1,122	$150	$0	0	2	0
(21) SPECIFIED OR DREAD DISEASE	$102,487	$48,718	$0	0	733	311
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

BANKERS LIFE AND CASUALTY COMPANY

FEIN	NAIC Company Code
360770740	61263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,509,681	$1,341,784	$0	0	177	71
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0		0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$135,453	$27,830	$3,319	0	2,182	2,182
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$313,064	$221,285	$40,114	1	718	59
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$449,603	$165,988	$21,729	1	866	0
(18) LONG TERM CARE	$59,165,848	$25,357,940	$7,663,799	0	27,418	8,391
(19) MEDICARE SUPPLEMENT	$43,012,722	$30,867,446	$2,169,268	0	19,666	1,204
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$353,770	$259,046	$17,554	0	911	547
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$312,390	$414,125	$0	0	272	51
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591460067	81043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$3,141,581	$2,594,002	$3,141,581	1	472	900
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,862,899	$1,377,105	$1,862,899	1	764	432
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$70,756	$300,000	$41,806	0	430	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANKERS LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
131970218	63932

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,385	$93,796	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,224	$12,945	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BAPTIST LIFE ASSOCIATION

FEIN	NAIC Company Code
160341875	57223

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$649	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BCS INSURANCE COMPANY

FEIN	NAIC Company Code
366033921	38245

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,798,712	$8,425,052	$0	0	64,173	28,624
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$531,413	$26,984	$0	37	3,124	4,687
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BENCHMARK INSURANCE COMPANY

FEIN	NAIC Company Code
486114880	41394

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	($8,491)	$577,433	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
751277524	71714

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,047,480	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BEST LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
956042390	90638

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$198,693	$111,362	$21,754	33	257	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

FEIN	NAIC Company Code
592015694	98167

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$6,693,582	$9,186,278	$2,353,733	0	3,765	1,448
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$340,749,687	$225,679,266	$86,281,114	0	142,132	84,561
(03) CONVERSION	$7,343,434	$10,391,914	$2,970,289	0	1,417	328
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$37,526,307	$58,291,858	$1,461,011	4,638	4,638	3,779
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$348,483,467	$333,149,665	$29,028,901	10,157	61,601	39,431
(06) INSTATE 51+ MEMBER GROUPS	$1,586,322,530	$1,235,798,295	$47,083,189	1,336	303,694	250,464
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$2,531,000,000	$2,535,000,000	$22,122,065	103	466,100	428,673
(13) EXCESS / STOP LOSS	$3,790,016	$1,381,718	$0	26	21,803	15,438
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$324,572,604	$239,451,432	$61,314,496	0	198,266	265
(20) SHORT TERM HEALTH	$2,629,266	$1,320,843	$2,629,266	0	1,142	539
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

BOSTON MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041106240	61476

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$733,554	$489,648	$479,299	3	11,386	9,542
(14) ACCIDENT ONLY	$179,095	$1,000,500	$30,422	156	13,867	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$830,552	$677,455	$0	42	1,148	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,037,837	$424,682	$631,941	40	2,858	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,701,342	$1,368,221	$766,661	93	4,241	10,602
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

BROKERS NATIONAL LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
630483783	74900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$127	$0	$127	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,041,458	$660,274	$1,041,458	0	2,148	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BROTHERHOOD MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
350198580	13528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$38,662	$8,858	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BUSINESS MEN'S ASSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
440188050	61492

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,783	$15,285	$0	0	15	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,076,839	$758,434	$0	198	10,886	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CAPITAL HEALTH PLAN, INC.

FEIN	NAIC Company Code
591830622	95112

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,627,415	$2,711,356	$194,224	0	405	187
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$3,782,703	$3,989,826	$61,187	817	817	925
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$38,052,395	$34,603,807	$1,492,711	1,912	9,917	7,898
(06) INSTATE 51+ MEMBER GROUPS	$206,218,097	$196,385,359	$1,336,833	176	41,412	43,909
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CAREPLUS HEALTH PLANS, INC.

FEIN	NAIC Company Code
592598550	95092

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$577,482	$0	$0	5	483	5
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CATHOLIC KNIGHTS INSURANCE SOCIETY

FEIN	NAIC Company Code
390201015	56030

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,461	$6,043	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CELTIC INSURANCE COMPANY

FEIN	NAIC Company Code
060641618	80799

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$521,317	$1,040,498	$164,093	0	101	22
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$18,483	$212,227	$18,483	0	1	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$27,583,407	$18,547,973	$8,933,494	0	8,804	4,080
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$26,461,213	$18,426,804	$0	0	11,194	0
(20) SHORT TERM HEALTH	$1,810,897	$751,168	$1,810,897	0	852	324
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CENTRAL NATIONAL LIFE INSURANCE COMPANY OF OMAHA

FEIN	NAIC Company Code
470397286	61700

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,618	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CENTRAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750916066	61735

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,347	$1,134	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,905	$1,324	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CENTRAL STATES HEALTH AND LIFE COMPANY OF OMAHA

FEIN	NAIC Company Code
470123035	61751

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$124,970	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$11,291	$4,477	$10,025	0	204	92
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$62,090	$12,976	$0	0	103	2
(18) LONG TERM CARE	$147,953	$2,529	$9,736	0	109	0
(19) MEDICARE SUPPLEMENT	$5,164,533	$3,203,127	$863,676	2	3,296	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,959,714	$4,121,824	$468,708	0	7,592	6,386
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CENTRAL STATES INDEMNITY COMPANY OF OMAHA

FEIN	NAIC Company Code
470591908	34274

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,348,994	$1,080,751	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CENTRAL UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420884060	61883

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$297,193	$995,146	$0	0	164	102
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,051	$0	$0	0	31	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$174,900	$802,800	$0	0	182	52
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$15,578	$20,053	$0	0	72	11
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$57,884	$53,694	$0	0	80	7
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$644,489	$419,669	$0	0	2,961	2,307
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$65,041	$84,211	$0	0	112	81
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRE INSURANCE COMPANY

FEIN	NAIC Company Code
132653231	34649

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$511,245	$65,853	$111,245	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CENTRE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041589940	80896

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$16,669	$97,012	$0	0	98	18
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,595,468	$2,066,685	$0	0	1,781	18
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CHESAPEAKE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520676509	61832

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,143	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CIGNA HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
592089259	95136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,976,299	$3,977,031	$1,835,894	382	370	550
(06) INSTATE 51+ MEMBER GROUPS	$302,232,848	$264,375,838	$70,632,453	867	58,151	73,562
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CINCINNATI LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
311213778	76236

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$14,755	$28,846	$0	0	21	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$6,702	$0	0	1	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,449	$3,550	$0	0	20	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,347	$7,342	$0	0	7	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$37,931	$107,338	$0	0	85	0
(18) LONG TERM CARE	$89,362	$4,448	$0	0	42	0
(19) MEDICARE SUPPLEMENT	$1,278	$10,368	$0	0	4	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$153	$0	$0	0	22	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CITICORP LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430979556	80322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$84,551	$61,609	$0	1	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CITIZENS SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610648389	61921

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,659	$3,739	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,263	$688	$0	0	2	0
(22) DENTAL/VISION	$0	$14,927	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

COLONIAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720172600	73326

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$355,083	$74,653	$307,892	0	217	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
570144607	62049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,570,209	$4,062,421	$4,035,165	0	67,035	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$896,164	$364,827	$699,999	0	3,942	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$22,194,627	$13,491,589	$8,771,834	128	53,347	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,726	$1,655	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7,443,054	$1,631,827	$2,294,160	1	24,042	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLONIAL PENN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231628836	62065

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$58,343	$23,853	$0	0	474	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,661	$286	$0	0	9	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$41,793	$579	$0	0	46	0
(19) MEDICARE SUPPLEMENT	$2,458,283	$1,761,646	$0	0	801	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLORADO BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840674027	84786

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$200,861	$78,720	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$55,803	$30,861	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750956156	77720

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,472	$12,549	$0	0	70	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$66	$0	$0	0	7	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$15,616	$28,378	$0	0	62	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,979	$10,372	$0	0	38	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,543	$1,722	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$19,607	$22,281	$0	0	267	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

COLUMBIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
161321681	76023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,633	$0	$0	0	11	11
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$466,466	$378,752	$0	0	12,221	6,571
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150274455	62103

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,675	$170	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,976	$6,000	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$281,407	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLUMBUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
311191427	99937

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$62,363	$176,897	$0	0	241	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

COMBINED INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
362136262	62146

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$16,635,052	$15,945,401	$431,136	0	64,930	60,337
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$219,952	$96,997	$1,031	0	761	707
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,223,326	$2,182,629	$539,382	0	14,984	0
(18) LONG TERM CARE	$166,212	$264,758	$127,477	0	173	1
(19) MEDICARE SUPPLEMENT	$2,319,878	$1,856,112	$192,615	0	1,291	77
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,301,890	$3,203,309	$22,046	0	5,811	4,604
(22) DENTAL/VISION	$553,183	$386,685	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$40,024	$0	$0	0	28	10
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
150274810	81426

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$153,451	$207,196	$0	0	13,856	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$44,457	$29,958	$0	0	406	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$38,994	$31,298	$0	0	1,323	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMPANION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570523959	77828

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,932,524	$3,814,150	$0	18	5,190	3,606
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$86,057	$54,230	$0	18	393	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$41,807	$21,196	$0	17	117	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

FEIN	NAIC Company Code
020268648	62251

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$40,159	$28,734	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060303370	62308

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$725,339	$0	$346,653	108	108	63
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,410,210	$0	$716,938	113	228	150
(06) INSTATE 51+ MEMBER GROUPS	$465,639,246	$518,230,482	$0	703	174,077	174,673
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$876,797	$826,227	$0	15	13,935	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,593,308	$11,288,860	$0	12	8,261	803
(18) LONG TERM CARE	$167,502	$125,124	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$22,600,121	$25,130,290	$0	74	133,104	59,531
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONSECO HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
341083130	78174

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,164,368	$450,545	$168,315	0	4,125	23
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,978,700	$783,662	$111,302	0	2,200	11
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$205,596	$46,609	$52,536	0	50	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10,879,786	$4,649,299	$531,153	0	34,448	835
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONSECO INSURANCE COMPANY

FEIN	NAIC Company Code
450103436	60682

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$12,705	$0	$0	0	203	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$152,244	$127,564	$0	0	3,024	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$68,195	$57,139	$0	0	146	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$30,545	$25,593	$0	0	129	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONSECO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042299444	65900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,107	$7,839	$0	0	28	37
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$1,279,023	$0	$0	0	208	277
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$57,196	$87,791	$0	0	0	0
(18) LONG TERM CARE	$68,837	$105,658	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,426	$5,259	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONSECO MEDICAL INSURANCE COMPANY

FEIN	NAIC Company Code
042741731	93769

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$7,540,065	$2,721,347	$0	0	542	54
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$20,139	$11,614	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$26,442	$19,061	$0	0	1	1
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$24,887	$14,353	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$13,873	$10,001	$0	0	4	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$10,921	$7,872	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONSECO SENIOR HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
230704970	76325

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$17,726	$20,083	$0	0	16	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$5,666	$5,803	$0	0	77	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$995,758	$5,075,408	$0	0	815	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$49,796	$62,057	$0	0	33	0
(18) LONG TERM CARE	$57,409,252	$60,203,335	$310,975	0	33,979	0
(19) MEDICARE SUPPLEMENT	$1,298,065	$1,339,264	$0	0	716	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$657,445	$687,708	$0	0	1,411	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONSTITUTION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361824600	62359

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$409,019	$501,309	$409,019	0	518	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
570514130	71730

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$299,582	$11,333	$119,613	14	1,920	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$79,221	$8,376	$120,601	11	646	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$555,691	$172,634	$436,506	16	13,233	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$148,234	$6,133	$32,084	6	1,115	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONTINENTAL ASSURANCE COMPANY

FEIN	NAIC Company Code
360947200	62413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$271,529	$703,529	$3,787	0	35	20
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$1,853,051	$55,990	$848	22	2,928	1,599
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$31	$22,959	$0	0	0	0
(14) ACCIDENT ONLY	$1,355	$8,605	$100	6	7	0
(15) BLANKET	$1,742,997	$1,063,193	$3,020,813	18	6,093	304
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$43,894	$374,321	$0	0	8	8
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

CONTINENTAL CASUALTY COMPANY

FEIN	NAIC Company Code
362114545	20443

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,805,041	$18,575,153	$376	27	34,792	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$626,890	$988,884	$0	27	4,044	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$31,038,088	$48,841,045	$8,110,067	357	124,440	0
(18) LONG TERM CARE	$9,672,635	$15,813,507	$0	248	30,430	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$473,507	$152,628	$96,777	1	2,077	2,409
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL GENERAL INSURANCE COMPANY

FEIN	NAIC Company Code
470463747	71404

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$140,169	$101,914	$34,594	0	57	91
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,890,596	$6,538,224	$60,447	0	1,707	2,731
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$17,810,782	$10,739,439	$5,799,229	0	7,947	12,715
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$19,176	$6,495	$350	0	101	107
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$118,271	$26,304	$3,161	0	246	394
(18) LONG TERM CARE	$915,721	$320,858	$0	0	561	814
(19) MEDICARE SUPPLEMENT	$13,910,442	$10,051,280	$143,119	0	7,800	7,800
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$19,882	$9,569	$729	0	78	125
(22) DENTAL/VISION	$3,730	$35,525	$1,880	0	13	21
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
135010440	35289

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$102,336	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

FEIN	NAIC Company Code
621181209	68500

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$197,414	$57,610	$9,782	0	536	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$48,110	$0	$962	0	58	0
(19) MEDICARE SUPPLEMENT	$16,946,270	$11,714,662	$543,321	0	9,989	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,615	$0	$113	0	13	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CROWN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
380455060	80675

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$209,480	$1,566,998	$0	0	237	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CSA FRATERNAL LIFE

FEIN	NAIC Company Code
360971620	56138

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$216	$610	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CUNA MUTUAL INSURANCE SOCIETY

FEIN	NAIC Company Code
390230590	62626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,204	$654	$0	0	4	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0		$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,423,566	$1,143,826	$1,111	56	249,735	42,792
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$281,208	$44,405	$0	0	2,492	323
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$310,059	$308,656	$548	66	1,212	2
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$25,534	$37,520	$0	0	34	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$27,043	$19,339	$0	0	57	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CUNA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420388260	65749

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,101	$13,400	$0	0	33	0
(18) LONG TERM CARE	$124,619	$4,779	$63,748	0	154	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMC NATIONAL LIFE COMPANY

FEIN	NAIC Company Code
420868851	62928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,158	$4,934	$0	0	1	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$296	$4,749	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,124	$125	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$89	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

EMPIRE FIRE AND MARINE INSURANCE COMPANY

FEIN	NAIC Company Code
476022701	21326

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$6,408,749	$3,370,449	$5,190,146	0	3,885	41
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$1,653,753	$843,414	$1,653,753	0	587	310
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPIRE GENERAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code
631073929	94285

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$137,088	$90,640	$0	4	58	71
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPLOYERS REINSURANCE CORPORATION

FEIN	NAIC Company Code
480921045	39845

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,519,164	$683,883	$0	0	6,949	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EPIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391502108	64149

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,314	$1,488	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,039	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
341626521	77968

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$705,340	$131,127	$249,163	0	1,629	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
910550883	63053

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,193	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FARMERS AND TRADERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150304150	63193

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$641	$3,257	$0	0	7	3
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,856	$0	$0	0	7	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL HOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350576390	67695

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$590	$832	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,120	$5,809	$0	0	20	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$42,260	$59,587	$0	0	61	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$174,265	$244,816	$0	0	83	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,562	$3,614	$0	0	31	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL INSURANCE COMPANY

FEIN	NAIC Company Code
131963496	20281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$270,459	$41,172	$0	72	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

FEIN	NAIC Company Code
361063550	63223

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,143	$0	$0	0	367	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$127	$0	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$67,487	$12,726	$16,987	0	230	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERATED MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
410417460	13935

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$60,551	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIDELITY SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430949844	71870

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$6,724	$2,235	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$16,770,621	$8,660,055	$0	0	2,278	1,717
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,784,730	$248,597	$0	0	642	228
(14) ACCIDENT ONLY	$374,019	$293,131	$0	0	6,113	3,945
(15) BLANKET	$0	$3,028	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$274,712	$87,991	$0	0	1,635	509
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$374,890	$72,043	$0	0	138	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$839,281	$413,785	$0	0	287	47
(21) SPECIFIED OR DREAD DISEASE	$535,427	$237,501	$0	0	4,135	3,194
(22) DENTAL/VISION	$549,041	$328,708	$0	0	10,181	7,441
(23) PRESCRIPTION DRUG	$136,384	$65,052	$0	0	573	334
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041867050	69140

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$66,431	$369,722	$0	0	14	7
(03) CONVERSION	$147,924	$1,625,658	$0	0	26	12
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST COLONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
540596414	63401

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$33	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
382242132	90328

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$244,075	$118,312	$151,081	3	2,239	187
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST INVESTORS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131968606	63495

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$460	$4,017	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,116	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FLORIDA COMBINED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
592876465	76031

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$821,971	$444,333	$0	32	3,802	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$13,227,439	$10,753,156	$0	288	57,258	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$19,196,999	$12,196,434	$0	1,414	87,201	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FLORIDA HEALTH CARE PLAN, INC.

FEIN	NAIC Company Code
593222484	95124

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,079,244	$3,464,414	$599,817	0	856	506
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$1,081,138	$1,157,581	$96,745	615	615	318
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$9,617,764	$8,420,172	$1,539,362	549	2,800	1,169
(06) INSTATE 51+ MEMBER GROUPS	$61,401,895	$51,616,953	$271,876	59	15,750	12,720
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

FORT DEARBORN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362598882	71129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$185,209	$21,221	$0	58	209	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,688	$2,552	$0	1	1	3
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FORT WAYNE HEALTH & CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
351495207	38830

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$27,764,372	$17,341,284	$5,547,322	107	85,950	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
611096685	62324

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$16,897,015	$14,592,223	$6,841,848	0	4,663	3,264
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$21,453	$7,254	$1,586	0	6	4
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,042	$0	$0	0	17	12
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$290	$0	$74	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$768,416	$344,900	$79,413	0	3,396	2,377
(22) DENTAL/VISION	$39,912	$0	$20,468	0	76	53
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GARDEN STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
221700753	63657

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$10,396	$153,992	$0	0	73	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GE GROUP LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
060893662	80926

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,344,166	$5,713,680	$2,787,765	67	5,909	2,583
(14) ACCIDENT ONLY	$347,645	$287,366	$139,813	1,137	33,333	486
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$767,868	$957,403	$5,174	3	108	174
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,575,866	$2,211,899	$1,578,446	771	18,406	
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$8,180,188	$6,828,189	$3,608,992	837	11,392	4,934
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GE LIFE AND ANNUITY ASSURANCE COMPANY

FEIN	NAIC Company Code
540283385	65536

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,311	$4,113	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,946	$3,776	$540	0	8	8
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,489	$3,091	$0	0	0	0
(18) LONG TERM CARE	$79,698	$9,907	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$201,360	$250,146	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,764	$7,044	$94	0	4	4
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GENERAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430285930	63665

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$21,557	$55,656	$0	0	35	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$137	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,738	$4,840	$0	0	7	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,095,827	$1,196,084	$0	0	840	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

FEIN	NAIC Company Code
916027719	70025

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9,245	$3,846	$0	0	72	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$72,082,219	$29,021,345	$9,425,538	1	46,009	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$7,200	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GENESIS INSURANCE COMPANY

FEIN	NAIC Company Code
061024360	38962

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	($247,669)	$309,830	$0	0	170	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GERBER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
132611847	70939

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$223,855	$674,933	$0	0	2,840	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,391,252	$1,136,606	$0	16	5,175	0
(14) ACCIDENT ONLY	$7,023	$0	$0	0	105	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$65,525	$96,457	$0	0	208	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$12,709	$11,991	$0	0	15	0
(19) MEDICARE SUPPLEMENT	$1,221,184	$724,054	$0	0	632	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$293	$0	$0	0	2	0
(22) DENTAL/VISION	$18,309	$17,241	$0	20	28	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
630782739	91472

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$420,772	$430,410	$0	0	2,203	2,249
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$18,853	$0	$0	0	173	244
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,375	$1,997	$0	0	27	30
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,219	$0	$0	0	3	4
(18) LONG TERM CARE	$116	$0	$0	0	1	1
(19) MEDICARE SUPPLEMENT	$213,286	$285,385	$0	0	186	190
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$59,168	$7,320	$0	0	913	1,347
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GOLDEN RULE INSURANCE COMPANY

FEIN	NAIC Company Code
376028756	62286

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,198,525	$2,039,342	$0	0	280	106
(03) CONVERSION	$24,721	$52,013	$3,317	0	10	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$5,782,049	$8,481,360	$2,292,465	0	910	144
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$77,212,828	$53,502,299	$18,394,255	0	24,589	19,986
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$16,039	$550	$0	0	4	5
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,674	$557	$0	0	9	2
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,493	$2,530	$0	0	3	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,158,331	$3,656,311	$788	0	2,271	2
(20) SHORT TERM HEALTH	$880,447	$350,655	$812,289	0	373	219
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GOVERNMENT EMPLOYEES INSURANCE COMPANY

FEIN	NAIC Company Code
530075853	22063

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$30,762	$8,673	$0	0	242	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
740651020	63967						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0					
(23) PRESCRIPTION DRUG		$140,459	$87,361			294	587

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GREAT AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131935920	63312

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$655	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$634	$18	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$308	$0	$0	0	1	0
(18) LONG TERM CARE	$479,682	$57,709	$98,029	2	271	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742058261	90212

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$8,207	$32,594			2	2
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$186,981	$80,100			356	356
(21) SPECIFIED OR DREAD DISEASE	$174		$182		1	1

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GREAT WEST LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
980000673	80705

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$109,339	$4,470	$0	0	10	11
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$231,931	$161,771	$0	2	31	56
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$150,502	$173,079	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT-WEST HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
593428587	95805

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$349,012	$319,232	$98,421	2	104	79
(06) INSTATE 51+ MEMBER GROUPS	$6,568,895	$6,008,411	$1,852,428	40	1,968	1,500
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$274,223	$250,825	$77,331	4	83	54
(11) OUT OF STATE 51+ MEMBER GROUPS	$5,272,567	$4,822,690	$1,486,864	73	1,582	1,023
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
840467907	68322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$45,631	$36,452	$9,044	0	11	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$341,551	$272,847	$67,481	11	328	387
(06) INSTATE 51+ MEMBER GROUPS	$361,447	$288,740	$71,655	11	346	409
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,522,057	$1,215,889	$301,925	48	1,462	1,725
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,199,683	$958,362	$237,923	32	1,694	1,007
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$26,243,406	$0	$0	177	14,283	13,778
(13) EXCESS / STOP LOSS	$29,326,168	$23,427,089	$5,814,496	1,040	28,800	32,898
(14) ACCIDENT ONLY	$450,404	$359,803	$89,047	0	0	0
(15) BLANKET	$30,652	$24,486	$6,261	1	63	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$878,747	$701,983	$173,920	37	842	993
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$274,724	$219,462	$54,263	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$660,799	$527,877	$130,788	40	4,903	4,291
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GUARANTEE TRUST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361174500	64211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$409,980	$291,095	$0		501	96
(03) CONVERSION	$0	$0	$0		0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$214,430	$131,592	$0	0	366	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,013,663	$748,426	$139,940	0	1,589	0
(15) BLANKET	$4,141,317	$3,464,986	$4,542,865	0	6,359	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$46,829	$7,397	$12,193	0	337	74
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$349,969	$104,002	$768	0	2,147	0
(18) LONG TERM CARE	$4,537,917	$4,189,469	$760	0	1,595	0
(19) MEDICARE SUPPLEMENT	$4,486,047	$2,704,205	$67,690	0	1,447	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$104,436	$4,958	$14,043	0	810	162
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GUARANTY INCOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720201480	64238

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0		0	0
(03) CONVERSION	$0	$0	$0		0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$56,216	$12,059	$29,335	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
135123390	64246

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$690,778	$2,777,428	$1,366	0	697	361
(03) CONVERSION	$394,233	$1,410,029	$114,220	0	105	53
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$19,215	$26,361	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$1,359,204	$1,542,386	$355,024	4	2,599	2,864
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$673,458	$233,198	$2,848,273	1,014	40,240	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$40,591,562	$47,788,817	$4,205,470	1,014	49,389	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$91,631	$257,384	$0	0	86	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$61,731,869	$40,616,569	$15,247,404	2,961	130,098	162,623
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

HARTFORD FIRE INSURANCE COMPANY

FEIN	NAIC Company Code
060383750	19682

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,027,753	$874,079	$0	6	1,356	0
(14) ACCIDENT ONLY	$95,904	$566,266	$0	2	4,918	0
(15) BLANKET	$285,945	$3,001	$0	260	261,163	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$63,618	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment **CY2002**

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	*NAIC Company Code*
060838648	70815

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	*(B) DIRECT LOSSES INCURRED*	*(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY*	*(D) EMPLOYER GROUPS*	*(E) PRIMARY INSUREDS*	*(F) COVERED DEPENDENTS*
(13) EXCESS / STOP LOSS	$1,534,425	$1,058,371		9	6,030	
(14) ACCIDENT ONLY	$2,750,365	$2,226,685		1,314	179,638	
(15) BLANKET	$478,277	$454,472		404	42,803	
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$200,133	$190,172		140	448	
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$45,124,795	$31,125,239		936	220,927	
(19) MEDICARE SUPPLEMENT	$960,387	$912,587		855	1,719	

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
391052598	71153

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,632	$7,391	$0	0	36	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,424	$16,076	$0	0	88	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$69,695	$77,674	$0	0	882	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

HARTFORD LIFE GROUP INSURANCE COMPANY

FEIN	NAIC Company Code
736095123	74268

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9,793	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,554	$1,121	$3,102	0	46	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HARTFORD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060974148	88072

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$12,819,953	$6,378,112	$0	929	114,584	0
(15) BLANKET	$958,994	$475,664	$0	1,910	80,350	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,901,987	$3,423,407	$0	603	14,457	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,101,619	$2,448,497	$0	11	7,843	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$15,296,852	$7,587,286	$0	607	25,633	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$926,202	$459,399	$0	0	7,760	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HCC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
351817054	92711

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$10,808,933	$8,070,575	$9,760,726	80	28,521	63,888
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$11,016	$22,339	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HEALTH FIRST HEALTH PLANS, INC.

FEIN	NAIC Company Code
593315064	95019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$727,793	$573,775	$21,834	0	91	81
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,692,936	$2,289,402	$65,444	498	498	1,015
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$16,665,793	$14,690,110	$3,892,267	1,401	5,635	9,573
(06) INSTATE 51+ MEMBER GROUPS	$42,872,843	$35,893,416	$1,978,627	55	9,671	19,644
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$1,848,417	$0	$0	20	4,201	3,501
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HEALTH NET LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
730654885	66141

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$203,004	$422,091	$0	0	3,400	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,505,758	$3,051,940	$0	22	3,000	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HEALTH OPTIONS, INC.

FEIN	NAIC Company Code
592403696	95089

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$2,368,635	$2,303,504	$216,667	0	520	138
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$57,643,878	$42,604,363	$9,594,495	0	19,197	6,990
(03) CONVERSION	$6,184,484	$8,058,422	$3,262,501	0	1,583	507
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$32,291,940	$35,849,910	$992,402	6,075	6,075	4,987
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$446,980,929	$314,982,595	$50,818,995	15,427	122,232	76,548
(06) INSTATE 51+ MEMBER GROUPS	$1,106,944,189	$856,218,913	$68,349,188	1,261	252,837	194,442
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$219,000,000	$224,000,000	$0	33	55,609	39,616
(13) EXCESS / STOP LOSS	$1,073,126	$14,210	$0	8	17,223	9,464
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HIGHMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
061041332	93440

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(13) EXCESS / STOP LOSS	$1,044,753	$512,108	$503,134	6	5,812	
(14) ACCIDENT ONLY	$98,031	$141,369	$16,995	37	5,537	
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$370,279	$919,898	$6,381	25	1,769	
(22) DENTAL/VISION	$51,631	$33,572	$28,009	2	842	

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HORACE MANN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370726637	64513

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,636	$184	$0	0	127	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,473	$1,982	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$312,891	$199,637	$38,991	3	1,113	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5	$53	$0	0	12	6
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HOUSEHOLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
382341728	93777

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$399	$1	$0	0	24	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
611041514	69671						
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(03) CONVERSION		$1,285,575	$2,525,586	$444,707	0	208	53
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$25,110,522	$29,068,350	$4,203,060	2,927	2,913	2,492
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$76,233,113	$66,842,320	$12,059,429	3,263	13,536	9,543
(06) INSTATE 51+ MEMBER GROUPS		$99,891,846	$76,074,132	$13,261,067	176	19,316	10,620
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))		$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN		$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)		$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)		$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS		$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)		$4,391,776	$25,260,835	$1,722,039	5	4,734	7,089
(13) EXCESS / STOP LOSS		$0	$0	$0	0	0	0
(14) ACCIDENT ONLY		$0	$0	$0	0	0	0
(15) BLANKET		$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS		$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME		$0	$0	$0	0	0	0
(18) LONG TERM CARE		$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT		$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH		$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE		$0	$0	$0	0	0	0
(22) DENTAL/VISION		$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG		$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES		$0	$0	$0	0	0	0

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HUMANA INSURANCE COMPANY

FEIN	NAIC Company Code
391263473	73288

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$335,554	$436,084	$15,969	0	64	44
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$69,708	$56,830	$55,118	11	11	15
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$4,004,125	$3,828,441	$77,008	185	708	588
(06) INSTATE 51+ MEMBER GROUPS	$499,247	$7,026	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$44,883	$41,165	$976	11	11	1
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$8,527,999	$6,052,445	$1,206,779	845	1,726	1,435
(11) OUT OF STATE 51+ MEMBER GROUPS	$5,062,441	$3,409,460	$1,270,845	185	1,115	948
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$94,819	$1,097,546	$0	7	312	377
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$246,890	$58,704	$89,517	86	1,751	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$5,673,443	$3,614,899	$0	1,002	10,946	7,913
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

HUMANA MEDICAL PLAN, INC.

FEIN	NAIC Company Code
611103898	95270

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,085,757	$4,057,965	$632,392	0	692	352
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$5,995,834	$6,382,506	$1,062,336	901	900	719
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$36,843,234	$30,133,206	$8,334,281	1,521	9,751	5,226
(06) INSTATE 51+ MEMBER GROUPS	$321,140,173	$275,141,376	$62,001,149	281	84,870	68,677
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANADENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
390714280	70580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	($4,005)	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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IDEALIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
061053475	97764						
(18) LONG TERM CARE		$44,012				17	
(19) MEDICARE SUPPLEMENT		$4,058,449	$3,000,519			1,808	

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IDS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410823832	65005

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,820,821	$2,824,379	$944,382	0	6,591	0
(18) LONG TERM CARE	$13,874,657	$4,314,245	$1,458,387	0	11,004	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ILLINOIS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370344290	64580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$974,887	$1,824,928	$0	0	200	83
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$23,599	$39,392	$0	0	71	16
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,484,744	$2,910,802	$727,279	0	7,553	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ING LIFE INSURANCE AND ANNUITY COMPANY

FEIN	NAIC Company Code
710294708	86509

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$352,484	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INVESTORS HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610574893	64904

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$9,803	$12,406	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
231632193	63487

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,199	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$727	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$9,830	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$6,259	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$967	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

FEIN	NAIC Company Code
620395665	70254

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$291,975	$0	0	0	0
(14) ACCIDENT ONLY	$1,724,176	$1,355,085	$406,163	1,192	165,225	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$25,411,547	$17,935,462	$6,363,019	1,124	141,232	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$8,542,411	$5,968,717	$2,979,783	233	17,750	0
(23) PRESCRIPTION DRUG	$2,990,333	$2,618,388	$0	87	760	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON PILOT LIFEAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
220832760	62057

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,731	$174,304	$0	0	11	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

JEFFERSON-PILOT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560359860	67865

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,120	$902	$0	0	3	0
(03) CONVERSION	$1,690	$1,499	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$96,019	$0	0	0	0
(14) ACCIDENT ONLY	$68	$50	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$27,599	$927	$0	11	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,402,374	$3,675,444	$0	6,213	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

JOHN ALDEN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410999752	65080

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$10,295	$1,643	$1,350	0	2	1
(03) CONVERSION	$401,565	$416,449	$41,819	0	57	12
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	($503,554)	$712,817	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$2,332,955	$291,707	$436,599	0	506	351
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$36,926	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$752,665	$176,876	$0	0	424	0
(19) MEDICARE SUPPLEMENT	$790,910	$552,441	$0	0	430	0
(20) SHORT TERM HEALTH	$332,143	$65,481	$278,704	0	155	77
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$17,844	$7,458	$0	0	29	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

JOHN HANCOCK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041414660	65099

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,199,154	$859,160	$0	0	1,367	0
(18) LONG TERM CARE	$47,786,917	$18,466,594	$9,142,600	138	32,360	3,667
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$648	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

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

FEIN	NAIC Company Code
010233346	65838

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,292	$23,665	$0	0	17	17
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

KANAWHA INSURANCE COMPANY

FEIN	NAIC Company Code
570380426	65110

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$188,402	$250,756	$0	0	119	51
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,522	$0	$382	0	12	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$16,376	$3,111	$1,171	0	77	36
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$236,774	$148,916	$86,270	0	703	24
(18) LONG TERM CARE	$14,294,284	$3,269,490	$12,534,672	0	10,191	0
(19) MEDICARE SUPPLEMENT	$899,333	$818,289	$1,746	0	355	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$156,743	$104,902	$111,806	0	937	865
(22) DENTAL/VISION	$124,203	$91,057	$46,329	0	837	277
(23) PRESCRIPTION DRUG	$0	$0	$0	1	2	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

KANSAS CITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
440308260	65129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$281,124	$424,558	$18,380	19	913	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$461,987	$314,408	$47,769	19	560	239
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LAFAYETTE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350457540	65242

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$1,852	$0	$590	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

FEIN	NAIC Company Code
046076039	65315

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$13,740,800	$14,566,859	$1,466,888	35	75,655	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIBERTY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570249218	65323

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,181,361	$464,476	$1,440,702	0	22,012	5,934
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$92,699	$68,670	$7,507	0	421	86
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10,775	$3,389	$540	0	19	28
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIBERTY MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
041543470	23043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$584	$563	$0	0	1	0
(03) CONVERSION	$19,779	$49,093	$0	0	8	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$38,082	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$690	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$4,178	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIFE & HEALTH INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
230757800	77887

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$204,472	$85,273	$620	0	2,463	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$46,563	$5,313	$0	0	10	0
(18) LONG TERM CARE	$2,532,661	$2,362,765	$13,944	0	1,678	0
(19) MEDICARE SUPPLEMENT	$57,588	$62,335	$0	0	62	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$4,180	$0	$0	0	29	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIFE INSURANCE COMPANY OF GEORGIA

FEIN	NAIC Company Code
580298930	65471

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$62,301	$14,098	$0	0	159	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$51,655	$13,525	$0	0	4,823	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$350,218	$277,716	$0	0	3,468	320
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$47,351	$50,122	$0	0	138	0
(18) LONG TERM CARE	$58,522	$25,225	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,778,577	$1,747,703	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$624,883	$587,341	$0	0	4,142	1,497
(22) DENTAL/VISION	$58,917	$73,643	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
231503749	65498

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,384,469	$9,127,180	$0	1	41,922	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,453,999	$1,288,549	$0	6	18,175	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$18,300,385	$33,659,807	$0	42	52,287	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,915	$655,088	$0	2	86	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIFE INSURANCE COMPANY OF THE SOUTHWEST

FEIN	NAIC Company Code
750953004	65528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$264	$0	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LIFE INVESTORS INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
420191090	64130

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$10,153	$184	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$43,274	$51,959	$0	0	11	8
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$20	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$106,308	$491,715	$15,734	0	0	0
(14) ACCIDENT ONLY	$1,048,668	$717,567	$0	0	5,722	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,472,229	$608,862	$132,780	0	867	107
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$648,312	$88,076	$0	0	3,790	0
(18) LONG TERM CARE	$4,742,102	$1,472,095	$230,463	0	3,689	0
(19) MEDICARE SUPPLEMENT	$10,145,043	$6,360,822	$0	0	4,446	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$497	$1,385	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LINCOLN BENEFIT LIFE COMPANY

FEIN	NAIC Company Code
470221457	65595

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$6,156,406	$689,764	$2,996,582	0	2,650	1,003
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

LINCOLN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350472300	65676

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$338	$0	$0	1	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,287,617	$11,422,635	$0	0	215	0
(18) LONG TERM CARE	$361,127	$77,436	$0	0	2,249	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$5,847	$631	$0	0	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LONDON LIFE REINSURANCE COMPANY

FEIN	NAIC Company Code
232044256	76694

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	($140)	$98,862	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$13,646	$19,807	$0	0	12	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LOYAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630343428	65722

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,373	$0	$0	0	39	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$93,933	$23,136	$0	0	288	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$109,145	$18,687	$2,870	0	311	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$679,625	$673,012	$10,665	0	5,326	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEDICAL SAVINGS INSURANCE COMPANY

FEIN	NAIC Company Code
351975418	74217

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$10,350,458	$4,857,754	$5,547,691	0	4,702	10,723
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEDICO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470520541	71471

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$18	$2	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,545	$426	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,137	$13	$0	0	2	0
(18) LONG TERM CARE	$74,706	$2,224	$35,620	0	121	0
(19) MEDICARE SUPPLEMENT	$16,531	$12,073	$10,501	0	13	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$13,417	$221	$0	0	47	34
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEGA LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
592213662	97055

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$55,299	$32,703	$18,579	0	22	17
(03) CONVERSION	$29,740	$150,610	$0	0	7	2
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$32,400	$2,115	$0	0	3	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$32,075,774	$20,629,464	$17,817,184	0	11,445	9,362
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$42,072	$349,419	$0	0	0	0
(14) ACCIDENT ONLY	$827,750	$663,791	$795,259	10	18,936	844
(15) BLANKET	$6,987,078	$4,944,926	$6,987,078	23	17,743	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,775,985	$2,479,179	$2,499,332	130	15,284	4,607
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$97,097	$35,833	$125,062	0	721	3
(18) LONG TERM CARE	$8,746	$615	$8,746	0	22	0
(19) MEDICARE SUPPLEMENT	$57,317	$110,815	$0	0	38	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$416,460	$77,352	$235,898	0	2,423	1,283
(22) DENTAL/VISION	$640,445	$282,673	$418,992	0	4,447	3,208
(23) PRESCRIPTION DRUG	$56,418	$30,102	$1,698	0	167	113
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEMBERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391236386	86126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$837	$0	$0	0	16	20
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$443	$3,956	$0	0	3	3
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MENNONITE MUTUAL AID ASSOCIATION

FEIN	NAIC Company Code
356059333	57991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$378,463	$532,398	$0	0	70	68
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$552,105	$460,617	$0	0	248	109
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MERIT LIFE INSURANCE CO.

FEIN	NAIC Company Code
351005090	65951

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$510,263	$53,441	$510,263	0	6,406	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

METROPOLITAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135581829	65978

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$764,915	$682,971	$0	0	1,745	482
(03) CONVERSION	$256,617	$556,604	$0	0	188	50
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$560	$52,710	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$45,080	$81,015	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,197,942	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,204,047	$5,428,745	$0	1,292	327,655	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$20,852	$2,253,287	$0	0	37	8
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$33,275,070	$52,018,877	$0	638	180,104	0
(18) LONG TERM CARE	$13,554,366	$7,886,169	$0	2	15,647	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$96,419,005	$73,742,889	$0	1,353	177,414	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MIDLAND NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460164570	66044

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,077	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MID-SOUTH INSURANCE COMPANY

FEIN	NAIC Company Code
560710065	79987

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$63,034	$76,770	$0	0	13	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$11,356	$28,215	$0	0	8	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

FEIN	NAIC Company Code
620724538	66087

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$17,426	$66,250	$9,690	0	11	13
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$8,239	$5,042	$3,300	0	5	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$34,553,205	$21,513,496	$15,892,287	0	15,939	12,725
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$30,530	$585	($64)	0	61	7
(15) BLANKET	$440,718	$258,525	$8,329	976	35	1
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$893	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$543	$297	$543	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$545,242	$99,940	$282,375	0	4,924	2,218
(22) DENTAL/VISION	$199,669	$0	$62,168	0	5,870	4,769
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MIDWESTERN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350838945	66109

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,356	$1,070	$0	0	2	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,539	$1,214	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MINNESOTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410417830	66168

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,682,531	$1,481,793	$1,274,733	0	42,653	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,093,972	$10,603,127	$139,916	0	2,238	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MONUMENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520419790	66281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,878,864	$3,394,971	$0	0	0	0
(14) ACCIDENT ONLY	$9,163,874	$2,823,275	$0	0	184,613	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$905,856	$332,303	$0	0	5,438	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$492,442	$680,156	$0	0	3,327	0
(18) LONG TERM CARE	$2,107,140	$643,547	$0	0	1,946	0
(19) MEDICARE SUPPLEMENT	$6,939,190	$5,153,120	$0	0	3,426	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,499,861	$4,533,540	$0	0	26,904	0
(22) DENTAL/VISION	$402,704	$57,664	$0	0	5,836	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$14,723	$30,981	$0	0	53	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131632487	66370

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$88,511	$79,834	$0	0	73	9
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$58	$0	$0	0	2	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,969	$212	$0	0	35	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,120,896	$5,930,507	$0	0	3,643	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$47	$12	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MTL INSURANCE COMPANY

FEIN	NAIC Company Code
361516780	66427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$102,762	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131614399	88668

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$175,276	$223,292	$0	343	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MUTUAL OF OMAHA INSURANCE COMPANY

FEIN	NAIC Company Code
470246511	71412

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$21,223,966	$16,666,398	$1,100,765	0	4,457	1,537
(03) CONVERSION	$10,783	$59,060	$0	0	5	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$3,069	$367,941	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$774,653	$553,734	$0	3	121	156
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$106	$0	10	2,450	1,369
(13) EXCESS / STOP LOSS	$216	$310	$0	0	0	0
(14) ACCIDENT ONLY	$3,471,320	$1,155,595	$1,317,598	3	40,641	9,999
(15) BLANKET	$1,737,751	$845,754	$0	0	1,310	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$666,505	$421,200	$0	0	3,280	917
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,958,619	$3,951,782	$262,486	10	10,496	9
(18) LONG TERM CARE	$8,999,970	$3,506,794	$3,879,662	5	7,139	2
(19) MEDICARE SUPPLEMENT	$18,487,289	$10,220,584	$3,125,313	0	8,937	5
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,787,032	$1,591,354	$268,639	0	25,514	7,832
(22) DENTAL/VISION	$113,683	$95,969	$4,898	3	247	242
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MUTUAL PROTECTIVE INSURANCE COMPANY

FEIN	NAIC Company Code
470122200	31119

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,538	$2,261	$0	0	94	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$164,618	$178,192	$0	0	353	37
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$53,775	$50,794	$784	0	108	0
(18) LONG TERM CARE	$3,997,002	$2,200,773	$329,943	0	3,813	0
(19) MEDICARE SUPPLEMENT	$53,886,127	$35,837,332	$192,585	0	31,049	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$677,049	$271,848	$14,562	0	2,452	1,337
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MUTUAL SAVINGS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630148960	66397

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$23,446	$120,787	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

MUTUAL SERVICE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410203970	66419

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,166	$734	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,503,057	$861,989	$269,933	88	720	381
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONAL BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231618791	61409

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$59,481	$152,839	$0	0	113	57
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$145	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$86,503	$79,961	$0	0	481	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,207	$18,376	$0	0	12	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,650	$4,053	$0	0	7	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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NATIONAL CASUALTY COMPANY

FEIN	NAIC Company Code
380865250	11991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$134,903	$58,963	$0	189	56,970	2,206
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$40,201	$17,398	$0	0	27	21
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,201	$13,342	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,879	$146	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390493780	66583

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$47,329	$4,864	$0	0	56	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONAL HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
741541799	82538

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$59,377	$11,489	$0	0	27	19
(03) CONVERSION	$51,860	$366,745	$0	0	11	12
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$3,336,430	$2,798,447	$0	0	626	495
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$239	$13	$0	0	2	2
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,428	$2,746	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,646	$5,358	$0	0	20	7
(22) DENTAL/VISION	$14,871	$6,795	$0	0	16	7
(23) PRESCRIPTION DRUG	$4,514	$291	$0	0	39	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
030144090	66680

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,363,011	$7,362,076	$42,282	0	1,524	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONAL STATES INSURANCE COMPANY

FEIN	NAIC Company Code
430825796	60593

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,867	$0	$1,059	0	32	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$269,278	$124,236	$115,539	0	258	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$23,724,557	$3,944,343	$19,950,264	0	12,737	0
(19) MEDICARE SUPPLEMENT	$11,790,925	$6,597,984	$5,900,093	0	6,624	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,397,237	$17,743,578	$112,952	0	2,193	0
(22) DENTAL/VISION	$1,631	$2,062	$0	0	6	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

FEIN	NAIC Company Code
751623431	87963

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,831	$0	$276	0	25	38
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$72	$0	$0	0	3	5
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$54,263	$13,616	$16,803	0	193	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$456,515	$57,958	$229,729	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONAL WESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840467208	66850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$8,020	$28,061	$0	0	76	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

FEIN	NAIC Company Code
231619082	70750

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,780	$1,813	$0	0	9	9
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONWIDE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
314156830	66869

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,325,379	$3,087	$0	0	516	187
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,309	$2,753	$0	0	54	7
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$797,897	$735,108	$28,973	0	846	5
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,348,876	$1,842,017	$88,253	0	1,527	153
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
230990450	68225

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$293	$88	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,217	$1,668	$0	0	33	21
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$130,976	$123,125	$0	0	543	447
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$289	$9,940	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$4,439	$16,468	$0	0	17	27
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NATIONWIDE MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
314177100	23787

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$278	$17	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

FEIN	NAIC Company Code
650996107	95123

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,881,631	$5,986,332	$978,842	0	1,589	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$190,180,681	$154,164,416	$48,961,448	9,482	51,388	35,547
(06) INSTATE 51+ MEMBER GROUPS	$128,932,002	$117,250,158	$14,096,612	285	38,796	27,114
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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NEW ENGLAND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042708937	91626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$933,543	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$116,785	$406,801	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,103,431	$3,868,500	$0	0	0	0
(14) ACCIDENT ONLY	$51,150	$54,248	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$206,898	$297,125	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$151,585	$347,922	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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NEW ERA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742552025	78743

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$14	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$76,096	$80,723	$0	0	139	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$168	$2,852	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$4,539,694	$4,646,029	$0	0	2,352	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$15,987	$10,338	$0	0	215	0
(22) DENTAL/VISION	$1,474	$471	$0	0	14	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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NEW YORK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135582869	66915

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$203,869	($54,922)	$0	0	111	22
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$8,637,809	$10,142,208	$1,221,506	0	2,156	1,210
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$235,171	$121,021	$17,168	0	2,156	1,210
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$279,716	$238,354	$4,033	0	693	195
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,549,055	$16,014,540	$157,546	0	9,453	10
(18) LONG TERM CARE	$3,984,323	$1,243,843	$721,290	3	2,816	0
(19) MEDICARE SUPPLEMENT	$835,468	$691,120	$0	0	400	33
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NIPPON LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
042509896	81264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$508,427	$229,199	$81,166	45	80	86
(11) OUT OF STATE 51+ MEMBER GROUPS	$912,695	$549,584	$94,001	31	294	189
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$21,996	$0	$0	2	31	25
(13) EXCESS / STOP LOSS	$13,306	$0	$0	3	33	26
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$9,744	$0	$0	11	39	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$94,034	$52,391	$6,829	45	175	159
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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NORTH AMERICAN CO FOR LIFE AND HEALTH INSURANCE

FEIN	NAIC Company Code
362428931	66974

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,726	$11,225	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560340860	67032

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$3,592,715	$1,338,940	$0	0	22,837	9
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,266	$477	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

FEIN	NAIC Company Code
362258318	69000

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$1,744,186	$71,247	$602,407	0	1,054	1,054
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390509570	67091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$42,384,151	$58,376,303	$8,432,267	0	49,266	49,266
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

FEIN	NAIC Company Code
560343440	67148

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$43,686	$8,469	$4,470	0	168	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,475	$4,587	$0	0	10	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,800	$11,082	$0	0	77	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,579	$4,383	$0	0	6	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$133,350	$105,571	$0	0	482	581
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

OHIO NATIONAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code
310962495	89206

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$55	$0	$0	0	1	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,084,297	$924,799	$37,278	0	623	623
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

OHIO NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310397080	67172

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,228	$120	$0	0	3	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$65,978	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$594,944	$85,932	$156,348	0	244	244
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

OHIO STATE LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
314271600	67180

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,792	$9,350	$0	0	26	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

OLD AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
440376695	67199

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$30,414	$3,845	$0	0	970	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,820	$4,540	$0	0	224	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$270	$14	$0	0	2	0
(18) LONG TERM CARE	$758,417	$3,720,145	$0	0	576	0
(19) MEDICARE SUPPLEMENT	$9,100	$15,683	$0	0	31	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,284	$4,067	$0	0	137	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

OLD REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
250410420	24147

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,398,906	$0	$1,398,906	0	5,883	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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OLD REPUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361577440	67261

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$92,994	$86,342	$0	1	295	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

ONEBEACON AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
042475442	20621

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$58,456	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

ONENATION INSURANCE COMPANY

FEIN	NAIC Company Code
751461960	85286

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$309,322	$206,243	$0	0	159	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA

FEIN	NAIC Company Code
314273120	56383

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$16,544	$192	$1,661	0	480	67
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,848	$706	$315	0	52	28
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$67,555	$0	$13,186	0	420	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$10,683,901	$7,878,182	$1,169,228	0	5,665	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

OZARK NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430812448	67393

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,205	$5,760	$0	0	57	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PACIFIC LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code
953769814	97268

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$4,639	$4,002	$3,813	0	2	2
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$4,915,379	$4,341,243	$908,982	11	1,007	1,259
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$6,498,646	$8,508,914	$315,368	838	838	670
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$88,773,152	$69,019,843	$22,074,960	3,770	19,680	12,117
(11) OUT OF STATE 51+ MEMBER GROUPS	$2,044,775	$2,160,867	$1,155,819	20	416	395
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$98,222	$15,263	$14,179	1,173	6,734	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$103,271	$120,771	$10,011	46	576	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,514,329	$1,149,721	$157,042	386	3,036	3,087
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PACIFIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951079000	67466

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$4,201	$6,626	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$53	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$505	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$765,484	$912,993	$175,806	3	5,425	6,781
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$493	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PAN-AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720281240	67539

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$9,251	$7,694	$0	0	11	0
(03) CONVERSION	$1,811	$23,951	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,491,483	$489,344	$171,625	17	1,639	735
(14) ACCIDENT ONLY	$5,180	$0	$1,034	29	617	194
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$585,040	$100,892	$335,775	56	1,779	1,026
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$48,200	$28,952	$44,031	18	554	118
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$728	$0	$728	3	10	1
(22) DENTAL/VISION	$24,895	$5,122	$8,443	21	1,022	730
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PAUL REVERE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041768571	67598

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$67,789	$178,766	$225	81	3,566	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$9,452	$25,383	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$30,280,158	$81,155,121	$245,328	323	11,796	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PENN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
230952300	67644

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,824,524	$5,310,838	$0	0	918	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PENN TREATY NETWORK AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
232603386	63282

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$59,742,930	$73,697,023	$344,572	0	71,297	0
(19) MEDICARE SUPPLEMENT	$376,962	$289,167	$0	0	233	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PENNSYLVANIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231305366	67660

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$200,512	$85,213	$35,224	0	1,865	49
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$400,019	$95,515	$46,654	0	774	20
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,539,177	$1,799,466	$291,740	0	5,478	148
(18) LONG TERM CARE	$32,871	$8,625	$0	0	36	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$22,784	$0	$0	0	121	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PEOPLES BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430378030	66605

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$618,137	$350,383	$491,637	0	108	22
(14) ACCIDENT ONLY	$1,338,204	$0	$0	0	11,265	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,463	$772	$0	0	30	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$154,161	$25,929	$0	0	72	0
(19) MEDICARE SUPPLEMENT	$3,511,654	$0	$23,167	0	1,865	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$866,630	$0	$0	0	5,643	1,129
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741952955	67784

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,458,731	$1,300,640	$0	6	2,991	1,196
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$328,492	$293,229	$0	14	1,507	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$25,533	$24,290	$0	0	166	99
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHOENIX LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060493340	67814

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,553	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$141,884	$70,004	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$87,486	$321,706	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$124,637	$13,781	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHYSICIANS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
470270450	80578

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$87,925	$19,624	$43,831	0	32	6
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$497,184	$243,198	$72,323	0	184	32
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,213	$232	$0	0	20	7
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,898,405	$3,109,529	$683,838	0	18,034	4,975
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,212	$12,303	$0	0	29	0
(18) LONG TERM CARE	$460,268	$81,872	$57,739	0	368	0
(19) MEDICARE SUPPLEMENT	$5,397,611	$4,783,340	$244,733	0	2,238	205
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$259,434	$93,833	$23,013	0	1,261	282
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PIONEER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370844470	68330

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$179,139	$143,311	$0	0	137	151
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$101,447	$81,157	$0	0	21	20
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$10,862	$8,690	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$646	$452	$0	0	7	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$158,225	$110,758	$0	0	659	15
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,165	$5,016	$0	0	18	0
(18) LONG TERM CARE	$18,308,470	$29,462,591	$0	0	7,320	0
(19) MEDICARE SUPPLEMENT	$15,359,707	$12,149,528	$0	0	8,013	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$27,228	$19,060	$0	0	209	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$607,402	$425,181	$0	0	397	426
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PREFERRED MEDICAL PLAN, INC.

FEIN	NAIC Company Code
591419293	95271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$234,856	$88,309	$234,856	0	127	58
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$36,631,480	$28,461,500	$7,543,847	0	22,706	12,204
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PRESIDENTIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
132570714	68039

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$192	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PRIMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041590590	65919

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$65,914	$109,624	$0	0	27	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$37,034	$1,186	$0	0	95	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$19,471	$52,761	$0	0	73	0
(18) LONG TERM CARE	$50,001	$38,261	$0	0	47	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PRINCIPAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420127290	61271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,425,726	$2,737,093	$388,635	0	273	142
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$55,336,494	$50,911,512	$627,501	1,018	4,044	2,719
(06) INSTATE 51+ MEMBER GROUPS	$18,955,103	$19,981,926	$1,294,357	430	3,151	2,847
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$847,979	$209,806	$138,709	5	253	214
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,944	$5,115	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$18,940,531	$11,059,145	$920,859	1,144	45,984	0
(18) LONG TERM CARE	$48,373	$48,700	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$24,559,604	$15,779,122	$0	0	9,674	827
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$24,898,933	$19,090,171	$2,655,787	2,706	53,517	53,402
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PROFESSIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
590411385	68047

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$504,213	$131,046	$183,126	0	1,617	1,131
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,674,077	$2,498,812	$982,869	0	14,091	9,863
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$544,550	$348,464	$91,279	0	3,957	2,769
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
630761690	88536

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,058	$259	$0	0	12	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PROTECTIVE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630169720	68136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$115	$72	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,276	$2,659	$0	0	39	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$387,948	$310,939	$0	4	427	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$44,746	$50,621	$0	0	37	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,837,686	$6,116,736	$0	0	15,705	0
(22) DENTAL/VISION	$15,047,613	$7,121,523	$0	283	23,489	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
231335885	67903

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$6,709,118	$711,009	$0	0	724	118
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
620331200	68195

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,627,528	$599,441	$0	85	84,564	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$88,752	$1,692,417	$0	2	81	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$59,515,327	$164,041,202	$3,041,619	112	95,008	0
(18) LONG TERM CARE	$154,661	$22,313	$0	0	101	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$783,808	$116,993	$1,272,470	0	3,758	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PRUDENTIAL HEALTH CARE PLAN, INC.

FEIN	NAIC Company Code
741844335	95040

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$2,155,668	$7,162,642	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

FEIN	NAIC Company Code
221211670	68241

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,494,456	$3,375,914	$0	0	2,729	543
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,603	$191	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	($68,693)	$3,641	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$15,917	$7,134	$0	0	181	10
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$28,173,249	$29,244,143	$0	0	1,222	0
(18) LONG TERM CARE	$4,135,508	$3,586,284	$0	516	169,255	0
(19) MEDICARE SUPPLEMENT	$13,248	$12,372	$0	0	3,121	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,644,829	$869,179	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PYRAMID LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
480557726	68284

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,015,743	$1,933,590	$0	0	155	59
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$45	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$101	$76	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$392,782	$179,150	$7,035	0	177	57
(19) MEDICARE SUPPLEMENT	$1,771,145	$1,390,701	$369,764	0	899	92
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$21,293	$28,980	$630	0	115	24
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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REASSURE AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
380779740	65765

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$17,121	$64,325	$0	0	136	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$33,300	$20,224	$0	0	283	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$24,065	$2,045	$0	0	137	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,279,898	$4,559,997	$0	0	3,179	0
(18) LONG TERM CARE	$108,903	$0	$0	0	13	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$725,472	$645,615	$0	0	3,812	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

RELIABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430476110	68357

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$616	$0	$0	0	45	3
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$25	$0	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$62	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,511	$0	$0	0	11	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIANCE STANDARD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
360883760	68381

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,041,040	$1,196,697	$487,139	180	29,358	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,875,008	$9,378,866	$1,852,507	395	30,815	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$3,298,085	$2,928,954	$1,793,927	72	8,869	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIASTAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410451140	67105

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	($25,845)	$891,610	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$7,565,350	$11,630,899	$2,826,000	278	70,008	168,018
(14) ACCIDENT ONLY	$471,723	$1,293,576	$0	54	417	459
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,023	$18,537	$2,503	3	85	196
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,421,009	$1,692,523	$481,704	75	4,886	0
(18) LONG TERM CARE	$7,133	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$4,018,828	$3,174,706	$569,173	331	16,941	31,852
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
530242530	61360

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$531,019	$0	0	0	0
(14) ACCIDENT ONLY	$58,248	$134,559	$0	20	1,000	2,000
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$398	$23,258	$218	1	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$191,010	$300,450	$84,495	0	850	738
(22) DENTAL/VISION	$54,130	$38,067	$0	0	680	1,312
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RENAISSANCE LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
351536282	94587

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$438	$329	$438	1	1	1
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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REPUBLIC AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
860199949	81132

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$25,325	$26,715	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$1,534,790	$1,705,724	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

RESERVE NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
730661453	68462

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$430,184	$501,571	$0	0	160	55
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$25,447	$0	$0	0	14	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$23,311	$9,152	$0	0	149	55
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$51,108	$36,942	$0	0	84	18
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$492	$0	$0	0	2	0
(18) LONG TERM CARE	$39,337	$7,284	$0	0	47	12
(19) MEDICARE SUPPLEMENT	$1,290,699	$1,356,579	$0	0	650	68
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7,467	$0	$0	0	88	28
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

SAFEHEALTH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
330515751	79014

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,857,268	$1,362,298	$159,486	71	1,602	4,006
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SEARS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
363742955	69914

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$26,702	$1,149	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$638	$28	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470293990	68764

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$309	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
150442730	68772

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9,608	$0	$0	15	532	0
(15) BLANKET	$3,908,485	$7,444,742	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,986	$1,839	$0	0	13	10
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$177,477	$539,366	$6,992	9	524	153
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362610791	69485

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$13,606	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENIOR AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
233062257	76759

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$480,211	$26,342	$226,088	0	338	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENTRY INSURANCE A MUTUAL COMPANY

FEIN	NAIC Company Code
390333950	24988

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$324	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,102	$7,709	$0	3	9	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$168,087	$86,180	$0	3	160	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$34,668	$37,736	$0	1	52	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENTRY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
396040276	68810

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,117	$2,555	$0	0	8	0
(03) CONVERSION	$171	$585	$0	0	3	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$30,970	$7,463	$0	19	75	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$525	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$607	$0	$0	5	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,514	$2,984,744	$0	12	125	0
(18) LONG TERM CARE	$32,280	$10,122	$0	1	31	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,279	$4,861	$0	3	3	0
(22) DENTAL/VISION	$12,287	$66,755	$0	20	26	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

SENTRY SELECT INSURANCE COMPANY

FEIN	NAIC Company Code
362674180	21180

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$49,111	$302,968	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,230	$17,334	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SIRIUS AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
132930697	35408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$381,354	$193,334	$0	1	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SONS OF NORWAY

FEIN	NAIC Company Code
410547795	57142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0		0	0
(03) CONVERSION	$0	$0	$0		0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0		0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$781	$177	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$16,142	$12,280	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,215	$766	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SOUTHWESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742088326	91391

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$96	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,304,567	$915,592	$0	0	1,591	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STANDARD INSURANCE COMPANY

FEIN	NAIC Company Code
930242990	69019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,478,019	$1,067,010	$571,982	727	282,250	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$40,174,183	$30,481,681	$9,339,865	1,426	215,405	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,847,224	$2,115,240	$244,322	143	6,058	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
730994234	86355

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$29,266	$228,928	$0	0	44	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$66,360	$137,514	$0	0	4,197	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$29,062	$52,743	$0	0	683	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$767	$2,498	$0	0	5	0
(18) LONG TERM CARE	$133,770	$356,341	$0	0	48	0
(19) MEDICARE SUPPLEMENT	$7,901,980	$5,385,045	$972,938	0	3,995	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$31,112	$70,656	$0	0	206	0
(22) DENTAL/VISION	$11,558	$11,558	$0	0	23	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STANDARD LIFE AND CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
570290111	71706

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$74,603	$14,278	$74,603	0	500	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

FEIN	NAIC Company Code
135679267	69078

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,554,383	$1,236,693	$0	0	4,709	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$41,726	$12,345	$0	0	18	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$379,095	$581,433	$202,384	0	4,353	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STAR INSURANCE COMPANY

FEIN	NAIC Company Code
382626205	18023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,460	$6,036	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STARMOUNT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720977315	68985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$35,321	$0	$1,236	0	439	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$505	$0	$152	0	5	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,140	$88	$1,352	5	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
314316080	25135

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$800	$0	$0	0	4	2
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$212	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

FEIN	NAIC Company Code
370533100	25178

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$54,868	$0	$0	0	14	9
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$15,834,830	$13,335,082	$12,984	0	5,169	1,737
(03) CONVERSION	$54,873	$298,575	$12,778	0	12	2
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$33,700,928	$34,279,367	$0	2	5,412	5,917
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$267,896	$23,652	$0	2	3,646	3,312
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,366,786	$2,331,144	$913,176	0	69,123	9,102
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,360,288	$4,310,930	$402,656	0	21,131	0
(18) LONG TERM CARE	$4,460,945	$2,775,583	$1,142,762	0	6,908	0
(19) MEDICARE SUPPLEMENT	$14,886,464	$9,630,446	$2,103,360	0	7,402	185
(20) SHORT TERM HEALTH	$0	$13,767	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350684263	69116

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,854	$50,504	$0	0	8	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$32,663	$30,571	$0	0	61	0
(18) LONG TERM CARE	$336,546	$0	$242,712	0	133	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE		$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

STERLING INVESTORS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591838073	89184

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,190	$0	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STONEBRIDGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
030164230	65021

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$27,370,502	$113,350,554	$3,365,015	0	278,915	311,886
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,158,846	$2,149,196	$1,054,436	0	47,739	42,681
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$295,744	$232,050	$0	0	290	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$90,268	$51,911	$1,330	0	895	426
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SUN LIFE ASSURANCE COMPANY OF CANADA

FEIN	NAIC Company Code
381082080	80802

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$18,453,410	$15,867,971	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,717	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SUNAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520502540	69256

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$25,449	$114,246	$0	0	65	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

SURETY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
870198108	69310

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$26,639	$26,600	$0	0	29	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

SYMETRA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
910742147	68608

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$12,523	$22,107	$4,584	0	3	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$8,040,849	$4,571,906	$1,088,837	26	12,783	15,395
(14) ACCIDENT ONLY	$24,679	$0	$213	31	1,965	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$662,304	$270,437	$137,420	22	338	407
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$65,499	$12,334	$321	4	212	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

FEIN	NAIC Company Code
131624203	69345

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,791	$40,328	$0	0	3	0
(03) CONVERSION	$12,226	$0	$249	0	12	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$137,424	$115,262	$0	12	834	0
(18) LONG TERM CARE	$1,179,571	$195,913	$13,637	0	725	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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THE PUBLIC HEALTH TRUST OF DADE COUNTY

FEIN	NAIC Company Code
591713947	95126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$142,619	$600,628	$0	0	16	23
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$829,115	$1,164,725	$0	175	177	113
(06) INSTATE 51+ MEMBER GROUPS	$23,557,048	$21,708,359	$0	4	5,683	5,401
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIAA-CREF LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133917848	60142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$686,201	$9,406	$678,268	0	422	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
940781581	25518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,244	$5,502	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIME INSURANCE COMPANY

FEIN	NAIC Company Code
390658730	69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,342,862	$4,598,394	$272,371	0	1,605	680
(03) CONVERSION	$48,091	$165,570	$0	0	8	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	($499)	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$258,802	$149,591	$114,648	0	29	4
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$19,447,322	$5,787,352	$10,192,801	0	9,001	8,213
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$154	$0	$0	0	6	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,518	$14,545	$0	0	36	17
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$19,104,096	$14,417,793	$0	0	12,329	0
(19) MEDICARE SUPPLEMENT	$23,914	$19,263	$0	0	7	0
(20) SHORT TERM HEALTH	$4,841,762	$1,367,490	$4,021,522	0	2,801	934
(21) SPECIFIED OR DREAD DISEASE	$136	$0	$0	0	8	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TOTAL HEALTH CHOICE, INC.

FEIN	NAIC Company Code
330603319	95134

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$23,168,228	$17,794,831	$2,469,488	0	13,100	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$111,836	$128,000	$0	0	48	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,804,931	$4,000,000	$988,029	0	1,666	0
(06) INSTATE 51+ MEMBER GROUPS	$10,797,578	$10,586,345	$3,589,028	0	5,523	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
366071399	70688

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$891	$0	$0	0	0	0
(14) ACCIDENT ONLY	$242,154	$0	$0	0	4,493	277
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$184,817	$0	$0	0	779	7
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$984	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$50,466	$0	$0	0	24	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$944,023	$730,758	$0	0	1,075	128
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

TRANSAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390989781	86231

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$10,496	$2,581	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$111,169	$63,039	$0	0	140	69
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,510,061	$4,233,067	$0	1,126	1,126	608
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$346,251	$323,167	$0	46	92	35
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,762,539	$1,178,707	$92,296	0	0	0
(14) ACCIDENT ONLY	$1,435	$0	$0	0	3	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$33,934	$21,095	$0	0	69	0
(18) LONG TERM CARE	$2,740,465	$1,681,683	$0	0	1,906	0
(19) MEDICARE SUPPLEMENT	$6,798	$0	$0	0	136	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$44,525	$35,968	$0	0	86	48
(23) PRESCRIPTION DRUG	$9,731	$5,000	$0	0	61	27
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951060502	67121

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$14,029	$59,650	$0	0	60	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,205,742	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$31,648	$477,211	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$19,396	$77,069	$0	0	76	0
(18) LONG TERM CARE	$9,583,041	$3,770,658	$321,179	0	5,092	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

TRANS-OCEANIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
660235829	69523

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$16,033	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRAVELERS INSURANCE COMPANY

FEIN	NAIC Company Code
060566090	87726

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	($28,794)	$1,554,830	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$45,597	$19,586	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$672,305	$380,123	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$976,345	$1,718,306	$0	0	0	0
(18) LONG TERM CARE	$23,336,383	$15,135,624	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

TRUSTMARK INSURANCE COMPANY

FEIN	NAIC Company Code
360792925	61425

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$12,993	$1,304	$0	0	2	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,066,616	$3,199,392	$1,516	0	821	390
(03) CONVERSION	$15,531	$29,792	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$106,775	$115,553	$0	9	9	3
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$152,929	$78,259	$15	147	1,323	795
(06) INSTATE 51+ MEMBER GROUPS	$2,907,660	$2,180,073	$395,131	23	786	485
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$490,876	$370,257	$0	0	94	26
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$140,700	$904,753	$0	11	11	7
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$882,013	$2,201,460	$1,438	83	214	251
(11) OUT OF STATE 51+ MEMBER GROUPS	$2,156,204	$1,678,650	$408,783	116	932	1,025
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$52,745	$1,357,093	$91	34	467	514
(13) EXCESS / STOP LOSS	$5,500,622	$3,265,930	$3,208,609	75	27,614	19,528
(14) ACCIDENT ONLY	$92,470	$150,429	$25,837	209	2,931	432
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$208,002	$728,358	$0	3	442	344
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,883,911	$6,730,267	$4,580	107	3,832	1,730
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$96,689	$97,799	$0	0	70	0
(20) SHORT TERM HEALTH	$0	$69,835	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7,750,105	$4,967,652	$1,295,738	75	14,779	20,965
(22) DENTAL/VISION	$353,106	$410,934	$38,082	52	769	760
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRUSTMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
363421358	62863

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$11,500	$1,908	$0	0	2	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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U.S. SPECIALTY INSURANCE COMPANY

FEIN	NAIC Company Code
521504975	29599

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,623,669	$1,841,333	$66,392	46	637	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ULICO CASUALTY COMPANY

FEIN	NAIC Company Code
132988846	37893

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$503,973	$1,008,715	$0	0	89	196
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$37,533	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$204,833	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$931,927	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNICARE LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
520913817	80314

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$502,247	$301,283	$0	0	17	10
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$2,443,227	$2,565,024	$0	5	466	575
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$32,858	$34,511	$0	6	8	6
(11) OUT OF STATE 51+ MEMBER GROUPS	$12,669,106	$13,300,672	$0	111	2,968	2,430
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$30,045	$39,483	$0	13	1,564	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,389,246	$2,508,352	$0	53	722	296
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$124,715	$125,098	$0	3	52	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNION BANKERS INSURANCE COMPANY

FEIN	NAIC Company Code
750860066	69701

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$117,322	$106,369	$0	0	144	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$59	$2,433	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,358	$2,089	$0	0	35	0
(18) LONG TERM CARE	$142,230	$110,820	$0	0	107	0
(19) MEDICARE SUPPLEMENT	$2,395,615	$2,105,585	$0	0	1,043	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,444	$0	$0	0	106	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNION CENTRAL LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
310472910	80837

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,157,043	$4,488,081	$0	31	4,161	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNION FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310252460	62596

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,556,603	$2,001,199	$4,157	0	31,636	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$484,832	$413,244	$0	0	2,426	243
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$68,969	$58,785	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$921,294	$785,258	$0	0	590	59
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,481,687	$1,262,906	$0	1	8,289	0
(22) DENTAL/VISION	$37,150	$31,665	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNION SECURITY INSURANCE COMPANY

FEIN	NAIC Company Code
810170040	70408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$89,759	$329,668	$0	0	11	4
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$372	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$3,285	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$275,636	$153,211	$0	0	71	36
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$10,198,387	$7,369,550	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,265	$295	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$9,265,136	$7,945,523	$0	740	35,229	0
(18) LONG TERM CARE	$11,469,402	$229,388	$0	0	7,366	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$867	$1,350	$0	0	28	0
(22) DENTAL/VISION	$5,398,083	$3,446,916	$0	36	9,519	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
731128555	92916

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$10,087,798	$5,165,402	$0	0	10,554	3,350
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$252,783	$137,793	$0	0	144	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$143,400	$90,158	$0	0	247	4
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,242	$0	$0	0	18	0
(18) LONG TERM CARE	$814,014	$347,473	$0	0	603	0
(19) MEDICARE SUPPLEMENT	$73,308,162	$45,099,589	$0	0	29,461	12
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$903,345	$544,818	$0	0	3,293	1,867
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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UNITED CONCORDIA DENTAL PLANS OF FLORIDA,INC.

FEIN	NAIC Company Code
650243292	52020

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$170,119	$127,354	$8,251	39	701	583
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED CONCORDIA INSURANCE COMPANY

FEIN	NAIC Company Code
860307623	85766

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$3,632,634	$3,101,937	$358,285	85	18,962	18,537
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED DENTAL CARE INSURANCE COMPANY

FEIN	NAIC Company Code
860538651	97870

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$8,492	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133036472	91693

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$473	$0	$0	0	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$338	$0	$0	0	6	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$341	$0	$0	0	4	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,403	$19,554	$0	0	127	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED HEALTHCARE INSURANCE COMPANY

FEIN	NAIC Company Code
362739571	79413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$572,985	$384,693	$0	0	209	0
(06) INSTATE 51+ MEMBER GROUPS	$160,942,493	$150,244,139	$0	0	58,332	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$14,394,195	$12,988,138	$0	0	5,217	0
(14) ACCIDENT ONLY	$159,644	$158,367	$0	0	60	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$82,832,962	$71,647,824	$0	0	30,024	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,984,077	$4,969,311	$0	0	2,530	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$303,504,533	$257,374,778	$0	0	265,401	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$7,666,130	$5,975,881	$0	0	2,777	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
591293865	95264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$49,835,044	$45,955,012	$6,106,291	0	13,270	0
(03) CONVERSION	$9,962,272	$18,474,179	$2,540,645	0	3,851	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$818,716,725	$645,461,390	$74,736,045	33,990	172,827	130,530
(06) INSTATE 51+ MEMBER GROUPS	$760,989,412	$674,780,539	$167,574,704	1,933	152,335	120,148
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
361896670	69930

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,102,154	$184,642	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,344,530	$547,477	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$166,751	$65,808	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$276,161	$74,380	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED OF OMAHA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470322111	69868

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,268	$73,959	$0	0	151	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$297,416	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$310,560	$42,425	$0	1	141	15
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$1,027,655	$1,945,028	$0	12	365	247
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	($204)	$0	$0	33	7,755	12,143
(13) EXCESS / STOP LOSS	$38,953	$158,297	$816	15	185	401
(14) ACCIDENT ONLY	$551,920	$557,558	$30,531	158	107,925	4,014
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,722,245	$2,978,653	$147,976	100	12,359	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$962,769	$865,751	$339,763	33	2,453	2,962
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

FEIN	NAIC Company Code
135459480	70106

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$90,815	$15,277	$0	15	15	7
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$9,468	$0	$0	1	28	14
(06) INSTATE 51+ MEMBER GROUPS	$5,092	$5,126	$0	4	5	1
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,118,150	$1,038,827	$56,948	812	22,769	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$205,830	$235,972	$0	2	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,403,500	$8,322,568	$64,544	456	22,563	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,728,718	$2,046,334	$175,292	546	7,607	3,161
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

FEIN	NAIC Company Code
580869673	63479

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$431,442	$1,047,343	$0	0	311	68
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$9,094	$4,255	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$772	$335	$0	0	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,366	$86,704	$0	0	93	6
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$511,712	$234,745	$106	0	986	3
(18) LONG TERM CARE	$18,415	$98,732	$0	0	38	0
(19) MEDICARE SUPPLEMENT	$1,134,792	$918,145	$0	1	695	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$157,974	$133,983	$3,324	0	928	452
(22) DENTAL/VISION	$4,551	$190	$0	0	4	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

UNITED WORLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
756010770	72850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$2,400	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$119	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	($95)	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

USAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741472662	69663

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,772	$0	$0	0	39	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$73,221	$34,125	$0	0	143	16
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$571,833	$325,537	$0	0	504	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$12,957,414	$9,666,933	$22,966,455	0	7,334	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$2,099,134	$0	$658,122	0	668	410
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

VALLEY FORGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
236200031	70211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$39,105	$4,217	$0	0	30	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

VETERANS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362545774	81027

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$513,698	$0	$0	0	5,377	1,075
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$692	$0	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$142,814	$0	$0	0	1,066	213
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

FEIN	NAIC Company Code
650453436	95266

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$62,135,000	$46,813,000	$0	0	32,034	0
(03) CONVERSION	$689,000	$1,111,000	$0	0	311	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$3,313,000	$5,724,000	$94,584	519	543	567
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$9,674,000	$11,527,000	$839,237	597	2,479	1,158
(06) INSTATE 51+ MEMBER GROUPS	$68,741,000	$53,722,000	$6,306,038	137	19,591	14,683
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

VISTA HEALTHPLAN, INC.

FEIN	NAIC Company Code
650986441	95114

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,294,831	$5,452,676	$84,297	0	1,750	736
(03) CONVERSION	$421,025	$384,589	$62,577	0	136	48
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$215,910	$197,225	$35,518	202	202	129
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$101,408,336	$93,418,453	$19,678,835	8,753	26,389	13,335
(06) INSTATE 51+ MEMBER GROUPS	$249,992,072	$223,685,994	$7,663,962	576	58,880	49,633
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

VISTA INSURANCE PLAN, INC.

FEIN	NAIC Company Code
650545388	60091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$27,177,464	$24,051,196	$0	0	5,472	1,493
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

WASHINGTON NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
361933760	70319

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$64,416	$76,298	$0	0	17	18
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$14,435	$13,176	$0	1	15	3
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$768,768	$773,718	$0	0	24,313	1,487
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$372,803	$441,571	$0	0	1,324	146
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,537,579	$3,253,031	$0	70	14,836	106
(18) LONG TERM CARE	$24,175	$28,634	$0	0	10	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$138,914	$163,392	$0	0	561	168
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

WEST COAST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
940971150	70335

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,156	$23,938	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$34,174	$245	$0	0	23	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310487145	70483

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$285,760	$1,054,755	$85,929	0	7,129	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,968,474	$2,354,739	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

WORLD INSURANCE COMPANY

FEIN	NAIC Company Code
470339860	70629

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,684,513	$1,760,341	$18,935	0	519	216
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$77,460	$69,515	$0	0	5	1
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$181	$195	$0	0	7	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$13,516	$1,889	$0	0	113	22
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$22,594	$39,828	$0	0	34	0
(18) LONG TERM CARE	($3,663)	$81,495	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$2,069,158	$2,312,137	$1,136	0	1,022	13
(20) SHORT TERM HEALTH	$1,926,105	$1,248,699	$1,926,105	0	65	0
(21) SPECIFIED OR DREAD DISEASE	$271	$26	$0	0	35	11
(22) DENTAL/VISION	$0	$296	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2002

ZURICH AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
364233459	16535

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,561,529	$1,085,939	$1,017,234	10	2,740	0
(14) ACCIDENT ONLY	$2,404,999	$2,056,071	$830,066	36	31,602	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$667,416	$4,057	$565,824	2	4,063	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment Summary for CY2001

	Direct Premiums Earned	Groups	Primary Insureds	Covered Dependents	Covered Lives
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$14,693,052	0	3,770	1,195	4,965
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$634,772,810	0	289,742	112,332	402,074
(03) CONVERSION	$38,799,901	0	11,753	3,896	15,649
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$206,356,269	34,001	35,762	31,893	67,655
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,443,235,853	103,692	583,615	410,497	994,112
(06) INSTATE 51+ MEMBER GROUPS	$6,139,048,187	11,091	1,604,609	1,413,458	3,018,067
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$3,657,429	0	712	97	809
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$242,727,937	19,017	86,878	64,696	151,574
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$14,663,520	3,232	3,232	2,348	5,580
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$109,086,606	6,325	32,244	22,253	54,497
(11) OUT OF STATE 51+ MEMBER GROUPS	$355,915,007	1,283	211,435	124,021	335,456
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$1,738,576,333	1,386	351,812	378,176	729,988
(13) EXCESS / STOP LOSS	$159,803,380	5,672	871,879	100,953	972,832
(14) ACCIDENT ONLY	$130,067,450	10,963	2,765,878	598,898	3,364,776
(15) BLANKET	$13,594,661	2,411	74,509	26	74,535
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$271,796,789	5,527	349,873	82,944	432,817
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$579,020,052	11,052	2,085,159	53,436	2,138,595
(18) LONG TERM CARE	$458,017,930	691	314,073	15,525	329,598
(19) MEDICARE SUPPLEMENT	$1,076,120,542	3,502	560,949	10,637	571,586
(20) SHORT TERM HEALTH	$7,191,873	0	5,122	5,287	10,409
(21) SPECIFIED OR DREAD DISEASE	$79,963,015	437	220,859	56,106	276,965
(22) DENTAL/VISION	$280,292,119	23,058	984,173	937,396	1,921,569
(23) PRESCRIPTION DRUG	$3,913,539	872	3,500	1,012	4,512
(24) CHAMPUS/TRICARE	$6,058,163	34	6,043	4,284	10,327

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

5 STAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
541829709	77879

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,164	$2,337	$1,164	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$624,510	$727,480	$51,787	0	1,165	1,020
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520891929	71854

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,412,212	$992,169	$809,254	0	56,242	55,996
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

ACACIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
530022880	60038

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,368	$714	$0	0	9	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

ACADEMY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840528301	60046

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,057	$0	$0	0	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$47,897	$0	$0	0	203	27
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$951,460	$0	$0	0	392	129
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

ADVANCE INSURANCE COMPANY

FEIN	NAIC Company Code
860269558	83445

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$91	$0	$9	2	10	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,156	$93	$2,088	3	25	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,733	$225	$2,243	1	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AETNA HEALTH INC.

FEIN	NAIC Company Code
592411584	95088

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,814,663	$5,929,794	$2,795,961	0	602	453
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$47,473,146	$43,922,774	$22,035,077	9,107	9,107	8,212
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$359,537,400	$332,648,592	$140,442,069	14,734	106,319	73,521
(06) INSTATE 51+ MEMBER GROUPS	$391,259,911	$365,845,397	$119,981,624	371	132,742	93,942
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,672,993	$4,323,514	$2,169,011	896	896	808
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$45,658,731	$42,244,053	$17,635,159	1,871	13,504	9,337
(11) OUT OF STATE 51+ MEMBER GROUPS	$259,770,725	$242,897,167	$80,042,943	245	87,944	82,238
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$11,884,394	$0	$1,852,849	145	26,268	30,532
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AETNA INSURANCE COMPANY OF CONNECTICUT

FEIN	NAIC Company Code
061286276	36153

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,668,887	$0	$0	7	9,966	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AETNA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
066033492	60054

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$108,372	$232,082	$0	0	86	13
(03) CONVERSION	$2,384,614	$4,083,230	$0	0	754	166
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$36,284,157	$30,018,669	$0	1,335	5,778	5,099
(06) INSTATE 51+ MEMBER GROUPS	$64,827,552	$63,760,881	$0	1,010	17,835	20,875
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$651,183,114	$605,090,827	$0	809	160,967	177,063
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,025,243	$1,874,913	$0	3	8,125	166
(15) BLANKET	$966,652	$1,068,094	$0	1	1,148	26
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$100,253,429	$92,943,538	$0	2,344	22,551	25,961
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,270,671	$7,656,752	$0	22	25,797	0
(18) LONG TERM CARE	$2,701,945	$1,268,545	$0	100	2,119	2,331
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$9,938,609	$9,200,882	$0	868	126,096	114,633
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AIG CENTENNIAL INSURANCE COMPANY

FEIN	NAIC Company Code
232044095	34789

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,565	$0	$0	0	32	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,278	$0	$0	0	6	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
221721971	20796

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,512	$0	$0	0	33	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$93,745	$0	$0	0	335	127
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$2,901	$0	$0	0	13	5
(19) MEDICARE SUPPLEMENT	$188,660	$0	$0	0	102	39
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALFA LIFE INSURANCE CORPORATION

FEIN	NAIC Company Code
630338648	79049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$137	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
411366075	90611

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$32,165	$51,746	$185	0	95	18
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$9,527,031	$6,913,823	$106,263	8	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$6,576,584	$5,548,614	$0	47	16,221	21,087
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$795,925	$588,557	$179,174	28	1,391	1,808
(14) ACCIDENT ONLY	$224,075	$6,490	$89,108	75	23,972	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$441,458	$1,979,497	$36,217	69	1,071	53
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$342,266	$1,001,827	$15,370	61	4,155	4,147
(18) LONG TERM CARE	$23,697	$0	$0	4	51	5
(19) MEDICARE SUPPLEMENT	$95,852,345	$7,498,848	$18,025	61	7,538	2,988
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$315,589	$185,448	$3,668	27	793	0
(22) DENTAL/VISION	$2,339,480	$1,160,513	$325,851	52	26,611	34,595
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$2,068,391	$1,745,834	$836,704	34	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY CO.

FEIN	NAIC Company Code
046145677	84824

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,103,110	$2,672,172	$0	0	97	97
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ALLSTATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362554642	60186

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,388,947	$0	$0	24	3,471	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$520,623	$0	$0	16	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$361,603	$0	$0	8	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

ALTA HEALTH & LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591031071	67369

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$373,230	$288,840	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$5,890,180	$1,270,433	$172,003	34	805	523
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$5,623,072	$1,212,822	$164,203	155	769	499
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,876,678	$4,138,759	$560,344	0	2,624	1,704
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$448,632	$315,973	$42,779	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,903,019	$1,340,305	$181,463	92	4,322	4,133
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

FEIN	NAIC Company Code
230342560	20427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$294,369	$7,621	$0	13	1,899	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$568	$1,255	$0	0	10	10
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN FIDELITY ASSURANCE COMPANY

FEIN	NAIC Company Code
730714500	60410

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,511	$5	$0	0	29	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$28,541	$25,026	$0	3	18	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,513,393	$1,296,725	$451,081	8	32	2
(14) ACCIDENT ONLY	$3,852	$1,403	$27	4	43	9
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$86,923	$17,899	$44,974	24	652	7
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,344,796	$2,853,789	$2,293,223	96	18,299	238
(18) LONG TERM CARE	$226,055	$11,272	$0	0	128	88
(19) MEDICARE SUPPLEMENT	$323	$62	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$900,211	$445,046	$170,935	0	2,682	544
(22) DENTAL/VISION	$848	$113	$0	1	1	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
620306330	66672

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$402,785	$0	$0	0	458	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,105,092	$0	$0	0	35,004	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,970,104	$0	$0	0	19,741	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$201,584	$0	$0	1	8,490	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,168,134	$0	$0	0	1,287	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,781,365	$0	$0	0	17,249	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
250598210	60488

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,243	$2,440	$0	0	2	0
(18) LONG TERM CARE	$3,650	$30	$3,650	0	2	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520696632	60518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,452	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$14,354	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
590781901	60534

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$5,012,310	$3,897,756	$0	2	286	98
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$68,982	$53,643	$0	1	10	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,405,198	$1,092,734	$601,967	9	3,517	4,618
(14) ACCIDENT ONLY	$9,303,096	$2,715,157	$5,199,661	0	31,618	31,618
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,207,014	$2,980,306	$1,613,336	35	10,707	2,780
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,736,507	$3,790,356	$1,391,906	115	22,212	0
(18) LONG TERM CARE	$2,965,273	$1,953,875	$15,111	0	1,649	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$12,077,935	$8,163,337	$2,099,351	2	39,385	77
(22) DENTAL/VISION	$287,560	$223,431	$1,509	3	1,439	2,208
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN INCOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741365936	60577

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,707,550	$737,169	$498,290	0	355,003	9,314
(15) BLANKET	$40,065	$34,560	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$235,691	$250,856	$36,512	0	4,264	592
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$13,714	$2,239	$0	0	66	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$268,875	$0	$268,875	0	190	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$321,699	$172,375	$16,189	0	3,464	1,997
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN INSURANCE COMPANY OF TEXAS

FEIN	NAIC Company Code
751302312	81949

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$97,565	$200,996	$0	0	47	19
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,527	$39,881	$0	0	32	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,765	$590	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$4,212	$2,306	$0	0	51	1
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
860207231	97179

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$428,045	$587,142	$249,059	0	46	21
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$560,387	$868,782	$0	0	58	12
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$70,503,085	$44,076,909	$12,610,980	19,013	19,013	13,695
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$142,031	$322,268	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$978,589	$756,435	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$271,971	$218,645	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,308,069	$1,249,809	$813,959	88	2,017	1,482
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$106,490	$131,746	$0	83	216	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$8,010,936	$5,120,851	$230,480	1,701	13,919	12,040
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460260270	67989

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$106	$0	$0	0	1	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
740484030	60739

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$308,613	$852,055	$1,172	0	131	93
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$113,276	$63,092	$0	3	9	5
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$18,695	$4,441	$0	1	7	12
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$265,054	$292,218	$0	0	30	17
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$78,254	$746,846	$0	3	85	107
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$433,498	$329,511	$0	0	4,106	65
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,912	$55	$0	0	15	5
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$20,357	$59,120	$0	0	50	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$16,456	$27,876	$0	0	23	0
(20) SHORT TERM HEALTH	$751	$0	$612	0	1	0
(21) SPECIFIED OR DREAD DISEASE	$86,546	$51,745	$5,971	3	446	251
(22) DENTAL/VISION	$533	$1,136	$0	1	1	2
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

FEIN	NAIC Company Code
751016594	71773

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,383,599	$2,304,018	$1,548	0	814	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$10,643,011	$6,435,051	$3,286,499	0	3,953	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$97,114	$0	$26,946	91	303	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN PIONEER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
590935083	60763

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$171,507	$0	$0	0	21	10
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,999,455	$0	$0	0	249	98
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$12,666	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$63,035	$0	$0	0	113	0
(18) LONG TERM CARE	$9,897,010	$0	$0	0	5,455	143
(19) MEDICARE SUPPLEMENT	$81,198,294	$0	$0	1	52,111	288
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$20,952	$0	$0	0	162	59
(22) DENTAL/VISION	$129,477	$0	$0	14	267	213
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN PUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
640349942	60801

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$52,984	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$293,202	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$398,719	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
420113630	60836

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$924,535	$701,788	$0	0	40	15
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$216,866	$164,616	$0	0	7	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$8,616	$617	$0	0	15	2
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$27,941	$13,094	$0	0	116	7
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$29,304	$78,474	$0	0	26	0
(19) MEDICARE SUPPLEMENT	$293,024	$265,254	$0	0	159	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$11,080	$6,144	$0	0	177	80
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AMERICAN STATES INSURANCE COMPANY

FEIN	NAIC Company Code
350145400	19704

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$222,116	$261,632	$0	0	37	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$57,606	$244,049	$0	0	102	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350145825	60895

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,629,832	$0	$0	18	3,375	0
(14) ACCIDENT ONLY	$47,645	$0	$0	61	3,650	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$852,633	$0	$0	47	3,356	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICAN ZURICH INSURANCE COMPANY

FEIN	NAIC Company Code
363141762	40142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$23,757	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
350810610	61999

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$115	$0	$0	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERIGROUP FLORIDA, INC.

FEIN	NAIC Company Code
650318864	95093

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,280,486	$0	$0	0	855	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$84,429	$15,761	$0	19	19	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$133,309	$24,887	$0	4	20	10
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$727,377	$0	$0	0	2,965	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERIHEALTH OF FLORIDA, INC.

FEIN	NAIC Company Code
742439056	95262

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$140,968	$137,873	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$408,229	$392,408	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERITAS LIFE INSURANCE CORP.

FEIN	NAIC Company Code
470098400	61301

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$36,554	$0	$0	0	24	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$16,002,502	$0	$0	284	31,526	14,081
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMERUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420175020	61689

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$856	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AMEX ASSURANCE COMPANY

FEIN	NAIC Company Code
362760101	27928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$7,968,600	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,479	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

ANTHEM LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350980405	61069

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$35,256	$0	$0	0	15	9
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,813,273	$0	$0	0	909	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ASSURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
381843471	71439

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$443,996	$0	$0	0	991	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ATLANTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580146380	61093

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,477	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$18,727	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AVEMCO INSURANCE COMPANY

FEIN	NAIC Company Code
520795746	10367

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$13,464,869	$3,121,008	$3,944,449	76	32,589	7,821
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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AVMED, INC.

FEIN	NAIC Company Code
592742907	95263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$9,941,890	$6,887,139	$212,116	465	1,466	1,051
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$13,214,394	$6,850,343	$414,830	1,818	3,218	2,049
(06) INSTATE 51+ MEMBER GROUPS	$402,256,933	$381,382,620	$2,287,306	261	91,949	104,971
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

AXA EQUITABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135570651	62944

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,864,613	$3,809,781	$0	0	1,550	920
(03) CONVERSION	$237,742	$362,468	$0	0	27	3
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,804,766	$25,531,551	$0	0	5,522	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BALTIMORE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520236900	61212

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$296	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,594	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$66,511	$0	$0	0	566	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$263,401	$0	$0	0	1,146	777
(22) DENTAL/VISION	$87,654	$0	$0	0	7	4
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANKERS FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
580658963	61239

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$10,036	$0	$0	0	32	5
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$40,122	$0	$0	0	29	4
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,884	$0	$0	0	13	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$543,244	$0	$0	0	404	8
(20) SHORT TERM HEALTH	$1,415	$0	$0	0	3	0
(21) SPECIFIED OR DREAD DISEASE	$117,663	$0	$0	0	843	358
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANKERS LIFE AND CASUALTY COMPANY

FEIN	NAIC Company Code
360770740	61263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,674,826	$1,402,438	$0	0	352	121
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$173,946	$14,439	$3,878	0	3,005	457
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$314,873	$191,000	$36,850	1	789	50
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$454,605	$299,770	$22,287	1	906	2
(18) LONG TERM CARE	$49,686,307	$16,060,231	$7,342,840	0	24,611	7,630
(19) MEDICARE SUPPLEMENT	$43,021,997	$30,875,774	$1,879,910	0	20,425	1,275
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$374,380	$129,983	$27,319	0	981	616
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$354,622	$404,029	$0	0	468	147
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591460067	81043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$736,672	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BANKERS LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
131970218	63932

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,544	$0	$0	0	16	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,597	$0	$0	0	23	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BCS INSURANCE COMPANY

FEIN	NAIC Company Code
366033921	38245

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$12,505,843	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BCS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362149353	80985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$316	$0	$0	0	1	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BEACON HEALTH PLANS, INC.

FEIN	NAIC Company Code
650660578	95063

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$43,173	$50,457	$0	0	16	4
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,245,573	$5,246,281	$0	0	1,751	2,452
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$13,690,203	$15,196,125	$0	2,676	2,684	1,613
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$20,535,305	$20,124,599	$0	454	2,103	1,581
(06) INSTATE 51+ MEMBER GROUPS	$18,992,586	$19,226,195	$0	14	994	796
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BENCHMARK INSURANCE COMPANY

FEIN	NAIC Company Code
486114880	41394

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,695,893	$5,090,578	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
751277524	71714

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,993	$0	$0	0	14	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BEST LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
956042390	90638

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$200,820	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

FEIN	NAIC Company Code
592015694	98167

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$10,174,824	$14,335,855	$2,885,005	0	2,716	921
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$258,050,766	$187,371,138	$55,319,416	0	120,364	69,044
(03) CONVERSION	$4,671,367	$7,905,881	$1,701,803	0	758	114
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$40,620,446	$44,625,552	$2,946,418	6,151	6,151	4,746
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$369,884,116	$256,759,081	$41,893,644	11,467	72,934	47,268
(06) INSTATE 51+ MEMBER GROUPS	$1,430,684,074	$1,291,751,646	$55,561,057	1,398	245,458	208,254
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$835,971,309	$722,708,799	$1,938,737	123	57,123	60,258
(13) EXCESS / STOP LOSS	$3,523,599	$1,761,625	$0	31	18,020	15,497
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$282,527,558	$207,199,885	$32,943,938	0	177,492	566
(20) SHORT TERM HEALTH	$1,996,226	$828,921	$1,996,226	0	1,161	597
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BOSTON MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041106240	61476

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,042,051	$0	$0	7	3,428	0
(14) ACCIDENT ONLY	$193,927	$9,464	$81,095	68	14,910	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$662,522	$283,243	$0	51	141	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$471,732	$0	$0	79	3,321	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,154,845	$0	$0	68	3,293	8,232
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BROKERS NATIONAL LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
630483783	74900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$854,122	$594,167	$854,122	140	2,064	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BROTHERHOOD MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
350198580	13528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$41,815	$0	$0	63	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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BUSINESS MEN'S ASSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
440188050	61492

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$13,622	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,398,250	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CAPITAL HEALTH PLAN, INC.

FEIN	NAIC Company Code
591830622	95112

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,358,338	$2,525,398	$163,843	0	402	175
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,597,624	$5,497,250	$356,934	1,116	1,116	1,362
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$30,335,228	$30,196,433	$1,909,807	1,408	8,770	7,087
(06) INSTATE 51+ MEMBER GROUPS	$178,565,662	$163,350,562	$1,174,192	169	41,028	44,096
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CAREPLUS HEALTH PLANS, INC.

FEIN	NAIC Company Code
592598550	95092

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$88,312	$511,204	$0	0	32	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$1,664,110	$1,769,812	$32,095	286	300	229
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$9,515,944	$10,120,380	$7,455	253	1,119	635
(06) INSTATE 51+ MEMBER GROUPS	$4,086,470	$4,341,835	$0	8	619	620
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$9,217,278	$0	$0	12	44,561	38,465
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CATHOLIC KNIGHTS INSURANCE SOCIETY

FEIN	NAIC Company Code
390201015	56030

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,260	$13,217	$0	0	6	6
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CELTIC INSURANCE COMPANY

FEIN	NAIC Company Code
060641618	80799

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$357,676	$446,731	$70,581	0	78	17
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$39,983	$1,186	$8,177	0	2	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$22,625,244	$16,010,638	$4,409,089	0	8,866	4,472
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$27,112,880	$23,239,207	$587,501	0	15,800	0
(20) SHORT TERM HEALTH	$1,299,118	$693,986	$1,170,814	0	892	449
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

CENTRAL NATIONAL LIFE INSURANCE COMPANY OF OMAHA

FEIN	NAIC Company Code
470397286	61700

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,287	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

CENTRAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750916066	61735

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,408	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,816	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRAL STATES HEALTH AND LIFE COMPANY OF OMAHA

FEIN	NAIC Company Code
470123035	61751

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,447	$0	$0	0	9	5
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$66,571	$0	$0	0	112	2
(18) LONG TERM CARE	$136,719	$0	$0	0	106	0
(19) MEDICARE SUPPLEMENT	$4,061,451	$0	$0	2	2,585	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,609,210	$0	$0	0	7,070	6,230
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRAL UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420884060	61883

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$307,982	$988,251	$0	0	308	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$19,050	$31,280	$0	0	93	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$65,895	$57,227	$0	0	101	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$796,998	$70,519	$0	0	5,682	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$63,805	$118,990	$0	0	226	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CENTRE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041589940	80896

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,313	$125,458	$0	0	104	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CIGNA HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
592089259	95136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$550,917	$1,478,656	$64,851	95	153	86
(06) INSTATE 51+ MEMBER GROUPS	$249,956,335	$225,948,226	$64,225,786	1,236	60,038	65,523
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CINCINNATI LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
311213778	76236

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$22,269	$0	$0	0	22	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	1	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,496	$0	$0	0	25	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$184	$0	$0	0	7	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$43,045	$0	$0	0	96	0
(18) LONG TERM CARE	$41,744	$0	$0	0	30	0
(19) MEDICARE SUPPLEMENT	$4,816	$0	$0	0	7	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$614	$0	$0	0	23	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CITIZENS SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610648389	61921

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,170	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,575	$0	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLONIAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720172600	73326

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$94,025	$0	$0	0	97	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
570144607	62049

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,421,029	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$11,754	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$31,271,329	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,870,076	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

COLONIAL PENN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231628836	62065

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$70,052	$0	$0	0	582	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,347	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$49,833	$0	$0	0	50	0
(19) MEDICARE SUPPLEMENT	$2,691,172	$0	$0	0	917	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

COLORADO BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840674027	84786

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$201,231	$0	$0	0	1,094	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$115,988	$0	$0	0	80	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750956156	77720

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$8,616	$0	$0	0	8	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	77	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$717	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$18,803	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,261	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,502	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$21,984	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COLUMBIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
161321681	76023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,804	$100	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$414,531	$216,671	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150274455	62103

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,723	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,552	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

COMBINED INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
362136262	62146

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,692,517	$0	$0	0	71,987	66,952
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$240,468	$0	$0	0	808	791
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$5,247,217	$0	$0	330	14,553	14,080
(18) LONG TERM CARE	$28,882	$0	$0	0	52	1
(19) MEDICARE SUPPLEMENT	$2,338,697	$0	$0	0	1,337	1,258
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$642,123	$0	$0	0	2,580	3,010
(22) DENTAL/VISION	$4,099,489	$0	$0	514	4,859	4,969
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
141537177	78697

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$390,018	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
150274810	81426

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$258,305	$0	$0	0	22,766	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$48,182	$0	$0	0	440	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$44,026	$0	$0	0	1,517	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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COMPANION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570523959	77828

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,271,580	$0	$0	18	5,335	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$98,359	$0	$0	19	445	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$34,325	$0	$0	15	74	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

COMPBENEFITS INSURANCE COMPANY

FEIN	NAIC Company Code
742552026	60984

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$7,791,761	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

FEIN	NAIC Company Code
020268648	62251

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$42,600	$68,216	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONNECTICUT GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060303370	62308

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$3,653	$0	$3,653	1	1	2
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,378,107	$0	$1,378,107	8	22	27
(06) INSTATE 51+ MEMBER GROUPS	$269,234,407	$262,188,748	$0	1,089	99,825	107,025
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$690,030	$750,939	$0	19	16,116	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,284,331	$26,339,618	$0	868	9,212	0
(18) LONG TERM CARE	$239,798	$125,628	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$30,605,046	$35,753,329	$0	275	124,658	58,013
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

CONSECO HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
341083130	78174

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,986,103	$0	$0	0	3,996	22
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,896,134	$0	$0	0	2,833	14
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$26,988	$0	$0	0	88	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$10,448,995	$0	$0	0	35,400	858
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONSECO INSURANCE COMPANY

FEIN	NAIC Company Code
450103436	60682

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$12,377	$0	$0	0	221	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$157,312	$0	$0	306	3,110	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$64,701	$0	$0	0	161	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$27,562	$0	$0	0	143	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONSECO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042299444	65900

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,070	$0	$0	0	30	39
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$2,176,239	$0	$0	0	435	827
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$59,223	$0	$0	0	0	0
(18) LONG TERM CARE	$75,258	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$3,555	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONSECO MEDICAL INSURANCE COMPANY

FEIN	NAIC Company Code
042741731	93769

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$124,407	$168,601	$0	0	43	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$161,113	$92,914	$0	0	18	2
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$11,520,185	$6,463,760	$0	0	2,488	249
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$199,099	$114,821	$0	0	95	9
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,299	$1,760	$0	0	4	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$1,033	$1,400	$0	0	1	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

CONSECO SENIOR HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
230704970	76325

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$102,074	$0	$0	0	18	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$5,252	$0	$0	0	90	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$768,256	$0	$0	0	755	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,784	$0	$0	0	39	0
(18) LONG TERM CARE	$74,359,908	$0	$0	0	38,287	0
(19) MEDICARE SUPPLEMENT	$1,558,040	$0	$0	0	535	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,091,969	$0	$0	0	1,474	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONSTITUTION LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361824600	62359

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$110,024	$110,878	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL ASSURANCE COMPANY

FEIN	NAIC Company Code
360947200	62413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$180,022	$443,550	$156,389	0	42	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$4,455,616	$1,650,000	$1,500,000	440	88,000	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$747,129	$1,326,057	$0	11	9,018	2,785
(14) ACCIDENT ONLY	$1,353,682	$3,744,459	$0	27	21,260	0
(15) BLANKET	$12,839	$8,669	$17,970	48	12,900	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$857,331	$512,516	$63,093	37	5,532	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$43,979	$325,647	$0	0	47	47
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL CASUALTY COMPANY

FEIN	NAIC Company Code
362114545	20443

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$9,784,222	$4,998,630	$49,211	55	43,730	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,403,692	$2,034,741	$0	147	21,963	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$27,000,458	$33,883,451	$4,700,603	463	95,696	34
(18) LONG TERM CARE	$10,215,199	$37,967,805	$0	188	26,911	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

CONTINENTAL GENERAL INSURANCE COMPANY

FEIN	NAIC Company Code
470463747	71404

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$512,713	$320,077	$76,377	0	75	45
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$19,377,379	$12,096,934	$9,567,537	0	9,395	5,637
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$31,031	$15,407	$1,784	0	120	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$187,368	$310,681	$0	0	115	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$174,869	$445,690	$8,337	0	263	0
(18) LONG TERM CARE	$1,327,078	$543,985	$9,793	0	559	168
(19) MEDICARE SUPPLEMENT	$21,998,987	$14,706,390	$132,151	0	9,576	2,873
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$28,689	$8,648	$2,575	0	126	0
(22) DENTAL/VISION	($154)	$24	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
135010440	35289

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$100,987	$2,225,275	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

FEIN	NAIC Company Code
621181209	68500

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$192,995	$84,200	$9,563	0	526	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$49,705	$0	$1,212	0	42	0
(19) MEDICARE SUPPLEMENT	$17,974,867	$11,814,690	$576,299	0	12,264	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,041	$0	$73	0	9	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CROWN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
380455060	80675

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$209,480	$0	$0	0	243	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CUNA MUTUAL INSURANCE SOCIETY

FEIN	NAIC Company Code
390230590	62626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,358	$108,551	$0	0	4	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	($1,033)	$14,405	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,199,991	$1,023,134	$954,215	0	226,368	39,658
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$307,759	$38,898	$0	0	2,735	360
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$350,068	$217,667	$8,828	0	57	2
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$29,671	$30,983	$0	0	40	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$33,117	$20,323	$0	0	83	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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CUNA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420388260	65749

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,552	$0	$0	0	37	0
(18) LONG TERM CARE	$74,060	$0	$0	0	128	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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DELTA DENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
942761537	81396

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$46,581,378	$0	$0	204	52,901	48,006
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPIRE GENERAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code
631073929	94285

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$191,949	$0	$0	10	938	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPLOYEES LIFE COMPANY (MUTUAL)

FEIN	NAIC Company Code
362123818	84174

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$270	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPLOYERS INSURANCE COMPANY OF WAUSAU

FEIN	NAIC Company Code
390264050	21458

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,273	$19,618	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$30,747	$278,353	$0	1	4	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,169	$63,750	$0	14	305	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	($164)	$253,773	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$160	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EMPLOYERS REINSURANCE CORPORATION

FEIN	NAIC Company Code
480921045	39845

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,424,720	$0	$0	0	5,538	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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EPIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391502108	64149

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$3,314	$6,215	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
341626521	77968

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$540,928	$0	$0	0	1,006	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FARMERS AND TRADERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
150304150	63193

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$907	$933	$0	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,676	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FARMERS NEW WORLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
910335750	63177

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$221	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL HOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350576390	67695

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$297	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$31,536	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$215,075	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,455	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL INSURANCE COMPANY

FEIN	NAIC Company Code
131963496	20281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$583,655	$156,140	$0	74	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

FEIN	NAIC Company Code
361063550	63223

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,279	$0	$0	0	412	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$157	$0	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$55,199	$0	$0	0	248	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FEDERATED MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
410417460	13935

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$18,147	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$275,088	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$554,786	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$704	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$40,904	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIDELITY SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430949844	71870

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$7,132	$6,629	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$10,156,127	$6,377,211	$0	0	4,336	4,216
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$11,652	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$3,919,190	$6,816,394	$3,228,932	0	2,879	0
(14) ACCIDENT ONLY	$448,999	$3,481	$187,212	0	50,650	4,757
(15) BLANKET	$0	$8,196	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$317,171	$96,641	$21,350	0	1,671	544
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$311,859	$141,511	$92,937	0	110	1
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$671,884	$326,192	$313,566	0	538	76
(21) SPECIFIED OR DREAD DISEASE	$743,778	$232,486	$93,757	0	5,789	4,164
(22) DENTAL/VISION	$27,639	$21,912	$27,638	0	2,227	1,258
(23) PRESCRIPTION DRUG	$12,253	$5,035	$12,225	0	736	706
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041867050	69140

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$69,552	$872,908	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$37,604	$787,936	$0	0	0	0
(14) ACCIDENT ONLY	$105	$150,000	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	($61,314)	$48,170	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$66,696	$2,454,566	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	($14,881)	$1,802	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
382242132	90328

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,036,981	$942,733	$54,231	4	1,856	167
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FLORIDA COMBINED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
592876465	76031

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$716,027	$0	$0	34	3,037	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$11,093,127	$0	$0	334	53,509	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$23,263,320	$0	$0	1,434	102,187	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FLORIDA HEALTH CARE PLAN, INC.

FEIN	NAIC Company Code
593222484	95124

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,503,820	$2,944,606	$437,285	0	704	464
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$2,327,325	$2,004,972	$185,651	585	585	286
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$8,212,818	$7,464,905	$613,311	392	2,487	1,359
(06) INSTATE 51+ MEMBER GROUPS	$49,764,292	$41,486,276	$146,343	42	12,923	11,136
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FORT DEARBORN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362598882	71129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$199,947	$0	$0	0	69	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FORT WAYNE HEALTH & CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
351495207	38830

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$19,097,365	$0	$0	95	90,941	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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FREEDOM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
611096685	62324

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$17,979,131	$13,767,132	$5,439,810	0	5,215	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$22,735	$14,549	$3	0	6	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	($12,520)	$46	($14,282)	0	19	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$282	$28	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$936,139	$300,114	$106,988	0	3,737	0
(22) DENTAL/VISION	$25,544	$9,156	$10,945	0	59	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	($3,377)	$0	($3,838)	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GE LIFE AND ANNUITY ASSURANCE COMPANY

FEIN	NAIC Company Code
540283385	65536

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$71	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,246	$0	$0	0	5	1
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,136	$0	$0	0	5	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$347	$0	$0	0	4	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GENERAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430285930	63665

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$25,999	$0	$0	0	38	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,281	$0	$0	0	15	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,123,714	$0	$0	0	862	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

FEIN	NAIC Company Code
916027719	70025

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	56	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$58,399,671	$0	$0	1	36,677	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

GENESIS INSURANCE COMPANY

FEIN	NAIC Company Code
061024360	38962

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$352,810	$0	$0	0	193	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

GERBER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
132611847	70939

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,898,184	$0	$0	14	1,486	0
(14) ACCIDENT ONLY	$4,817	$0	$0	0	78	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$46,415	$0	$0	0	239	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$17,756	$0	$0	0	16	0
(19) MEDICARE SUPPLEMENT	$1,296,741	$0	$0	0	715	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$425	$0	$0	0	2	0
(22) DENTAL/VISION	$28,706	$0	$0	21	38	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
630782739	91472

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$320,819	$0	$0	0	330	378
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$22,177	$0	$0	0	196	280
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,148	$0	$0	0	29	32
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,248	$0	$0	0	3	4
(18) LONG TERM CARE	$119	$0	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$242,015	$0	$0	0	213	219
(20) SHORT TERM HEALTH	$71,217	$0	$0	0	1,050	1,555
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

GOLDEN RULE INSURANCE COMPANY

FEIN	NAIC Company Code
376028756	62286

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,344,516	$2,229,898	$0	0	340	131
(03) CONVERSION	$15,739	$74,723	$693	0	9	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$2,660,807	$3,414,602	$1,404,641	0	584	81
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$50,720,527	$32,518,978	$16,147,658	0	21,142	17,341
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$12,339	$1,207	$0	3	5	5
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,916	$1,015	$0	0	10	3
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,514	$21,055	$0	0	3	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,023,424	$3,692,157	$8,204	0	7,427	2
(20) SHORT TERM HEALTH	$698,736	$149,365	$654,775	0	438	288
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131935920	63312

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$281,097	$20,337	$118,454	4	188	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

GREAT SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742058261	90212

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$8,207	$0	$0	0	2	2
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$186,981	$0	$0	0	356	356
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$174	$0	$0	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT WEST LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code
980000673	80705

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT-WEST HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
593428587	95805

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$142,214	$910,415	$48,655	24	449	24
(06) INSTATE 51+ MEMBER GROUPS	$22,413,627	$19,780,846	$270,748	146	4,663	4,122
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
840467907	68322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$4,281	$2,812	$862	0	8	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$299,520	$196,751	$60,284	93	560	502
(06) INSTATE 51+ MEMBER GROUPS	$2,300,486	$1,511,163	$463,014	123	4,299	3,858
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$612,798	$402,540	$123,336	835	1,145	1,028
(11) OUT OF STATE 51+ MEMBER GROUPS	$2,369,971	$15,556,807	$476,999	158	4,429	3,816
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$15,334,363	$0	$0	145	11,431	10,912
(13) EXCESS / STOP LOSS	$16,269,988	$10,687,567	$3,274,623	0	30,405	28,684
(14) ACCIDENT ONLY	$512,736	$336,810	$91,842	0	0	0
(15) BLANKET	$37,993	$24,957	$7,647	1	71	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$582,932	$382,921	$104,415	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$4,822,458	$3,167,620	$863,750	61	5,257	4,752
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GUARANTEE TRUST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361174500	64211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$483,219	$0	$0	0	391	97
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$419,654	$0	$0	0	459	2
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,023,578	$0	$0	0	3,527	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$76,013	$0	$0	0	171	8
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$357,333	$0	$0	0	2,263	0
(18) LONG TERM CARE	$4,118,368	$0	$0	0	2,102	0
(19) MEDICARE SUPPLEMENT	$5,302,914	$0	$0	0	1,978	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$118,391	$0	$0	0	751	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
135123390	64246

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$360,283	$924,177	$0	0	294	196
(03) CONVERSION	$362,337	$878,382	$113,171	0	107	48
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,509	$3,106	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$3,488,843	$3,148,341	$0	5	1,795	1,942
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$605	$1	$0	0	13	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,967,403	$18,940,189	$1,709,240	0	6,722	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$54,671	$97,758	$0	0	51	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HARLEYSVILLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231580983	64327

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,388	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HARTFORD FIRE INSURANCE COMPANY

FEIN	NAIC Company Code
060383750	19682

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,771,934	$2,110,362	$0	10	13,902	17,378
(14) ACCIDENT ONLY	$371,787	$249,990	$0	15	30,982	38,728
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,798	$12,845	$0	1	20	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
060838648	70815

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,512,736	$0	$0	9	38,327	0
(14) ACCIDENT ONLY	$1,990,079	$0	$0	1,017	107,820	217,109
(15) BLANKET	$432,674	$0	$0	352	565	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$37,210,702	$0	$0	774	181,611	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$961,575	$0	$0	0	938	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HARTFORD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060974148	88072

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,769,337	$1,299,994	$0	750	41,358	43,243
(15) BLANKET	$4,341,703	$1,720,291	$0	1,926	29,909	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$149,015	$1,412,845	$0	46	209	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,222,504	$3,405,278	$0	22	3,357	0
(18) LONG TERM CARE	$83,492	$14,858	$0	86	329	0
(19) MEDICARE SUPPLEMENT	$60,183,135	$41,133,255	$0	992	11,393	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HCC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
351817054	92711

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$768,223	$0	$0	14	5,942	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,684	$0	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HEALTH FIRST HEALTH PLANS, INC.

FEIN	NAIC Company Code
593315064	95019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$242,131	$216,326	$124,571	0	71	37
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$3,190,794	$2,799,248	$109,468	544	544	593
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$13,827,702	$12,282,845	$1,826,663	786	4,411	2,959
(06) INSTATE 51+ MEMBER GROUPS	$33,667,841	$26,518,938	$2,396,713	31	8,058	8,464
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$1,607,043	$0	$0	17	4,006	3,568
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HEALTH NET LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
730654885	66141

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$342,379	$349,781	$0	0	3,350	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$17,431,152	$28,254,897	$0	554	2,984	2,882
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HEALTH OPTIONS, INC.

FEIN	NAIC Company Code
592403696	95089

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$2,381,789	$2,405,194	$79,376	0	684	185
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$53,648,701	$40,344,128	$8,115,537	0	21,311	8,439
(03) CONVERSION	$3,098,558	$4,744,756	$1,425,683	0	722	177
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$37,647,849	$45,886,634	$3,290,475	6,736	6,736	7,091
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$463,797,655	$385,389,405	$76,927,237	13,515	117,919	78,204
(06) INSTATE 51+ MEMBER GROUPS	$809,871,833	$713,514,020	$46,051,479	1,283	337,874	260,653
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$210,000,000	$179,000,000	$0	36	12,859	14,992
(13) EXCESS / STOP LOSS	$1,008,567	$296,831	$0	9	16,688	10,372
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HEALTHPLAN SOUTHEAST, INC.

FEIN	NAIC Company Code
592648413	95122

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$72,474	$66,708	$9,726	0	121	36
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$41,339	$38,050	$0	84	88	54
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$17,716,970	$16,307,365	$11,147,892	1,980	5,883	2,953
(06) INSTATE 51+ MEMBER GROUPS	$81,256,529	$74,791,580	$1,588,075	154	17,646	20,728
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HIGHMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
061041332	93440

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$414,242	$0	$0	2	407	0
(14) ACCIDENT ONLY	$363,524	$0	$0	58	19,517	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,088,315	$0	$0	33	4,882	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$22,844	$0	$0	1	172	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HORACE MANN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370726637	64513

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,253	$104	$437	0	153	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,818	$3,843	$58	0	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$298,173	$258,510	$18,214	3	1,087	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$458	$10	$0	0	14	7
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HOUSEHOLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
382341728	93777

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,024	$0	$0	0	32	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

FEIN	NAIC Company Code
611041514	69671

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$849,325	$1,778,117	$42,201	0	124	35
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$29,964,909	$33,939,005	$2,627,093	4,279	4,328	3,905
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$97,435,061	$90,145,407	$11,859,564	4,464	18,672	13,421
(06) INSTATE 51+ MEMBER GROUPS	$95,632,208	$83,874,730	$28,378,325	175	18,120	10,716
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$2,461,019	$6,540,323	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$4,971,784	$4,518,172	$0	2,436	2,436	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANA INSURANCE COMPANY

FEIN	NAIC Company Code
391263473	73288

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$300,838	$460,070	$88,888	0	75	53
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$53,931	$108,439	$5,249	18	18	7
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$4,282,637	$4,122,828	$37,239	196	795	697
(06) INSTATE 51+ MEMBER GROUPS	$186,065	$155,161	$0	1	35	38
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$172,711	$2,162,592	$65,246	96	31,591	42,351
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$182,482	$67,618	$0	93	645	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$5,482,832	$3,801,018	$1,262,959	13,910	138,449	104,506
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANA MEDICAL PLAN, INC.

FEIN	NAIC Company Code
611103898	95270

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,951,166	$3,332,945	$32,790	0	790	400
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$6,891,570	$10,554,615	$2,809,312	1,226	1,145	968
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$37,481,716	$30,851,308	$11,570,859	1,740	10,587	5,848
(06) INSTATE 51+ MEMBER GROUPS	$246,045,919	$217,671,680	$43,000,995	271	65,994	58,742
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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HUMANADENTAL INSURANCE COMPANY

FEIN	NAIC Company Code
390714280	70580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$27,696	$0	$0	1	95	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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IDEALIFE INSURANCE COMPANY

FEIN	NAIC Company Code
061053475	97764

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$54,562	$0	$0	0	17	0
(19) MEDICARE SUPPLEMENT	$4,420,306	$0	$0	0	2,127	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ILLINOIS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370344290	64580

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$989,070	$0	$0	0	224	95
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$27,706	$0	$0	0	76	29
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,229,143	$0	$0	0	7,537	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ING LIFE INSURANCE AND ANNUITY COMPANY

FEIN	NAIC Company Code
710294708	86509

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$353,024	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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INVESTORS HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
610574893	64904

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$12,197	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
750300900	64017

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,211	$0	$0	0	21	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$126	$0	$0	0	3	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,971	$0	$0	0	15	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$135,827	$0	$0	1	108	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$80,766	$0	$0	0	53	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,812	$0	$0	0	31	0
(22) DENTAL/VISION	$20,382	$0	$0	3	38	48
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

FEIN	NAIC Company Code
620395665	70254

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$50,887	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$50,887	$0	$0	0	0	0

(14) ACCIDENT ONLY	$1,459,437	$0	$0	1,098	121,137	16,101
(14) ACCIDENT ONLY	$1,459,437	$0	$0	1,098	121,137	16,101
(15) BLANKET	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,554,271	$0	$0	898	1,751	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$21,554,271	$0	$0	898	1,751	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$6,807,875	$0	$0	208	14,166	17,400
(22) DENTAL/VISION	$6,807,875	$0	$0	208	14,166	17,400
(23) PRESCRIPTION DRUG	$1,621,847	$0	$0	436	872	0
(23) PRESCRIPTION DRUG	$1,621,847	$0	$0	436	872	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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JEFFERSON PILOT LIFEAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
220832760	62057

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$32,573	$0	$0	0	14	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

JEFFERSON-PILOT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560359860	67865

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,489	$0	$0	0	4	0
(03) CONVERSION	$2,223	$0	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$22,398	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$72	$0	$0	0	2	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,566	$0	$0	0	14	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,327,591	$0	$0	0	8,145	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

JOHN ALDEN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410999752	65080

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$411,249	$651,031	$6,255	0	49	69
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$89,336	$300,714	$0	2	7	2
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$2,247,593	$1,734,633	$125,388	0	350	144
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$9,217,040	$3,505,187	$0	0	150,932	0
(14) ACCIDENT ONLY	$113	$0	$0	0	20	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$31,980	$127,537	$0	0	28	0
(18) LONG TERM CARE	$854,860	$217,761	$302	0	423	0
(19) MEDICARE SUPPLEMENT	$799,768	$742,581	$0	0	490	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

JOHN HANCOCK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041414660	65099

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,044,617	$0	$0	0	1,463	529
(18) LONG TERM CARE	$37,588,021	$0	$0	110	25,342	1,898
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	22	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

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

FEIN	NAIC Company Code
010233346	65838

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,409	$0	$0	0	20	20
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

KANAWHA INSURANCE COMPANY

FEIN	NAIC Company Code
570380426	65110

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$203,857	$0	$0	0	142	61
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,348	$0	$0	0	14	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$40,790	$0	$0	0	110	43
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$199,289	$0	$0	0	491	28
(18) LONG TERM CARE	$10,446,259	$0	$0	0	7,960	0
(19) MEDICARE SUPPLEMENT	$957,690	$0	$0	0	441	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$130,578	$0	$0	0	649	51
(22) DENTAL/VISION	$96,062	$0	$0	0	335	166
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

KANSAS CITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
440308260	65129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$296,580	$0	$0	19	1,094	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$541,816	$0	$0	29	1,035	457
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

FEIN	NAIC Company Code
046076039	65315

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$17,662,118	$0	$0	27	65,075	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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LIBERTY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
570249218	65323

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,614,571	$0	$0	0	29,497	7,150
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$128,144	$0	$0	0	571	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,277	$0	$0	0	22	35
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LIBERTY MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
041543470	23043

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$584	$0	$0	0	1	0
(03) CONVERSION	$26,825	$0	$0	0	9	3
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LIFE INSURANCE COMPANY OF GEORGIA

FEIN	NAIC Company Code
580298930	65471

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$70,604	$0	$0	0	175	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$64,882	$0	$0	0	5,380	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$523,674	$0	$0	0	4,186	1,004
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$45,151	$0	$0	0	149	0
(18) LONG TERM CARE	$25,448	$0	$0	0	64	0
(19) MEDICARE SUPPLEMENT	$2,149,623	$0	$0	0	1,348	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$656,327	$0	$0	0	4,341	1,812
(22) DENTAL/VISION	$61,996	$0	$0	0	174	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code
231503749	65498

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$189,581	$0	$0	2	2,379	0
(14) ACCIDENT ONLY	$6,597,376	$0	$0	631	33,121	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,218,165	$0	$0	6	15,289	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$18,812,651	$0	$0	188	53,968	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$14,610	$0	$0	2	183	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LIFE INSURANCE COMPANY OF THE SOUTHWEST

FEIN	NAIC Company Code
750953004	65528

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$299	$0	$0	0	2	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LIFE INVESTORS INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
420191090	64130

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$12,320	$179,647	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$38,840	$38,731	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$617	$4,403	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$210,109	$0	$210,109	4,897	560	0
(14) ACCIDENT ONLY	$962,715	$258,149	$0	0	6,192	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,411,842	$969,269	$174,368	1	840	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$831,223	$405,895	$30,307	0	119	0
(18) LONG TERM CARE	$4,362,459	$1,399,579	$4,362,459	0	350	0
(19) MEDICARE SUPPLEMENT	$5,593,841	$6,581,699	$0	0	0	0
(20) SHORT TERM HEALTH	$262,942	$112,084	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$29,183	$16,240	$0	3	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LINCOLN BENEFIT LIFE COMPANY

FEIN	NAIC Company Code
470221457	65595

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$4,227,374	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LINCOLN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350472300	65676

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$43,610	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$605	$0	$0	1	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,575,693	$0	$0	0	2,419	0
(18) LONG TERM CARE	$362,666	$0	$0	0	225	0
(19) MEDICARE SUPPLEMENT	$31,906	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$4,737	$0	$0	1	2	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$176,849	$157,716	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

LONDON LIFE REINSURANCE COMPANY

FEIN	NAIC Company Code
232044256	76694

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$211,380	$0	$0	1	102	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$15,297	$0	$0	0	12	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041590850	65935

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,439,906	$0	$0	0	10,437	0
(18) LONG TERM CARE	$547,126	$0	$0	0	257	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEDICAL SAVINGS INSURANCE COMPANY

FEIN	NAIC Company Code
351975418	74217

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$5,097,360	$22,917,726	$3,857,430	0	2,815	3,880
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEGA LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
592213662	97055

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$9,151	$7,899	$642	0	8	9
(03) CONVERSION	$30,804	$189,295	$12,133	0	7	2
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$31,462	$16,396	$0	0	5	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$18,863,392	$11,423,534	$9,191,612	0	7,889	6,275
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,230,781	$945,946	$0	2	4,538	0
(14) ACCIDENT ONLY	$811,270	$552,846	$781,610	10	17,850	50
(15) BLANKET	$1,989,356	$1,351,561	$1,989,356	16	7,487	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$20,462	$2,750	$19,312	0	29	19
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$591,745	$486,628	$30,514	1	4,646	2
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$64,849	$56,962	$0	0	45	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$212,695	$134,770	$59,058	0	1,126	316
(22) DENTAL/VISION	$425,316	$109,779	$159,510	12	2,701	1,967
(23) PRESCRIPTION DRUG	$45,506	$26,000	$348	0	201	133
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MEMBERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
391236386	86126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,080	$0	$0	0	18	28
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$511	$0	$0	0	3	3
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MENNONITE MUTUAL AID ASSOCIATION

FEIN	NAIC Company Code
356059333	57991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$361,046	$0	$0	0	81	75
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$481,356	$0	$0	0	232	101
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MERIT LIFE INSURANCE CO.

FEIN	NAIC Company Code
351005090	65951

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$473,393	$19,500	$473,393	0	4,329	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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METROPOLITAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135581829	65978

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$821,801	$674,746	$0	0	1,850	510
(03) CONVERSION	$275,098	$461,840	$0	0	195	51
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$905,254	$1,276,172	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$35,021	$39,145	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$160,065	$54,102	$0	28	28	4
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,593,937	$875,846	$0	0	0	0
(14) ACCIDENT ONLY	$2,681,629	$5,031,213	$121,282	841	305,459	16,493
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,770	$539	$0	0	44	10
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$38,002,270	$56,787,062	$911,715	277	151,804	0
(18) LONG TERM CARE	$13,667,048	$5,189,024	$2,050,057	0	17,993	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$66,931,102	$51,398,678	$2,521,084	889	197,880	435,336
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MIDLAND NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
460164570	66044

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,055	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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MID-SOUTH INSURANCE COMPANY

FEIN	NAIC Company Code
560710065	79987

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$84,158	$0	$0	0	27	10
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$12,527	$0	$0	0	12	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

FEIN	NAIC Company Code
620724538	66087

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$8,077	$3,026	$5,514	0	2	1
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$3,030	$3,588	$0	0	1	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$16,857,649	$13,322,220	$7,443,030	0	8,342	6,877
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,382	$5,991	$9,598	13	3,046	0
(15) BLANKET	$805,752	$506,328	$805,752	2	616	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$18,373	$0	$17,612	0	46	15
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,891	$0	$7,061	0	35	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$159,452	$46,204	$112,254	0	1,688	730
(22) DENTAL/VISION	$112,154	$0	$0	0	12	5
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MIDWESTERN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350838945	66109

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,447	$0	$0	0	2	3
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MINNESOTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410417830	66168

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,652,488	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,207,555	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MONUMENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
520419790	66281

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$4,438,806	$1,830,728	$1,378,697	33	5,767	0
(14) ACCIDENT ONLY	$2,548,373	$1,286,375	$48,377	0	8,281	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,141,239	$404,534	$3,941	0	20	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,938,593	$1,611,685	$0	0	1,577	0
(18) LONG TERM CARE	$1,797,191	$2,493,446	$343,718	0	952	0
(19) MEDICARE SUPPLEMENT	$7,554,627	$5,348,582	$0	0	57	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,037,833	$2,923,713	$0	0	4,143	0
(22) DENTAL/VISION	$272,854	$27,610	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$1,111,637	$435,916	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131632487	66370

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$97,838	$0	$0	0	83	10
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$102	$0	$0	0	4	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,076	$0	$0	0	39	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,155,892	$0	$0	0	3,778	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$119	$0	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MTL INSURANCE COMPANY

FEIN	NAIC Company Code
361516780	66427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$108,981	$0	$0	0	90	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
131614399	88668

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$184,548	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MUTUAL OF OMAHA INSURANCE COMPANY

FEIN	NAIC Company Code
470246511	71412

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$22,004,436	$0	$0	0	5,048	1,865
(03) CONVERSION	$563,104	$0	$0	0	695	293
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$3,610	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$26,192,540	$0	$0	8	4,547	6,982
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$815	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,411,250	$0	$0	4	26,701	10,311
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$701,565	$0	$0	0	3,499	1,041
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,847,075	$0	$0	14	13,003	966
(18) LONG TERM CARE	$7,115,965	$0	$0	5	5,882	2
(19) MEDICARE SUPPLEMENT	$16,487,030	$0	$0	0	8,672	7
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,626,429	$0	$0	0	24,744	7,747
(22) DENTAL/VISION	$140,475	$0	$0	3	289	303
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

MUTUAL SERVICE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410203970	66419

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,166	$0	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$454,485	$0	$0	37	528	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONAL BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
231618791	61409

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$61,648	$0	$0	0	125	63
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$137	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$95,102	$0	$0	0	604	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,288	$0	$0	0	15	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$5,368	$0	$0	0	8	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$117	$0	$0	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONAL CASUALTY COMPANY

FEIN	NAIC Company Code
380865250	11991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$133,479	$0	$0	201	46,410	2,453
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$86,284	$0	$0	0	28	24
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,017	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$2,434	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
030144090	66680

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,411,874	$0	$0	0	1,600	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONAL STATES INSURANCE COMPANY

FEIN	NAIC Company Code
430825796	60593

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,300	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$171,003	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$15,497,482	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$6,981,761	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,378,374	$0	$0	0	0	0
(22) DENTAL/VISION	$45,490	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

FEIN	NAIC Company Code
751623431	87963

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,404	$0	$0	0	25	38
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$86	$0	$0	0	3	5
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$51,748	$0	$0	0	160	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$362,434	$0	$0	0	1,389	2,084
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONAL WESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
840467208	66850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$12,173	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

FEIN	NAIC Company Code
231619082	70750

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,019	$200	$0	0	11	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONWIDE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
314156830	66869

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$80,537	$0	$0	13	23	14
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,815,427	$0	$0	391	56,429	324
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$10,170	$0	$0	0	59	9
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$497,455	$0	$0	9	902	5
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$2,244,190	$0	$0	0	1,581	158
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
230990450	68225

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$292	$88	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$4,316	$1,770	$0	0	30	23
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$148,978	$130,682	$0	0	577	462
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$289	$22,799	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$5,078	$17,465	$0	0	18	28
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NATIONWIDE MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
314177100	23787

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$689	$2	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

FEIN	NAIC Company Code
650996107	95123

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,862,363	$4,156,664	$106,742	0	971	623
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,972,845	$5,030,470	$46,247	125	882	1,138
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$74,546,815	$58,094,645	$9,664,791	1,663	22,342	14,835
(06) INSTATE 51+ MEMBER GROUPS	$79,516,678	$72,710,527	$5,675,679	201	26,200	21,420
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$58,169,777	$49,770,575	$8,391,494	1,390	13,695	13,239
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NEW ENGLAND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
042708937	91626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$2,598,023	$4,022,892	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$49,244	$13,945	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,241,309	$312,009	$0	0	0	0
(14) ACCIDENT ONLY	$37,659	$5,447	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$347,352	$25,432	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$121,822	$87,572	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NEW YORK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
135582869	66915

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$220,294	$0	$0	0	135	29
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$8,011,603	$0	$0	27	1,610	1,242
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$259,332	$0	$0	0	6,160	1,089
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$309,039	$0	$0	0	758	220
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,725,931	$0	$0	0	10,143	9
(18) LONG TERM CARE	$3,520,351	$0	$0	3	2,468	0
(19) MEDICARE SUPPLEMENT	$900,176	$0	$0	0	420	43
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NIPPON LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
042509896	81264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$421,979	$333,698	$109,986	49	91	101
(11) OUT OF STATE 51+ MEMBER GROUPS	$787,966	$664,346	$193,385	30	233	142
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$17,725	$0	$0	3	41	35
(13) EXCESS / STOP LOSS	$11,710	$12,393	$0	1	38	32
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$12,456	$3,214	$629	11	77	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$128,601	$96,285	$14,474	48	202	168
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NORTH AMERICAN CO FOR LIFE AND HEALTH INSURANCE

FEIN	NAIC Company Code
362428931	66974

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$15,824	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
560340860	67032

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$417,078	$0	$0	1	16,506	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	($425)	$1,592	$0	0	2	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

FEIN	NAIC Company Code
362258318	69000

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$994,910	$0	$0	0	696	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390509570	67091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,683,141	$0	$0	0	31,007	31,007
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

OHIO NATIONAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code
310962495	89206

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,106,333	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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OHIO NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310397080	67172

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,445	$0	$0	0	4	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$185,446	$0	$0	1	296	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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OHIO STATE LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
314271600	67180

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,792	$0	$0	0	26	26
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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OLD AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
440376695	67199

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$34,277	$0	$0	0	1,116	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$10,152	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$270	$0	$0	0	2	0
(18) LONG TERM CARE	$869,966	$0	$0	0	656	0
(19) MEDICARE SUPPLEMENT	$14,057	$0	$0	0	36	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,588	$0	$0	0	147	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

OLD REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code
250410420	24147

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$2,061	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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OLD REPUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
361577440	67261

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$131,525	$0	$0	1	246	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ONEBEACON AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
042475442	20621

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$3,687	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PACIFIC LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code
953769814	97268

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$9,326,891	$7,669,793	$1,692,907	19	2,180	2,725
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,425,300	$4,964,981	$1,686,037	895	895	716
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$57,532,749	$44,632,274	$21,805,701	3,340	16,403	11,016
(11) OUT OF STATE 51+ MEMBER GROUPS	$876,114	$719,067	$247,344	2	199	249
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$93,610	$23,068	$17,671	1,126	7,490	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$42,801	$96,996	$5,315	35	333	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,813,714	$1,239,071	$187,244	357	4,136	4,500
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PACIFIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951079000	67466

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$13,275	$0	$0	0	2	2
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,281,522	$0	$0	1	11,502	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PAN-AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
720281240	67539

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$9,781	$0	$0	0	14	0
(03) CONVERSION	($16,818)	$0	$0	0	1	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,568,302	$0	$0	13	606	0
(14) ACCIDENT ONLY	$6,090	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$358,271	$0	$0	3	233	29
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,036	$0	$0	1	9	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$10,646	$0	$0	3	233	9
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PENN TREATY NETWORK AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code
232603386	63282

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$61,826,048	$0	$0	0	44,501	0
(19) MEDICARE SUPPLEMENT	$411,332	$0	$0	0	648	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PEOPLES BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
430378030	66605

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$393,183	$113,029	$171,614	2	803	0
(14) ACCIDENT ONLY	$755,128	$176,057	$0	0	3,263	1,253
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$109,933	$1,437	$109,933	0	52	0
(19) MEDICARE SUPPLEMENT	$4,227,084	$0	$0	0	2,178	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,020,204	$0	$0	0	1,480	188
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHOENIX LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
060493340	67814

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$6,044	$0	$0	0	7	9
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$10,967	$0	$0	36	1,035	20
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$372,303	$0	$0	6	30	30
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$183,714	$0	$0	26	864	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$335,949	$0	$0	22	610	246
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PHYSICIANS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
470270450	80578

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$29,958	$0	$0	0	13	3
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$483,310	$0	$0	0	175	46
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,653	$0	$0	0	24	32
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,172,691	$0	$0	0	17,432	22,451
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$14,405	$0	$0	0	30	30
(18) LONG TERM CARE	$374,083	$0	$0	0	337	0
(19) MEDICARE SUPPLEMENT	$5,328,829	$0	$0	0	2,398	239
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$281,735	$0	$0	0	1,372	1,686
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PIONEER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
370844470	68330

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$216,221	$172,977	$0	0	185	204
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$508,633	$406,906	$0	0	77	85
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$86,896	$69,517	$0	15	15	16
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$429	$300	$0	0	4	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$883,706	$618,594	$0	0	823	1,039
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,895	$4,827	$0	0	17	3
(18) LONG TERM CARE	$18,953,658	$26,311,658	$0	0	7,222	3,182
(19) MEDICARE SUPPLEMENT	$16,957,830	$12,769,246	$0	0	9,714	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$28,457	$19,920	$0	0	215	26
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PREFERRED MEDICAL PLAN, INC.

FEIN	NAIC Company Code
591419293	95271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$28,461,917	$22,182,904	$5,812,486	0	18,825	11,446
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

PRIMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
041590590	65919

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$74,352	$0	$0	0	29	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$37,621	$0	$0	0	102	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$25,496	$0	$0	0	79	0
(18) LONG TERM CARE	$55,972	$0	$0	0	52	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

PRINCIPAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
420127290	61271

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$1,169,526	$2,614,592	$252,440	0	193	101
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$68,427,567	$54,971,153	$5,563,422	2,797	11,635	9,130
(06) INSTATE 51+ MEMBER GROUPS	$31,326,508	$27,171,126	$1,439,356	83	6,305	5,839
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$76,337	$47,210	$0	0	91	41
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,891,749	$2,770,007	$1,282,991	0	5,531	0
(18) LONG TERM CARE	$213,114	$5,457	$0	0	211	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code
630761690	88536

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,504	$0	$0	0	12	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

PROTECTIVE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
630169720	68136

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$412,721	$0	$0	2	228	0
(14) ACCIDENT ONLY	$111	$0	$0	0	2	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$4,306	$0	$0	0	45	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$437,118	$0	$0	5	687	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$48,641	$0	$0	0	40	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$9,302,968	$0	$0	339	12,206	0
(22) DENTAL/VISION	$10,216,104	$0	$0	0	54,263	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
231335885	67903

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$9,701,261	$0	$0	4	1,721	1,256
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

PRUDENTIAL HEALTH CARE PLAN, INC.

FEIN	NAIC Company Code
741844335	95040

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$15,392,186	$18,277,400	$210,824	13	22	13
(06) INSTATE 51+ MEMBER GROUPS	$379,727,848	$378,476,567	$4,931,223	160	79,385	95,861
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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PYRAMID LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
480557726	68284

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,111,571	$0	$0	0	203	92
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$101	$0	$0	0	1	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$398,155	$0	$0	0	186	57
(19) MEDICARE SUPPLEMENT	$1,359,729	$0	$0	0	756	70
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$24,394	$0	$0	0	123	29
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

REASSURE AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
380779740	65765

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$22,085	$0	$0	0	160	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$41,162	$0	$0	0	325	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$19,369	$0	$0	0	142	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,339,425	$0	$0	0	3,367	0
(18) LONG TERM CARE	$96,549	$0	$0	0	94	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$839,482	$0	$0	0	4,105	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RELIASTAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
410451140	67105

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$658	$0	$0	0	1	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$5,182,393	$0	$0	85	230,377	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$37,841	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,271,210	$0	$0	38	9,319	0
(18) LONG TERM CARE	$3,391	$0	$0	0	5	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,688,593	$0	$0	326	14,001	22,079
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
530242530	61360

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$21,254	$0	$0	0	0	0
(14) ACCIDENT ONLY	$75,796	$0	$0	26	1,835	1,522
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$830	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$171,567	$0	$0	0	885	0
(22) DENTAL/VISION	$70,034	$0	$0	0	1,420	222
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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REPUBLIC AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
860199949	81132

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$26,812	$0	$0	0	8	1
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$1,593,751	$0	$0	0	882	2,224
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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RESERVE NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
730661453	68462

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$459,845	$0	$0	0	200	69
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$33,927	$0	$0	0	20	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$28,036	$0	$0	0	181	74
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$56,647	$0	$0	0	98	28
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$491	$0	$0	0	2	0
(18) LONG TERM CARE	$45,245	$0	$0	0	56	15
(19) MEDICARE SUPPLEMENT	$1,326,638	$0	$0	0	749	71
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7,699	$0	$0	0	97	32
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SAFEHEALTH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
330515751	79014

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,983,987	$1,521,859	$361,100	70	4,494	5,392
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470293990	68764

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,092	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code
150442730	68772

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$11,950	$0	$0	16	616	0
(15) BLANKET	$4,505,047	$0	$0	1	5,307	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,422	$0	$0	0	13	10
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$183,953	$0	$0	9	383	163
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SECURITY NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362610791	69485

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$15,936	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENIOR AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
233062257	76759

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$108,733	$0	$0	0	71	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENTRY INSURANCE A MUTUAL COMPANY

FEIN	NAIC Company Code
390333950	24988

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,080	$0	$0	3	11	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$157,543	$0	$0	3	161	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$30,323	$0	$0	1	48	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENTRY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
396040276	68810

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,926	$1,827	$0	0	8	0
(03) CONVERSION	$259	$1,407	$0	0	4	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$17,360	$59,676	$0	17	413	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$3,264	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,844	$0	$0	4	27	0
(18) LONG TERM CARE	$22,525	$0	$0	1	23	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,679	$0	$0	3	3	0
(22) DENTAL/VISION	$5,322	$0	$0	0	16	8
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SENTRY SELECT INSURANCE COMPANY

FEIN	NAIC Company Code
362674180	21180

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,387,374	$764,683	$0	12	12	477
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$16,274	$6,841	$0	9	267	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$145,422	$109,808	$0	10	493	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SONS OF NORWAY

FEIN	NAIC Company Code
410547795	57142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,112	$0	$0	0	11	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$18,646	$0	$0	0	25	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,217	$0	$0	0	19	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SOUTHWESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
742088326	91391

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$176	$0	$0	0	1	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,409,556	$0	$0	0	1,753	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STANDARD INSURANCE COMPANY

FEIN	NAIC Company Code
930242990	69019

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,944,146	$0	$0	727	158,633	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$29,405,558	$0	$0	1,362	140,271	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$3,738,660	$0	$0	163	6,594	5,698
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code
730994234	86355

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$10,652	$0	$0	0	44	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$68,790	$0	$0	0	4,539	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$30,788	$0	$0	0	1,063	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$152	$0	$0	0	6	0
(18) LONG TERM CARE	$117,937	$0	$0	0	133	0
(19) MEDICARE SUPPLEMENT	$6,202,535	$0	$0	0	3,765	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$6,528	$0	$0	0	242	0
(22) DENTAL/VISION	$15,186	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STANDARD LIFE AND CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code
570290111	71706

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$69,386	$0	$0	0	550	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

FEIN	NAIC Company Code
135679267	69078

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,616,195	$1,662,215	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$43,632	$54,690	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$768,571	$452,699	$127,272	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STAR INSURANCE COMPANY

FEIN	NAIC Company Code
382626205	18023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$19,829	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code
314316080	25135

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$954	$0	$0	0	4	2
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$438	$0	$0	0	2	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

FEIN	NAIC Company Code
370533100	25178

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$75,840	$0	$0	0	26	11
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$16,871,261	$0	$0	0	6,367	2,238
(03) CONVERSION	$34,971	$0	$0	0	9	1
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$31,065,248	$0	$0	2	5,274	5,907
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$255,837	$1,025,274	$0	2	3,655	3,166
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$5,240,843	$2,141,679	$928,720	0	64,864	8,534
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$6,000,530	$3,318,981	$419,876	0	21,888	0
(18) LONG TERM CARE	$1,724,547	$1,230,494	$1,124,453	0	4,825	0
(19) MEDICARE SUPPLEMENT	$11,484,222	$8,466,617	$1,426,648	0	6,138	256
(20) SHORT TERM HEALTH	$136,141	$131,150	$139,869	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350684263	69116

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$5,884	$0	$0	0	8	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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STERLING INVESTORS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
591838073	89184

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$8,520	$0	$0	0	4	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SUN LIFE ASSURANCE COMPANY OF CANADA

FEIN	NAIC Company Code
381082080	80802

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$12,988,913	$0	$0	47	97,849	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,580,615	$0	$0	154	35,114	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SURETY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
870198108	69310

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$29,322	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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SYMETRA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
910742147	68608

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$12,031	$0	$0	0	6	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$8,683,883	$0	$0	46	30,329	0
(14) ACCIDENT ONLY	$34,094	$0	$0	37	1,980	6
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$219,395	$0	$0	34	510	474
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$84,864	$0	$0	19	212	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

FEIN	NAIC Company Code
131624203	69345

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$1,915	$0	$0	0	3	0
(03) CONVERSION	$12,243	$0	$0	0	14	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$118,636	$0	$0	11	736	0
(18) LONG TERM CARE	$1,285,358	$0	$0	0	712	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

THE PUBLIC HEALTH TRUST OF DADE COUNTY

FEIN	NAIC Company Code
591713947	95126

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$2,798,327	$5,157,867	$0	0	1,030	350
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$426,121	$1,090,927	$0	85	113	80
(06) INSTATE 51+ MEMBER GROUPS	$17,510,353	$17,740,082	$0	4	4,984	4,916
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIAA-CREF LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133917848	60142

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$448,055	$0	$0	0	259	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code
940781581	25518

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$17,561	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TIME INSURANCE COMPANY

FEIN	NAIC Company Code
390658730	69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$8,115,963	$0	$0	0	888	781
(03) CONVERSION	$54,175	$0	$0	0	9	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,009	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$173,835	$0	$0	0	36	1
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$7,646,611	$0	$0	0	3,486	2,956
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$131,246	$0	$0	115	115	64
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$243	$0	$0	0	7	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$6,757	$0	$0	0	42	19
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$19,444,109	$0	$0	0	12,548	0
(19) MEDICARE SUPPLEMENT	$14,997	$0	$0	0	10	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$136	$0	$0	0	9	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TOTAL HEALTH CHOICE, INC.

FEIN	NAIC Company Code
330603319	95134

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$23,995,301	$17,276,431	$1,223,455	0	10,923	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$1,810,073	$1,547,070	$0	582	582	331
(06) INSTATE 51+ MEMBER GROUPS	$10,138,560	$8,665,433	$0	85	4,460	1,421
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
366071399	70688

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$954	$0	$0	0	0	0
(14) ACCIDENT ONLY	$91,799	$94,715	$0	0	637	269
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$46,255	$86,899	$0	0	35	179
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$52,931	$0	$0	0	30	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$313,056	$390,239	$0	0	709	142
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRANSAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
390989781	86231

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$13,134	$16,392	$0	0	2	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$124,976	$38,979	$0	0	181	91
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$4,955,840	$18,988	$0	1,283	1,283	754
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$901,255	$1,800,622	$0	133	278	119
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,121,266	$1,495,189	$358,979	11	14,939	0
(14) ACCIDENT ONLY	$1,653	$0	$0	0	3	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$2,040	$90	$0	0	10	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,756	$24,024	$488	0	70	0
(18) LONG TERM CARE	$2,834,369	$1,723,128	$2,834,389	0	2,024	0
(19) MEDICARE SUPPLEMENT	$0	$3,617	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$77,592	$36,985	$0	0	111	66
(23) PRESCRIPTION DRUG	$15,411	$8,000	$0	0	72	26
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
951060502	67121

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$11,320	$0	$0	0	62	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$192,345	$0	$0	6	21	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$17,298	$0	$0	0	84	0
(18) LONG TERM CARE	$9,368,589	$0	$0	0	4,990	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

TRAVELERS INSURANCE COMPANY

FEIN	NAIC Company Code
060566090	87726

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	($37,460)	$567,046	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$753,700	$1,544,214	$0	0	525	124
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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TRUSTMARK INSURANCE COMPANY

FEIN	NAIC Company Code
360792925	61425

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$13,834	$10,081	$4,185	0	3	1
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$4,407,394	$3,399,945	$278,405	0	1,103	564
(03) CONVERSION	$18,767	$9,198	$0	0	5	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$109,152	$73,682	$0	9	9	5
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$126,585	$692,882	$1	140	1,136	737
(06) INSTATE 51+ MEMBER GROUPS	$9,463,456	$9,037,581	$161,704	18	1,686	1,022
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$471,737	$370,317	$13,635	0	113	31
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$131,818	$192,963	$4,930	15	15	2
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$823,308	$887,543	$0	30	166	146
(11) OUT OF STATE 51+ MEMBER GROUPS	$114,668	$29,546	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$928,143	$879,940	$598,105	7	12,588	8,603
(14) ACCIDENT ONLY	$3,441,209	$23,110	$20,826	29	4,069	99
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$199,541	$191,244	$18,399	4	1,554	1,439
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,106,361	$4,618,554	$18,839	82	4,782	1,370
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$93,598	$125,423	$0	0	80	0
(20) SHORT TERM HEALTH	$49,654	$21,270	$43,287	0	1	0
(21) SPECIFIED OR DREAD DISEASE	$6,139,502	$1,675,331	$955,461	58	11,626	17,169
(22) DENTAL/VISION	$379,645	$318,853	$0	106	1,115	826
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

TRUSTMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
363421358	62863

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$13,785	$9,104	$0	0	2	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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U.S. SPECIALTY INSURANCE COMPANY

FEIN	NAIC Company Code
521504975	29599

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$839,214	$0	$0	24	1,429	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ULICO CASUALTY COMPANY

FEIN	NAIC Company Code
132988846	37893

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$602,053	$0	$0	0	114	136
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	($83,762)	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	($457,122)	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$1,479,457	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNICARE LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code
520913817	80314

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$106,703	$26,625	$0	0	24	16
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$3,931,998	$5,165,183	$0	7	660	814
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$29,343	$38,546	$0	3	7	4
(11) OUT OF STATE 51+ MEMBER GROUPS	$9,432,527	$12,390,834	$0	149	1,959	1,577
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$52,273	$68,667	$0	16	2,720	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$3,721,260	$4,465,403	$0	167	989	406
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$142,976	$187,817	$0	4	183	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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UNION BANKERS INSURANCE COMPANY

FEIN	NAIC Company Code
750860066	69701

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$104,625	$0	$0	0	46	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$8,799	$0	$0	0	31	0
(18) LONG TERM CARE	$161,809	$0	$0	0	118	0
(19) MEDICARE SUPPLEMENT	$1,989,807	$0	$0	0	919	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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UNION CENTRAL LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code
310472910	80837

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$2,036,449	$0	$0	0	2,534	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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UNION FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310252460	62596

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,337,155	$0	$0	0	29,009	5,162
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$880,546	$0	$0	4	2,911	342
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$428	$0	$0	0	3	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$98,673	$0	$0	0	58	31
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,064,924	$0	$0	1	6,156	2,107
(22) DENTAL/VISION	$194,738	$0	$0	23	72	172
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNION SECURITY INSURANCE COMPANY

FEIN	NAIC Company Code
810170040	70408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$103,901	$0	$0	0	3	4
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$273,871	$0	$0	0	80	48
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,312,339	$0	$0	0	5	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$1,248	$0	$0	777	3	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$10,745,471	$0	$0	0	419,967	0
(18) LONG TERM CARE	$10,005,155	$0	$0	0	7,222	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$747	$0	$0	0	28	0
(22) DENTAL/VISION	$4,469,728	$0	$0	374	8,744	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
731128555	92916

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$7,429,020	$4,508,537	$0	0	8,223	2,661
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$76,538	$41,744	$0	36	36	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$179,774	$119,309	$0	0	269	2
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$3,107	$45,119	$0	0	20	0
(18) LONG TERM CARE	$867,075	$448,994	$0	0	650	0
(19) MEDICARE SUPPLEMENT	$69,397,553	$44,620,202	$0	0	29,653	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$825,060	$730,639	$0	0	3,058	1,819
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED CONCORDIA INSURANCE COMPANY

FEIN	NAIC Company Code
860307623	85766

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$2,317,622	$0	$0	97	8,130	7,444
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
133036472	91693

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$473	$0	$0	0	18	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$290	$0	$0	0	5	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$475	$0	$0	0	5	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$7,178	$0	$0	0	138	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED HEALTHCARE INSURANCE COMPANY

FEIN	NAIC Company Code
362739571	79413

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$3,014,447	$2,063,356	$0	13	281	259
(06) INSTATE 51+ MEMBER GROUPS	$78,992,108	$85,328,251	$0	28	13,028	15,110
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$10,047,844	$10,707,647	$0	0	3,514	0
(14) ACCIDENT ONLY	$29	$31	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$56,198,727	$59,889,079	$0	0	108,293	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,512,634	$4,808,961	$0	0	1,578	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$227,875,477	$242,839,172	$0	0	150,889	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,910,194	$2,035,629	$0	0	668	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
591293865	95264

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$64,652,312	$55,284,155	$8,788,284	0	28,799	0
(03) CONVERSION	$7,037,017	$12,584,863	$35,687	0	2,451	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$692,012,480	$544,456,325	$62,922,400	36,001	162,493	129,994
(06) INSTATE 51+ MEMBER GROUPS	$817,271,227	$791,593,527	$135,262,342	860	212,544	170,035
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED HOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
350841899	69922

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$81	$0	$0	0	1	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED OF OMAHA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
470322111	69868

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$16,734	$0	$0	0	32	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$322,446	$0	$0	2	350	100
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$98,295	$0	$0	9	128	170
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$46,035	$0	$0	17	377	0
(14) ACCIDENT ONLY	$465,183	$0	$0	158	48,799	5,802
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$1,338,670	$0	$0	0	12,913	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$634,815	$0	$0	27	1,565	1,596
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment CY2001

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

FEIN	NAIC Company Code
135459480	70106

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$27,805	$139	$0	10	10	3
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$227,339	$439,464	$0	4	95	23
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,400,708	$828,359	$46,105	641	20,062	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$255,399	$64,453	$0	4	1,022	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$7,964,591	$11,403,783	$404,672	354	18,301	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$1,853,196	$1,195,619	$554,568	406	4,974	4,243
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

Accident and Health Report of Gross Annual Premium and Enrollment **CY2001**

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

FEIN	*NAIC Company Code*
580869673	63479

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	*(B) DIRECT LOSSES INCURRED*	*(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY*	*(D) EMPLOYER GROUPS*	*(E) PRIMARY INSUREDS*	*(F) COVERED DEPENDENTS*
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$412,452				353	84
(14) ACCIDENT ONLY	$2,268			0	18	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$17,662			4	107	7
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$505,774			0	1,093	230
(18) LONG TERM CARE	$22,084			1	45	0
(19) MEDICARE SUPPLEMENT	$1,210,030			10	814	0
(21) SPECIFIED OR DREAD DISEASE	$161,531			0	822	466
(22) DENTAL/VISION	$4,579			0	5	0

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UNITED WORLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
756010770	72850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$261	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$14,896	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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UNUM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code
010278678	62235

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$6,472,480	$0	$0	1,488	438,945	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$36,850	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$104,614,002	$0	$0	3,063	537,884	0
(18) LONG TERM CARE	$11,323,507	$0	$0	180	24,506	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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USAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
741472662	69663

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$3,667	$0	$0	0	28	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$79,926	$0	$0	0	167	22
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$591,279	$0	$0	0	513	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$14,335,393	$0	$0	0	6,943	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$2,016,348	$2,300,217	$721,166	0	4,652	3,264
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VALLEY FORGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
236200031	70211

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$26,075	$0	$0	0	18	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VETERANS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
362545774	81027

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$445,616	$0	$0	0	4,157	831
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$698	$0	$0	0	2	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$167,803	$0	$0	0	1,204	240
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

FEIN	NAIC Company Code
650453436	95266

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$262,805	$280,676	$0	0	158	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$58,130,867	$47,277,590	$0	0	34,147	0
(03) CONVERSION	$459,769	$522,527	$0	0	231	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$3,023,735	$3,161,617	$0	561	564	623
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$10,915,933	$10,695,431	$0	581	2,694	1,743
(06) INSTATE 51+ MEMBER GROUPS	$80,339,298	$69,983,562	$0	166	22,308	17,914
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VISTA HEALTHPLAN, INC.

FEIN	NAIC Company Code
650986441	95114

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$57,228,371	$53,804,842	$1,847,767	3,982	13,827	6,031
(06) INSTATE 51+ MEMBER GROUPS	$194,558,354	$172,488,167	$5,172,642	186	53,761	47,039
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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VISTA INSURANCE PLAN, INC.

FEIN	NAIC Company Code
650545388	60091

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$24,980,743	$0	$0	14	6,980	1,438
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WASHINGTON NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code
361933760	70319

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$101,178	$0	$0	0	27	29
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$431,757	$0	$0	7	50	39
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$1,121,598	$0	$0	0	29,510	2,118
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$242,113	$0	$0	0	1,509	237
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$4,671,462	$0	$0	81	17,388	148
(18) LONG TERM CARE	$17,979	$0	$0	0	10	0
(19) MEDICARE SUPPLEMENT	$165	$0	$0	0	5	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$103,501	$0	$0	0	739	359
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WELLCARE OF FLORIDA, INC.

FEIN	NAIC Company Code
592583622	95081

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$33,370,472	$29,781,333	$40,703	0	7,744	3,276
(03) CONVERSION	$268,206	$0	$0	0	146	43
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$10,698,438	$12,714,204	$111,004	2,496	2,887	1,130
(06) INSTATE 51+ MEMBER GROUPS	$6,882,584	$7,459,681	$330,140	1,366	1,366	594
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WEST COAST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
940971150	70335

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$0	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$7,359	$0	$0	0	5	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$3,408	$0	$0	0	7	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code
310487145	70483

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$241,681	$0	$0	0	6,917	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$0	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$1,614,677	$0	$0	0	5,765	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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WORLD INSURANCE COMPANY

FEIN	NAIC Company Code
470339860	70629

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$2,721,690	$0	$0	0	634	294
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$29,842	$0	$0	0	1	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$0	$0	$0	0	0	0
(14) ACCIDENT ONLY	$196	$0	$0	0	9	1
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$15,844	$0	$0	0	126	22
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$23,500	$0	$0	0	48	0
(18) LONG TERM CARE	($3,181)	$0	$0	0	1	0
(19) MEDICARE SUPPLEMENT	$454,283	$0	$0	0	275	16
(20) SHORT TERM HEALTH	$2,003,789	$0	$0	0	1,038	2,322
(21) SPECIFIED OR DREAD DISEASE	$287	$0	$0	0	37	11
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0

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ZURICH AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code
364233459	16535

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS
(01) INSTATE INDIVIDUAL GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(02) INSTATE INDIVIDUAL INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(03) CONVERSION	$0	$0	$0	0	0	0
(04) INSTATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(05) INSTATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(06) INSTATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(07) OUT OF STATE GUARANTEE ISSUE (HIPAA, FS 627.6487(3))	$0	$0	$0	0	0	0
(08) OUT OF STATE INDIVIDUALLY UNDERWRITTEN	$0	$0	$0	0	0	0
(09) OUT OF STATE SELF-EMPLOYED OR SOLE PROPRIETOR (FS 627.6699)	$0	$0	$0	0	0	0
(10) OUT OF STATE 2 - 50 MEMBER GROUPS (FS 627.6699)	$0	$0	$0	0	0	0
(11) OUT OF STATE 51+ MEMBER GROUPS	$0	$0	$0	0	0	0
(12) ADMINISTRATIVE SERVICES ONLY (ASO)	$0	$0	$0	0	0	0
(13) EXCESS / STOP LOSS	$2,074,973	$0	$0	33	4,463	0
(14) ACCIDENT ONLY	$1,277,890	$0	$0	0	0	0
(15) BLANKET	$0	$0	$0	0	0	0
(16) HOSPITAL, MEDICAL & SURGICAL - INDEMNITY PLANS	$0	$0	$0	0	0	0
(17) LONG & SHORT TERM DISABILITY / LOSS OF INCOME	$39,121	$0	$0	0	0	0
(18) LONG TERM CARE	$0	$0	$0	0	0	0
(19) MEDICARE SUPPLEMENT	$0	$0	$0	0	0	0
(20) SHORT TERM HEALTH	$0	$0	$0	0	0	0
(21) SPECIFIED OR DREAD DISEASE	$0	$0	$0	0	0	0
(22) DENTAL/VISION	$0	$0	$0	0	0	0
(23) PRESCRIPTION DRUG	$0	$0	$0	0	0	0
(24) CHAMPUS/TRICARE	$0	$0	$0	0	0	0
(25) HEALTH CLINIC SERVICES	$0	$0	$0	0	0	0