



**CY 2016**  
**Accident and Health Markets**  
**Gross Annual Premium Enrollment**  
**Report Summary**

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

**David Altmaier**  
**Insurance Commissioner**

**July 31, 2017**

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**CY2016 Accident and Health Report of Gross Annual Premium and Enrollment**  
**Statewide Data: Summary by Major Medical Lines of Business**  
*Individual Markets*

MARKET SEGMENT	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	DIRECT PREMIUMS FOR NEW BUSINESS ONLY	EMPLOYER GROUPS	PRIMARY INSURED	COVERED DEPENDENTS	COVERED LIVES
<u>Guarantee Issue</u>							
ACA On Exchange Guarantee Issue	\$6,024,165,547	\$4,992,301,844	\$2,236,271,931	N/A	823,105	413,516	1,236,621
ACA Off Exchange Guarantee Issue	\$1,493,684,058	\$1,270,573,849	\$611,384,147	N/A	131,204	82,420	213,624
Grandfathered (In-State and Out-of-State) Guarantee Issue	\$30,912,264	\$22,123,338	\$159,569	N/A	2,204	1,523	3,727
Transitional (In-State and Out-of-State) Guarantee Issue	\$1,318,768	\$1,859,727	\$0	N/A	89	10	99
Subtotal	\$7,550,080,637	\$6,286,858,758	\$2,847,815,647	N/A	956,602	497,469	1,454,071
<u>Individually Underwritten</u>							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$331,406,571	\$246,403,331	\$0	N/A	38,665	29,502	68,167
Transitional (In-State and Out-of-State) Individually Underwritten	\$648,146,358	\$465,801,153	\$2,074,461	N/A	99,722	77,018	176,740
Subtotal	\$979,552,929	\$712,204,484	\$2,074,461	N/A	138,387	106,520	244,907
<u>Conversion</u>							
ACA On Exchange Conversion	\$2,579	\$0	\$0	N/A	0	0	0
ACA Off Exchange Conversion	\$331,227	\$1,601,022	\$0	N/A	48	14	62
Grandfathered (In-State and Out-of-State) Conversion	\$608,350	\$1,260,404	\$0	N/A	174	19	193
Transitional (In-State and Out-of-State) Conversion	\$598,576	\$724,260	\$29,850	N/A	49	24	73
Subtotal	\$1,540,732	\$3,585,686	\$29,850	N/A	271	57	328
<b>Total Individual</b>	<b>\$8,531,174,298</b>	<b>\$7,002,648,928</b>	<b>\$2,849,919,958</b>	<b>N/A</b>	<b>1,095,260</b>	<b>604,046</b>	<b>1,699,306</b>

**CY2016 Accident and Health Report of Gross Annual Premium and Enrollment  
Statewide Data: Summary by Major Medical Lines of Business  
Group Markets**

MARKET SEGMENT	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	DIRECT PREMIUMS FOR NEW BUSINESS ONLY	EMPLOYER GROUPS	PRIMARY INSUREDS	COVERED DEPENDENTS	COVERED LIVES
<b><u>Groups 50 or Less</u></b>							
ACA On Exchange Self-Employed or Sole Proprietor	\$183,939	\$148,399	\$182,282	27	36	20	56
ACA On Exchange 2 - 50 Member Groups	\$5,242,255	\$3,463,252	\$2,454,417	125	891	361	1,252
ACA Off Exchange Self-Employed or Sole Proprietor	\$29,601,836	\$35,625,400	\$3,412,725	1,769	1,790	2,167	3,957
ACA Off Exchange 2 - 50 Member Groups	\$1,423,165,878	\$1,095,509,169	\$190,454,571	29,169	188,466	97,271	285,737
Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$1,063,703	\$1,134,075	\$0	63	63	34	97
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$228,452,118	\$159,494,002	\$0	4,210	21,308	14,210	35,518
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$11,686,660	\$14,845,495	\$74,345	600	600	776	1,376
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$1,258,951,176	\$932,627,468	\$14,362,448	22,281	139,629	80,142	219,771
Subtotal	\$2,958,347,565	\$2,242,847,260	\$210,940,788	58,244	352,783	194,981	547,764
<b><u>Groups 51-100</u></b>							
ACA On Exchange 51-100 Member Groups	\$214,850	\$160,287	\$0	0	0	0	0
ACA Off Exchange 51-100 Member Groups	\$1,135,544,596	\$887,810,535	\$104,657,215	7,704	157,163	79,270	236,433
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$59,315,780	\$39,972,023	\$0	269	6,505	3,743	10,248
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$91,721,186	\$76,273,187	\$17,651,116	453	15,071	6,334	21,405
Subtotal	\$1,286,796,412	\$1,004,216,032	\$122,308,331	8,426	178,739	89,347	268,086
<b><u>Groups 100+</u></b>							
ACA On Exchange 101+ Member Groups	\$2,638,204	\$6,625,684	\$0	6	136	144	280
ACA Off Exchange 101+ Member Groups	\$4,362,099,988	\$3,538,717,543	\$316,534,056	9,733	568,746	347,511	916,257
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$318,901,939	\$253,719,479	\$543,778	3,008	36,350	26,774	63,124
Transitional (In-State and Out-of-State) 101+ Member Groups	\$1,395,283,172	\$1,117,545,697	\$77,147,889	3,890	171,059	104,999	276,058
Subtotal	\$6,078,923,303	\$4,916,608,403	\$394,225,723	16,637	776,291	479,428	1,255,719
<b>Total Group</b>	<b>\$10,324,067,280</b>	<b>\$8,163,671,695</b>	<b>\$727,474,841</b>	<b>83,307</b>	<b>1,307,813</b>	<b>763,756</b>	<b>2,071,569</b>

## **CY2016 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Other Accident and Health Business**

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$664,276,878	\$0	\$46,099,530	7,927	1,753,413	1,416,469	3,169,882
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$457,007,325	\$226,592,298	\$79,431,585	99,266	12,266,023	3,152,155	15,418,178
Dental	\$1,503,004,747	\$1,251,063,200	\$157,361,690	206,043	3,076,565	2,789,856	5,866,421
Prescription Drug	\$819,210,564	\$647,736,978	\$29,997,143	493,144	868,495	1,002	869,497
Vision	\$241,051,703	\$189,864,333	\$40,005,831	163,577	1,834,524	2,317,548	4,152,072
Disability Income	\$1,359,198,552	\$1,271,367,899	\$192,076,371	38,795	3,906,524	5,806	3,912,330
Excess/Stop Loss	\$655,091,534	\$454,813,138	\$113,034,528	5,502	1,374,797	878,947	2,253,744
Limited Benefit	\$573,193,814	\$323,419,492	\$136,833,839	32,374	1,338,610	889,152	2,227,762
Long Term Care-Comprehensive	\$596,310,384	\$839,756,495	\$9,433,329	5,123	358,804	14,088	372,892
Long Term Care-Facility Only	\$34,828,430	\$81,856,543	\$971,827	541	18,750	2,332	21,082
Long Term Care-Non-Facility Only	\$19,069,020	\$54,243,179	\$40,945	0	10,848	1,326	12,174
Long Term Care-Accelerated Benefit Rider	\$5,794,213	\$973,116	\$1,689,960	41	4,001	239	4,240
Short Term Care	\$31,658,376	\$12,819,204	\$30,727,796	12,452	13,159	7,574	20,733

## **CY2016 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Other Accident and Health Business**

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Medicare Supplement	\$2,051,534,630	\$1,617,359,079	\$209,687,610	2,108	850,661	2,462	853,123
Medicare Advantage (Medicare+Choice)	\$19,673,153,008	\$16,185,547,749	\$3,106,068,220	331,014	1,614,125	1,800	1,615,925
Other	\$873,821,219	\$721,427,811	\$65,830,875	3,987	955,166	111,452	1,066,618
Misc.	\$15,901,250,686	\$14,051,359,812	\$420,561,570	64,861	3,393,546	56,923	3,450,469

## **CY2016 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings**

<b>Rank</b>	<b>Company Name</b>	<b>NAIC Company Code</b>	<b>Direct Premiums Earned</b>	<b>Covered Lives</b>	<b>Market Share (By Premium)</b>
1	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	98167	\$5,901,459,282	971,814	31.30%
2	HEALTH OPTIONS, INC.	95089	\$2,036,126,099	415,721	10.80%
3	HUMANA MEDICAL PLAN, INC.	95270	\$1,666,825,674	320,570	8.84%
4	UNITEDHEALTHCARE INSURANCE COMPANY	79413	\$1,594,237,632	316,168	8.46%
5	UNITEDHEALTHCARE OF FLORIDA, INC.	95264	\$1,047,537,845	182,413	5.56%
6	AETNA HEALTH INC.	95088	\$1,027,415,806	213,995	5.45%
7	COVENTRY HEALTH CARE OF FLORIDA, INC.	95114	\$884,718,123	219,837	4.69%
8	CIGNA HEALTH AND LIFE INSURANCE COMPANY	67369	\$638,672,557	153,719	3.39%
9	MOLINA HEALTHCARE OF FLORIDA, INC.	13128	\$596,396,773	195,660	3.16%
10	NEIGHBORHOOD HEALTH PARTNERSHIP, INC.	95123	\$578,017,255	121,542	3.07%
11	CAPITAL HEALTH PLAN, INC.	95112	\$546,290,712	111,655	2.90%
12	AVMED, INC.	95263	\$534,886,439	116,098	2.84%
13	AETNA LIFE INSURANCE COMPANY	60054	\$480,596,844	102,587	2.55%
14	CELTIC INSURANCE COMPANY	80799	\$259,553,304	88,903	1.38%
15	FLORIDA HEALTH CARE PLAN, INC.	13567	\$257,458,775	53,405	1.37%
16	GOLDEN RULE INSURANCE COMPANY	62286	\$202,166,260	52,609	1.07%
17	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	62308	\$127,171,473	36,298	0.67%
18	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	\$119,608,998	21,370	0.63%
19	HEALTH FIRST HEALTH PLANS, INC	15880	\$94,365,602	17,863	0.50%
20	UNITEDHEALTHCARE LIFE INSURANCE COMPANY	97179	\$73,156,816	10,512	0.39%
21	HEALTH FIRST COMMERCIAL PLANS, INC.	15882	\$72,758,621	14,264	0.39%
22	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	69671	\$51,484,095	7,607	0.27%
23	QCC INSURANCE COMPANY	93688	\$27,114,294	4,459	0.14%
24	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	25178	\$11,633,767	1,891	0.06%
25	ALL SAVERS INSURANCE COMPANY	82406	\$8,003,585	1,294	0.04%
26	HEALTH FIRST INSURANCE, INC.	14140	\$5,190,388	948	0.03%
27	4 EVER LIFE INSURANCE COMPANY	80985	\$4,647,359	1,468	0.02%
28	UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK	70106	\$3,672,876	7,661	0.02%
29	FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324	\$3,472,739	492	0.02%
30	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	81973	\$3,372,120	405	0.02%
31	AXA EQUITABLE LIFE INSURANCE COMPANY	62944	\$1,987,611	500	0.01%
32	UNITED AMERICAN INSURANCE COMPANY	92916	\$1,358,152	1,631	0.01%
33	EVEREST REINSURANCE COMPANY	26921	\$1,328,771	1,921	0.01%
34	CIGNA HEALTHCARE OF FLORIDA, INC.	95136	\$981,413	197	0.01%
35	THRIVENT FINANCIAL FOR LUTHERANS	56014	\$478,176	15	0.00%
36	PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)	68241	\$394,258	389	0.00%
37	TUFTS INSURANCE COMPANY	60117	\$371,080	848	0.00%
38	TRUSTMARK INSURANCE COMPANY	61425	\$348,175	43	0.00%
39	JOHN ALDEN LIFE INSURANCE COMPANY	65080	\$278,818	0	0.00%
40	AMERICAN NATIONAL LIFE INS. CO. OF TEXAS	71773	\$241,849	29	0.00%
41	METROPOLITAN LIFE INSURANCE COMPANY	65978	\$214,148	140	0.00%
42	COVENTRY HEALTH PLAN OF FLORIDA, INC.	95266	\$213,716	0	0.00%
43	LIFESHIELD NATIONAL INSURANCE CO.	99724	\$184,145	336	0.00%
44	ILLINOIS MUTUAL LIFE INSURANCE COMPANY	64580	\$145,599	9	0.00%

## **CY2016 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings**

<b>Rank</b>	<b>Company Name</b>	<b>NAIC Company Code</b>	<b>Direct Premiums Earned</b>	<b>Covered Lives</b>	<b>Market Share (By Premium)</b>
45	AMERICAN NATIONAL INSURANCE COMPANY	60739	\$137,127	44	0.00%
46	AMERICAN GENERAL LIFE INSURANCE COMPANY	60488	\$122,600	688	0.00%
47	DELAWARE AMERICAN LIFE INSURANCE COMPANY	62634	\$110,160	21	0.00%
48	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY	67784	\$97,024	113	0.00%
49	NEW ERA LIFE INSURANCE COMPANY	78743	\$91,873	53	0.00%
50	RESERVE NATIONAL INSURANCE COMPANY	68462	\$82,800	25	0.00%
51	CONTINENTAL GENERAL INSURANCE COMPANY	71404	\$54,667	78	0.00%
52	PYRAMID LIFE INSURANCE COMPANY (THE)	68284	\$53,564	2	0.00%
53	MUTUAL OF OMAHA INSURANCE COMPANY	71412	\$50,010	144	0.00%
54	AMERICAN REPUBLIC INSURANCE COMPANY	60836	\$43,973	6	0.00%
55	BCS INSURANCE COMPANY	38245	\$41,810	6	0.00%
56	CONSTITUTION LIFE INSURANCE COMPANY	62359	\$40,550	18	0.00%
57	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	91472	\$38,759	36	0.00%
58	MONY LIFE INSURANCE COMPANY	66370	\$34,022	17	0.00%
59	WILCAC LIFE INSURANCE COMPANY	62413	\$29,158	6	0.00%
60	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	64246	\$25,590	30	0.00%
61	UNION LABOR LIFE INSURANCE COMPANY	69744	\$23,384	15	0.00%
62	NEW YORK LIFE INSURANCE COMPANY	66915	\$22,456	12	0.00%
63	UNIFIED LIFE INSURANCE COMPANY	11121	\$21,428	26	0.00%
64	WASHINGTON NATIONAL INSURANCE COMPANY	70319	\$15,710	5	0.00%
65	NATIONAL BENEFIT LIFE INSURANCE COMPANY	61409	\$9,692	33	0.00%
66	TRANSAMERICA LIFE INSURANCE COMPANY	86231	\$9,040	32	0.00%
67	FLORIDA HEALTH SOLUTION HMO COMPANY	15634	\$8,436	88	0.00%
68	MADISON NATIONAL LIFE INSURANCE COMPANY INC.	65781	\$8,291	0	0.00%
69	CENTRE LIFE INSURANCE COMPANY	80896	\$6,113	47	0.00%
70	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA	90611	\$5,476	0	0.00%
71	WILCO LIFE INSURANCE COMPANY	65900	\$4,675	2	0.00%
72	CINCINNATI LIFE INSURANCE COMPANY (THE)	76236	\$4,009	5	0.00%
73	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY	86355	\$3,232	4	0.00%
74	WILTON REASSURANCE LIFE COMPANY OF NEW YORK	60704	\$2,809	9	0.00%
75	LOYAL AMERICAN LIFE INSURANCE COMPANY	65722	\$2,776	0	0.00%
76	LINCOLN NATIONAL LIFE INSURANCE COMPANY	65676	\$2,579	0	0.00%
77	PAN-AMERICAN LIFE INSURANCE COMPANY	67539	\$2,109	4	0.00%
78	STATE LIFE INSURANCE COMPANY	69116	\$1,870	3	0.00%
79	NATIONWIDE LIFE INSURANCE COMPANY	66869	\$1,869	0	0.00%
80	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	66087	\$1,658	0	0.00%
81	CONTINENTAL CASUALTY COMPANY	20443	\$1,654	5	0.00%
82	PRINCIPAL LIFE INSURANCE COMPANY	61271	\$1,444	1	0.00%
83	KANSAS CITY LIFE INSURANCE COMPANY	65129	\$1,330	1	0.00%
84	AMERICAN STATES INSURANCE COMPANY	19704	\$1,134	1	0.00%
85	OHIO STATE LIFE INSURANCE COMPANY (THE)	67180	\$860	1	0.00%
86	UNION SECURITY INSURANCE COMPANY	70408	\$672	0	0.00%
87	PRIMERICA LIFE INSURANCE COMPANY	65919	\$379	1	0.00%
88	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY	25135	\$249	1	0.00%

## **CY2016 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings**

<i>Rank</i>	<i>Company Name</i>	<i>NAIC Company Code</i>	<i>Direct Premiums Earned</i>	<i>Covered Lives</i>	<i>Market Share (By Premium)</i>
89	ASSURITY LIFE INSURANCE COMPANY	71439	\$204	1	0.00%
90	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	62057	\$177	0	0.00%
91	JEFFERSON NATIONAL LIFE INSURANCE COMPANY	64017	\$145	0	0.00%
92	WILLIAM PENN ASSOCIATION	57010	\$104	3	0.00%
93	TRANSAMERICA PREMIER LIFE INSURANCE COMPANY	66281	\$104	1	0.00%

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## 20/20 EYECARE PLAN, INC

### NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$303,109	\$150,748	\$0	15	3,259	3,416	6,675
<b>TOTAL</b>	<b>\$303,109</b>	<b>\$150,748</b>	<b>\$0</b>	<b>15</b>	<b>3,259</b>	<b>3,416</b>	<b>6,675</b>

## 21ST CENTURY CENTENNIAL INSURANCE COMPANY

### NAIC Company Code

34789

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$343	\$18	\$0	0	1	0	1
Limited Benefit	\$257	\$12	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$600</b>	<b>\$30</b>	<b>\$0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

## 21ST CENTURY PREMIER INSURANCE COMPANY

### NAIC Company Code

20796

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$479	\$33	\$0	0	8	0	8
Limited Benefit	\$2,286	\$756	\$0	0	9	2	11
Medicare Supplement	\$7,040	\$7,082	\$0	0	5	2	7
<b>TOTAL</b>	<b>\$9,805</b>	<b>\$7,871</b>	<b>\$0</b>	<b>0</b>	<b>22</b>	<b>4</b>	<b>26</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## 4 EVER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80985							
ACA Off Exchange 2 - 50 Member Groups	\$213,392	\$79,480	\$0	47	343	39	382
ACA Off Exchange 51-100 Member Groups	\$4,433,967	\$2,789,624	\$0	89	895	191	1,086
Vision	\$0	\$50	\$0	0	0	0	0
Disability Income	\$114,617	\$15,848	\$0	59	495	0	495
Other	\$537,119	\$172,623	\$537,119	32	3,420	1,093	4,513
<b>TOTAL</b>	<b>\$5,299,095</b>	<b>\$3,057,625</b>	<b>\$537,119</b>	<b>227</b>	<b>5,153</b>	<b>1,323</b>	<b>6,476</b>

## 5 STAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77879							
Limited Benefit	\$2,622	\$0	\$1,986	4	11	0	11
<b>TOTAL</b>	<b>\$2,622</b>	<b>\$0</b>	<b>\$1,986</b>	<b>4</b>	<b>11</b>	<b>0</b>	<b>11</b>

## AAA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71854							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$9,025,733	\$4,299,630	\$1,192,220	2	46,608	36,083	82,691
Limited Benefit	\$64,928	\$14,699	\$54	0	126	0	126
<b>TOTAL</b>	<b>\$9,090,661</b>	<b>\$4,314,329</b>	<b>\$1,192,274</b>	<b>2</b>	<b>46,734</b>	<b>36,083</b>	<b>82,817</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ABILITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71471							
Long Term Care-Comprehensive	\$1,838,166	\$4,382,618	\$0	0	1,362	0	1,362
Long Term Care-Facility Only	\$18,573	\$5,157	\$0	0	92	0	92
Long Term Care-Non-Facility Only	\$51,127	\$81,018	\$0	0	74	0	74
<b>TOTAL</b>	<b>\$1,907,866</b>	<b>\$4,468,793</b>	<b>\$0</b>	<b>0</b>	<b>1,528</b>	<b>0</b>	<b>1,528</b>

## ACE AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22667							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$14,525,799	\$1,506,587	\$123,528	336	136,329	70,129	206,458
Dental	\$6,349	\$945	\$0	0	43	0	43
Excess/Stop Loss	\$574,380	\$891,646	\$0	1	364	182	546
Limited Benefit	\$234,486	\$57,709	\$0	4	142	73	215
Other	\$327,672	\$0	\$0	4	2,682	1,482	4,164
<b>TOTAL</b>	<b>\$15,668,686</b>	<b>\$2,456,887</b>	<b>\$123,528</b>	<b>345</b>	<b>139,560</b>	<b>71,866</b>	<b>211,426</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ADVANTICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12278							
Dental	\$699,340	\$473,740	\$191,141	15	1,467	1,018	2,485
Vision	\$3,182,647	\$1,850,728	\$2,446,834	558	31,903	24,851	56,754
<b>TOTAL</b>	<b>\$3,881,987</b>	<b>\$2,324,468</b>	<b>\$2,637,975</b>	<b>573</b>	<b>33,370</b>	<b>25,869</b>	<b>59,239</b>

## ADVANTICA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$564,539	\$450,734	\$0	3	6,907	5,483	12,390
<b>TOTAL</b>	<b>\$564,539</b>	<b>\$450,734</b>	<b>\$0</b>	<b>3</b>	<b>6,907</b>	<b>5,483</b>	<b>12,390</b>

## AEGIS SECURITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
33898							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$63,507	(\$4,700)	\$63,507	138	2,841	0	2,841
<b>TOTAL</b>	<b>\$63,507</b>	<b>(\$4,700)</b>	<b>\$63,507</b>	<b>138</b>	<b>2,841</b>	<b>0</b>	<b>2,841</b>

## AETNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78700							
Medicare Supplement	\$396,069	\$362,999	\$255,918	1	451	0	451
<b>TOTAL</b>	<b>\$396,069</b>	<b>\$362,999</b>	<b>\$255,918</b>	<b>1</b>	<b>451</b>	<b>0</b>	<b>451</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AETNA HEALTH INC.

### NAIC Company Code

95088

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$88,635,251	\$73,472,313	\$88,595,945	0	11,601	7,932	19,533
ACA Off Exchange Guarantee Issue	\$60,972,459	\$49,884,462	\$60,945,421	0	8,026	7,380	15,406
ACA Off Exchange Self-Employed or Sole Proprietor	\$8,828,630	\$11,400,508	\$647,852	511	511	660	1,171
ACA Off Exchange 2 - 50 Member Groups	\$137,446,502	\$101,938,590	\$11,762,583	2,201	15,064	7,129	22,193
ACA Off Exchange 51-100 Member Groups	\$107,634,412	\$90,820,013	\$67,708,260	143	16,258	6,840	23,098
ACA Off Exchange 101+ Member Groups	\$495,051,918	\$418,152,185	\$74,412,950	664	74,101	31,170	105,271
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$19,329,113	\$16,579,696	\$0	0	2,449	2,768	5,217
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$7,605,366	\$6,423,974	\$0	3	1,827	767	2,594
Transitional (In-State and Out-of-State) Self- Employed or Sole Proprietor	\$6,923,017	\$8,951,814	\$0	331	331	504	835
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$94,989,695	\$68,028,731	\$0	1,614	12,646	6,031	18,677
Transitional (In-State and Out-of-State) Conversion	(\$557)	(\$47,468)	\$0	0	0	0	0
Medicare Advantage (Medicare+Choice)	\$935,465,279	\$740,459,473	\$189,374,291	67,835	67,835	0	67,835
<b>TOTAL</b>	<b>\$1,962,881,085</b>	<b>\$1,586,064,291</b>	<b>\$493,447,302</b>	<b>73,302</b>	<b>210,649</b>	<b>71,181</b>	<b>281,830</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AETNA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60054							
ACA Off Exchange Guarantee Issue	\$5,367,973	\$3,513,954	\$374,415	0	641	397	1,038
ACA Off Exchange Self-Employed or Sole Proprietor	\$16,353,376	\$20,546,787	\$2,120,749	949	949	1,137	2,086
ACA Off Exchange 2 - 50 Member Groups	\$28,857,993	\$26,246,198	\$3,409,833	529	2,679	1,823	4,502
ACA Off Exchange 51-100 Member Groups	\$38,003,213	\$33,430,512	\$6,737,014	551	4,394	2,813	7,207
ACA Off Exchange 101+ Member Groups	\$380,687,044	\$321,327,154	\$61,051,154	2,144	50,419	35,694	86,113
ACA Off Exchange Conversion	(\$21,295)	(\$8,538)	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$2,138,575	\$3,402,663	\$0	0	287	57	344
Grandfathered (In-State and Out-of-State) Conversion	(\$4,427)	(\$6,183)	\$0	0	0	0	0
Transitional (In-State and Out-of-State) Self- Employed or Sole Proprietor	\$2,775,210	\$2,814,388	\$0	144	144	164	308
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$6,439,182	\$4,485,614	\$0	120	582	407	989
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$7,549,989	\$2,590,509	\$0	799	462,625	1,994	464,619
Dental	\$88,418,632	\$57,984,343	\$0	4,924	228,870	149,339	378,209
Prescription Drug	\$17,123,232	\$12,205,923	\$0	10,171	10,171	0	10,171
Disability Income	\$139,051,544	\$72,150,804	\$71,810,170	139	546,433	0	546,433
Excess/Stop Loss	\$51,608,903	\$41,718,954	\$9,176,472	111	92,641	86,569	179,210

## CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

Long Term Care-Comprehensive	\$2,400,432	\$4,189,487	\$0	0	1,616	1,081	2,697
Medicare Supplement	\$3,905,051	\$2,841,185	\$0	1,147	1,147	0	1,147
Medicare Advantage (Medicare+Choice)	\$423,793,265	\$330,206,818	\$0	34,002	34,002	0	34,002
Other	\$10,276,989	\$12,055,486	\$0	1	5,870	0	5,870
Misc.	\$29,495,008	\$30,141,579	\$0	2	2,511	2,529	5,040
<b>TOTAL</b>	<b>\$1,254,219,889</b>	<b>\$981,837,637</b>	<b>\$154,679,807</b>	<b>55,733</b>	<b>1,445,981</b>	<b>284,004</b>	<b>1,729,985</b>

### AHF MCO OF FLORIDA, INC.

#### NAIC Company Code

12973

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Medicare Advantage (Medicare+Choice)	\$74,044,909	\$70,019,373	\$0	0	16,082	0	16,082
Misc.	\$47,758,422	\$50,677,735	\$0	0	22,830	0	22,830
<b>TOTAL</b>	<b>\$121,803,331</b>	<b>\$120,697,108</b>	<b>\$0</b>	<b>0</b>	<b>38,912</b>	<b>0</b>	<b>38,912</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ALL SAVERS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
82406							
ACA Off Exchange 2 - 50 Member Groups	\$400,151	\$223,479	\$0	6	30	13	43
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$7,560,735	\$5,754,915	\$0	125	863	375	1,238
Transitional (In-State and Out-of-State) Conversion	\$42,699	\$12,368	\$29,850	0	5	8	13
Excess/Stop Loss	\$9,077,935	\$8,900,267	\$6,778,475	168	3,341	1,859	5,200
<b>TOTAL</b>	<b>\$17,081,520</b>	<b>\$14,891,029</b>	<b>\$6,808,325</b>	<b>299</b>	<b>4,239</b>	<b>2,255</b>	<b>6,494</b>

## ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90611							
Grandfathered (In-State and Out-of-State) Conversion	\$5,476	\$749	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$289	\$0	\$0	0	0	0	0
Disability Income	\$1,189	\$0	\$0	0	0	0	0
Limited Benefit	\$12,943	\$24,680	\$0	3	73	0	73
Long Term Care-Comprehensive	\$10,399,812	\$7,254,525	\$0	3	6,665	0	6,665
Medicare Supplement	\$3,557	\$11,796	\$0	1	1	0	1
<b>TOTAL</b>	<b>\$10,423,266</b>	<b>\$7,291,750</b>	<b>\$0</b>	<b>7</b>	<b>6,739</b>	<b>0</b>	<b>6,739</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ALLSTATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60186							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,217,359	\$1,048,352	\$0	0	21,870	0	21,870
Disability Income	\$258	(\$334)	\$0	0	1	0	1
Limited Benefit	\$92,331	\$100,632	\$0	0	345	0	345
Long Term Care-Comprehensive	\$172,834	\$1,004,091	\$0	0	138	0	138
<b>TOTAL</b>	<b>\$2,482,782</b>	<b>\$2,152,741</b>	<b>\$0</b>	<b>0</b>	<b>22,354</b>	<b>0</b>	<b>22,354</b>

## AMALGAMATED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60216							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,244	\$0	\$3,244	0	2	0	2
Disability Income	\$5,218	\$12,000	\$0	0	3	0	3
Excess/Stop Loss	\$277,384	\$155,721	\$0	0	738	0	738
<b>TOTAL</b>	<b>\$285,846</b>	<b>\$167,721</b>	<b>\$3,244</b>	<b>0</b>	<b>743</b>	<b>0</b>	<b>743</b>

## AMERICAN ALTERNATIVE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19720							
Excess/Stop Loss	\$13,629,037	\$11,880,244	\$655,133	16	71,343	18,579	89,922
<b>TOTAL</b>	<b>\$13,629,037</b>	<b>\$11,880,244</b>	<b>\$655,133</b>	<b>16</b>	<b>71,343</b>	<b>18,579</b>	<b>89,922</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10111							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$14,805	\$1,322	\$0	1	123	0	123
Disability Income	\$1,918	\$171	\$0	1	16	0	16
<b>TOTAL</b>	<b>\$16,723</b>	<b>\$1,493</b>	<b>\$0</b>	<b>2</b>	<b>139</b>	<b>0</b>	<b>139</b>

## AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60275							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$145,908	(\$34,023)	\$0	1	11,116	707	11,823
Disability Income	\$18,071	\$10,094	\$0	1	51	4	55
<b>TOTAL</b>	<b>\$163,979</b>	<b>(\$23,929)</b>	<b>\$0</b>	<b>2</b>	<b>11,167</b>	<b>711</b>	<b>11,878</b>

## AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20427							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$109	\$0	\$0	0	4	0	4
Limited Benefit	\$235	\$8	\$0	0	21	0	21
<b>TOTAL</b>	<b>\$344</b>	<b>\$8</b>	<b>\$0</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>25</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN CONTINENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12321							
Medicare Supplement	\$2,058,500	\$1,653,549	\$107,991	0	1,052	0	1,052
<b>TOTAL</b>	<b>\$2,058,500</b>	<b>\$1,653,549</b>	<b>\$107,991</b>	<b>0</b>	<b>1,052</b>	<b>0</b>	<b>1,052</b>

## AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60380							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$75,400,621	\$36,356,058	\$19,641,557	0	228,240	236,870	465,110
Dental	\$9,322,298	\$3,608,291	\$2,926,498	0	18,975	12,244	31,219
Vision	\$2,017,717	\$619,604	\$818,467	0	10,648	7,868	18,516
Disability Income	\$64,514,794	\$31,493,688	\$17,786,704	0	124,645	0	124,645
Limited Benefit	\$168,473,574	\$93,458,200	\$32,697,481	0	360,801	336,580	697,381
Long Term Care-Comprehensive	\$1,439,189	\$1,636,708	\$1,259	0	1,341	151	1,492
Medicare Supplement	\$2,253,585	\$2,274,924	\$0	0	887	0	887
<b>TOTAL</b>	<b>\$323,421,778</b>	<b>\$169,447,472</b>	<b>\$73,871,965</b>	<b>0</b>	<b>745,537</b>	<b>593,713</b>	<b>1,339,250</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN FIDELITY ASSURANCE COMPANY

### NAIC Company Code

60410	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,163,081	\$1,381,217	\$588,141	3	7,082	1,438	8,520
Disability Income	\$7,295,723	\$3,285,475	\$1,527,552	44	12,260	0	12,260
Excess/Stop Loss	\$318,039	(\$67,070)	\$0	3	624	257	881
Limited Benefit	\$5,415,703	\$2,710,706	\$1,091,256	23	13,256	3,067	16,323
Long Term Care-Comprehensive	\$338,960	\$225,444	\$2,759	0	257	48	305
<b>TOTAL</b>	<b>\$15,531,506</b>	<b>\$7,535,772</b>	<b>\$3,209,708</b>	<b>73</b>	<b>33,479</b>	<b>4,810</b>	<b>38,289</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN GENERAL LIFE INSURANCE COMPANY

### NAIC Company Code

60488

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$122,600	\$281,561	\$0	426	426	262	688
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,586,819	\$1,088,704	\$0	29,176	30,589	16,176	46,765
Dental	\$66,559	\$77,702	\$0	4	23	20	43
Vision	\$48,837	\$99,326	\$0	0	23	9	32
Disability Income	\$2,629,817	\$4,368,295	\$0	1,549	11,530	90	11,620
Limited Benefit	\$3,325,513	\$3,061,057	\$0	14,143	14,992	4,213	19,205
Long Term Care-Comprehensive	\$859,924	\$1,884,917	\$0	290	362	0	362
Medicare Supplement	\$207,418	\$447,199	\$0	97	113	1	114
<b>TOTAL</b>	<b>\$10,847,487</b>	<b>\$11,308,761</b>	<b>\$0</b>	<b>45,685</b>	<b>58,058</b>	<b>20,771</b>	<b>78,829</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60518							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$550,290	\$261,333	\$0	3	4,527	3,181	7,708
Disability Income	\$116	\$4,704	\$0	1	1	0	1
Limited Benefit	\$7,668	\$4,330	\$0	1	31	3	34
Long Term Care-Comprehensive	\$3,549	\$72,227	\$0	1	2	0	2
<b>TOTAL</b>	<b>\$561,623</b>	<b>\$342,594</b>	<b>\$0</b>	<b>6</b>	<b>4,561</b>	<b>3,184</b>	<b>7,745</b>

## AMERICAN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60534							
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$0	(\$26,745)	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$32,489,577	\$23,620,364	\$10,415,261	1,281	133,099	132,684	265,783
Dental	\$24,519	\$2,043	\$0	58	1,565	581	2,146
Disability Income	\$9,185,861	\$4,380,721	\$2,135,623	205	16,626	0	16,626
Limited Benefit	\$58,145,235	\$39,488,457	\$18,686,346	1,091	189,979	183,741	373,720
Long Term Care-Comprehensive	\$517,397	\$2,061,224	\$0	0	259	0	259
<b>TOTAL</b>	<b>\$100,362,589</b>	<b>\$69,526,064</b>	<b>\$31,237,230</b>	<b>2,635</b>	<b>341,528</b>	<b>317,006</b>	<b>658,534</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN HOME ASSURANCE COMPANY

NAIC Company Code

19380

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$34,472	(\$1,053)	\$0	0	66	0	66
<b>TOTAL</b>	<b>\$34,472</b>	<b>(\$1,053)</b>	<b>\$0</b>	<b>0</b>	<b>66</b>	<b>0</b>	<b>66</b>

## AMERICAN INCOME LIFE INSURANCE COMPANY

NAIC Company Code

60577

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,708,253	\$1,887,253	\$587,869	415	320,396	22,664	343,060
Disability Income	\$1,110	\$0	\$0	0	3	0	3
Limited Benefit	\$874,153	\$680,182	\$129,250	0	8,546	10,955	19,501
Medicare Supplement	\$48,726	\$65,190	\$0	0	20	0	20
<b>TOTAL</b>	<b>\$3,632,242</b>	<b>\$2,632,625</b>	<b>\$717,119</b>	<b>415</b>	<b>328,965</b>	<b>33,619</b>	<b>362,584</b>

## AMERICAN MEMORIAL LIFE INSURANCE COMPANY

NAIC Company Code

67989

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$0	\$761	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$0</b>	<b>\$761</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN MODERN HOME INSURANCE COMPANY

NAIC Company Code

23469

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other	\$2,787,528	\$2,586,653	\$2,586,653	0	14,920	7,715	22,635
<b>TOTAL</b>	<b>\$2,787,528</b>	<b>\$2,586,653</b>	<b>\$2,586,653</b>	<b>0</b>	<b>14,920</b>	<b>7,715</b>	<b>22,635</b>

## AMERICAN NATIONAL INSURANCE COMPANY

NAIC Company Code

60739

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$137,127	\$101,897	\$0	0	31	13	44
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,373	(\$1)	\$0	0	149	9	158
Disability Income	\$9,766	\$29,213	\$0	0	15	0	15
Limited Benefit	\$45,711	(\$121,631)	\$0	0	136	65	201
Medicare Supplement	\$733	\$12,824	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$198,710</b>	<b>\$22,302</b>	<b>\$0</b>	<b>0</b>	<b>332</b>	<b>87</b>	<b>419</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71773							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$129,096	\$18,411	\$0	0	18	3	21
Grandfathered (In-State and Out-of-State) Conversion	\$112,753	\$187,705	\$0	0	8	0	8
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,482	\$0	\$0	0	0	0	0
Dental	\$2,180	(\$56)	\$0	1	2	1	3
Medicare Supplement	\$91,787	\$61,946	\$177	1	32	0	32
<b>TOTAL</b>	<b>\$337,298</b>	<b>\$268,006</b>	<b>\$177</b>	<b>2</b>	<b>60</b>	<b>4</b>	<b>64</b>

## AMERICAN PUBLIC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60801							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$154,949	\$39,496	\$0	4	709	1,044	1,753
Dental	\$75,096	\$39,034	\$0	1	14	22	36
Disability Income	\$107,540	\$26,522	\$0	1	105	105	210
Limited Benefit	\$25,031,840	\$14,598,370	\$12,263,994	782	44,276	64,510	108,786
<b>TOTAL</b>	<b>\$25,369,425</b>	<b>\$14,703,422</b>	<b>\$12,263,994</b>	<b>788</b>	<b>45,104</b>	<b>65,681</b>	<b>110,785</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60836							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$43,973	\$483,553	\$0	0	5	1	6
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$118	\$0	\$0	0	4	0	4
Dental	\$14,259	\$20,224	\$0	0	34	0	34
Limited Benefit	\$34,523	\$10,206	\$0	1	143	38	181
Long Term Care-Comprehensive	\$13,906	\$25,960	\$0	0	5	0	5
Medicare Supplement	\$1,564,981	\$1,358,287	\$0	1	434	6	440
<b>TOTAL</b>	<b>\$1,671,760</b>	<b>\$1,898,230</b>	<b>\$0</b>	<b>2</b>	<b>625</b>	<b>45</b>	<b>670</b>

## AMERICAN RETIREMENT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88366							
Medicare Supplement	\$6,276,910	\$4,206,128	\$3,343,136	0	3,209	0	3,209
<b>TOTAL</b>	<b>\$6,276,910</b>	<b>\$4,206,128</b>	<b>\$3,343,136</b>	<b>0</b>	<b>3,209</b>	<b>0</b>	<b>3,209</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN STATES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19704							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,134	(\$546)	\$0	0	1	0	1
Disability Income	\$26,086	(\$12,549)	\$0	0	23	0	23
<b>TOTAL</b>	<b>\$27,220</b>	<b>(\$13,095)</b>	<b>\$0</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>24</b>

## AMERICAN UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60895							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$51,020	\$0	\$2,756	60	2,905	527	3,432
Disability Income	\$743,320	\$570,696	\$123,359	12	2,382	0	2,382
<b>TOTAL</b>	<b>\$794,340</b>	<b>\$570,696</b>	<b>\$126,115</b>	<b>72</b>	<b>5,287</b>	<b>527</b>	<b>5,814</b>

## AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61999							
Disability Income	\$3,815	\$0	\$1,870	0	15	0	15
Medicare Supplement	\$17,383	\$7,667	\$17,383	0	25	0	25
<b>TOTAL</b>	<b>\$21,198</b>	<b>\$7,667</b>	<b>\$19,253</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>40</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERIGROUP FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95093							
Medicare Advantage (Medicare+Choice)	(\$511,914)	(\$906,252)	\$0	0	0	0	0
<b>TOTAL</b>	<b>(\$511,914)</b>	<b>(\$906,252)</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## AMERITAS LIFE INSURANCE CORP.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61301							
Dental	\$22,394,429	\$14,828,098	\$2,813,982	3,480	35,600	89,000	124,600
Vision	\$4,094,096	\$2,029,312	\$85,835	934	30,082	75,205	105,287
Disability Income	\$7,089,663	\$925,940	\$742,724	0	1,523	0	1,523
<b>TOTAL</b>	<b>\$33,578,188</b>	<b>\$17,783,350</b>	<b>\$3,642,541</b>	<b>4,414</b>	<b>67,205</b>	<b>164,205</b>	<b>231,410</b>

## AMEX ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27928							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$6,721,625	\$694,751	\$5,162,232	0	2,278,772	1,251,505	3,530,277
Limited Benefit	\$44	\$9	\$44	0	0	0	0
Other	\$1,939,214	\$394,910	\$1,912,190	0	8,537	6,971	15,508
<b>TOTAL</b>	<b>\$8,660,883</b>	<b>\$1,089,670</b>	<b>\$7,074,466</b>	<b>0</b>	<b>2,287,309</b>	<b>1,258,476</b>	<b>3,545,785</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMFIRST INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60250							
Dental	\$23,691	\$1,370	\$0	1	41	23	64
Limited Benefit	\$39,277	\$16,252	\$4,576	3	108	46	154
<b>TOTAL</b>	<b>\$62,968</b>	<b>\$17,622</b>	<b>\$4,576</b>	<b>4</b>	<b>149</b>	<b>69</b>	<b>218</b>

## ARCH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11150							
Other	\$3,344,136	\$2,510,795	\$3,344,136	0	51,095	0	51,095
<b>TOTAL</b>	<b>\$3,344,136</b>	<b>\$2,510,795</b>	<b>\$3,344,136</b>	<b>0</b>	<b>51,095</b>	<b>0</b>	<b>51,095</b>

## ARGUS DENTAL & VISION, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Dental	\$484,681	\$41,008,428	\$283,474	35	3,959	3,691	7,650
Vision	\$0	\$17,263,356	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$484,681</b>	<b>\$58,271,784</b>	<b>\$283,474</b>	<b>35</b>	<b>3,959</b>	<b>3,691</b>	<b>7,650</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ARROWOOD INDEMNITY COMPANY

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

## ASSURED LIFE ASSOCIATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56499							
Medicare Supplement	\$261,707	\$218,296	\$0	0	92	0	92
<b>TOTAL</b>	<b>\$261,707</b>	<b>\$218,296</b>	<b>\$0</b>	<b>0</b>	<b>92</b>	<b>0</b>	<b>92</b>

## ASSURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71439							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$204	\$4	\$0	0	1	0	1
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$220,514	\$270,060	\$43,180	0	1,740	11	1,751
Disability Income	\$1,695,052	\$1,236,554	\$229,706	0	1,834	1	1,835
Limited Benefit	\$526,958	\$170,070	\$42,537	0	1,063	353	1,416
Long Term Care-Comprehensive	\$18,390	\$0	\$0	0	3	1	4
<b>TOTAL</b>	<b>\$2,461,118</b>	<b>\$1,676,688</b>	<b>\$315,423</b>	<b>0</b>	<b>4,641</b>	<b>366</b>	<b>5,007</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ATHENE ANNUITY & LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61492							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$294,755	\$19,817	\$0	0	2,296	986	3,282
Disability Income	\$108,702	\$61,225	\$0	0	144	0	144
Limited Benefit	\$340	\$0	\$0	0	107	151	258
<b>TOTAL</b>	<b>\$403,797</b>	<b>\$81,042</b>	<b>\$0</b>	<b>0</b>	<b>2,547</b>	<b>1,137</b>	<b>3,684</b>

## ATHENE ANNUITY AND LIFE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61689							
Disability Income	\$234,061	\$487,610	\$0	0	481	0	481
<b>TOTAL</b>	<b>\$234,061</b>	<b>\$487,610</b>	<b>\$0</b>	<b>0</b>	<b>481</b>	<b>0</b>	<b>481</b>

## ATHENE LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63932							
Disability Income	\$5,263	\$108,301	\$0	0	11	0	11
<b>TOTAL</b>	<b>\$5,263</b>	<b>\$108,301</b>	<b>\$0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>11</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ATLANTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61093							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$510	\$0	\$0	0	96	0	96
Limited Benefit	\$6,575	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$7,085</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>96</b>	<b>0</b>	<b>96</b>

## ATLANTIC AMBULANCE SERVICES ACQUISITION, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other	\$294,331	\$226,406	\$0	54	16,843	0	16,843
<b>TOTAL</b>	<b>\$294,331</b>	<b>\$226,406</b>	<b>\$0</b>	<b>54</b>	<b>16,843</b>	<b>0</b>	<b>16,843</b>

## ATLANTIC SPECIALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27154							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,915,664	\$2,193,524	\$1,682,670	20	27,061	0	27,061
<b>TOTAL</b>	<b>\$4,915,664</b>	<b>\$2,193,524</b>	<b>\$1,682,670</b>	<b>20</b>	<b>27,061</b>	<b>0</b>	<b>27,061</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AUTO-OWNERS LIFE INSURANCE COMPANY

NAIC Company Code

61190

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$240,191	\$115,575	\$1,430	0	307	0	307
Long Term Care-Comprehensive	\$128,545	\$384,363	\$0	0	66	0	66
Medicare Supplement	\$23,299	\$24,661	\$0	0	13	0	13
<b>TOTAL</b>	<b>\$392,035</b>	<b>\$524,599</b>	<b>\$1,430</b>	<b>0</b>	<b>386</b>	<b>0</b>	<b>386</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AVMED, INC.

### NAIC Company Code

95263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange Guarantee Issue	\$112,312,442	\$116,602,192	\$72,415,996	0	13,519	11,297	24,816
ACA Off Exchange Self-Employed or Sole Proprietor	\$58,401	\$100,002	\$0	6	10	4	14
ACA Off Exchange 2 - 50 Member Groups	\$192,332,446	\$146,126,544	\$39,296,830	3,705	30,003	12,837	42,840
ACA Off Exchange 51-100 Member Groups	\$18,811,644	\$16,844,041	\$1,602,202	52	2,533	1,056	3,589
ACA Off Exchange 101+ Member Groups	\$154,041,027	\$135,497,014	\$6,560,865	99	18,912	12,147	31,059
Transitional (In-State and Out-of-State) Individually Underwritten	\$14,306,915	\$8,757,452	\$0	0	2,414	1,817	4,231
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$35,939	\$56,786	\$0	4	4	4	8
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$42,987,625	\$47,386,326	\$0	961	6,046	3,495	9,541
Administrative Services Only (ASO)	\$56,188,684	\$0	\$0	9	97,086	103,629	200,715
Medicare Advantage (Medicare+Choice)	\$408,091,446	\$360,749,084	\$0	1	30,205	0	30,205
Misc.	\$24,541,429	\$23,597,720	\$0	1	1,752	1,794	3,546
<b>TOTAL</b>	<b>\$1,023,707,998</b>	<b>\$855,717,161</b>	<b>\$119,875,893</b>	<b>4,838</b>	<b>202,484</b>	<b>148,080</b>	<b>350,564</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AXA EQUITABLE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62944							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,915,744	\$3,972,564	\$0	0	302	188	490
Grandfathered (In-State and Out-of-State) Conversion	\$71,867	\$220,386	\$0	0	5	5	10
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$8,944	\$0	\$0	0	1	0	1
Dental	\$1,379	\$735	\$1,379	3	10	0	10
Vision	\$31	\$0	\$31	2	21	0	21
Disability Income	\$2,152,100	\$22,798,768	\$0	1	1,792	0	1,792
<b>TOTAL</b>	<b>\$4,150,065</b>	<b>\$26,992,453</b>	<b>\$1,410</b>	<b>6</b>	<b>2,131</b>	<b>193</b>	<b>2,324</b>

## AXIS INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
37273							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$734,783	\$230,031	\$275,544	251	132,476	0	132,476
Dental	\$16,779	\$13,245	\$3,723	7	80	32	112
Vision	\$2,826	\$890	\$597	4	79	31	110
Disability Income	\$0	(\$47)	\$0	0	0	0	0
Limited Benefit	\$350,995	\$140,127	\$65,770	30	584	233	817
<b>TOTAL</b>	<b>\$1,105,383</b>	<b>\$384,246</b>	<b>\$345,634</b>	<b>292</b>	<b>133,219</b>	<b>296</b>	<b>133,515</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BALTIMORE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61212							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$36	\$18,035	\$0	0	10	0	10
Limited Benefit	\$17,224	\$60	\$0	7	71	44	115
<b>TOTAL</b>	<b>\$17,260</b>	<b>\$18,095</b>	<b>\$0</b>	<b>7</b>	<b>81</b>	<b>44</b>	<b>125</b>

## BANKERS FIDELITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61239							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,217	\$63	\$0	0	6	0	6
Disability Income	\$3,950	\$6,852	\$0	0	4	0	4
Limited Benefit	\$14,034	(\$348)	\$0	0	96	0	96
Medicare Supplement	\$198,574	\$124,189	\$0	0	63	0	63
<b>TOTAL</b>	<b>\$218,775</b>	<b>\$130,756</b>	<b>\$0</b>	<b>0</b>	<b>169</b>	<b>0</b>	<b>169</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BANKERS LIFE AND CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61263							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$28,669	(\$1,120)	\$389	0	196	0	196
Disability Income	\$270,545	\$567,286	\$0	0	338	0	338
Limited Benefit	\$2,294,511	\$971,213	\$388,753	0	4,508	318	4,826
Long Term Care-Comprehensive	\$10,528,317	\$8,822,667	\$464,779	0	4,866	1,055	5,921
Long Term Care-Facility Only	\$21,496,719	\$23,627,806	\$948,986	0	9,936	2,154	12,090
Long Term Care-Non-Facility Only	\$12,344,693	\$22,184,499	\$40,945	0	7,471	1,198	8,669
Short Term Care	\$395,402	\$502,290	\$3,393	0	392	29	421
Medicare Supplement	\$39,274,199	\$31,709,083	\$1,562	0	13,586	199	13,785
<b>TOTAL</b>	<b>\$86,633,055</b>	<b>\$88,383,724</b>	<b>\$1,848,807</b>	<b>0</b>	<b>41,293</b>	<b>4,953</b>	<b>46,246</b>

## BANKERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81043							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$6,755	\$0	\$0	0	52	0	52
<b>TOTAL</b>	<b>\$6,755</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>52</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BANNER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
94250							
Disability Income	\$67	\$0	\$0	0	1	0	1
Limited Benefit	\$320	\$0	\$0	0	2	0	2
<b>TOTAL</b>	<b>\$387</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>

## BCS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38245							
ACA Off Exchange 101+ Member Groups	\$41,810	\$30,940	\$41,810	5	6	0	6
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$899,932	\$590,684	\$0	1	3,097	2,034	5,131
Dental	\$311,570	\$32,668	\$0	59	1,032	225	1,257
Vision	\$103,971	(\$2,048)	\$0	3	703	165	868
Excess/Stop Loss	\$767,002	\$661,313	\$15,915	83	2,220	1,998	4,218
Limited Benefit	\$1,557,568	\$677,170	\$0	64	1,338	307	1,645
Long Term Care-Comprehensive	\$3,686	(\$222)	\$3,686	1	1	0	1
Other	\$742,624	\$464,167	\$0	5	337	5	342
<b>TOTAL</b>	<b>\$4,428,163</b>	<b>\$2,454,672</b>	<b>\$61,411</b>	<b>221</b>	<b>8,734</b>	<b>4,734</b>	<b>13,468</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BEAZLEY INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
37540							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$256,077	\$158,224	\$181,950	6	926	330	1,256
Limited Benefit	\$65,441	\$13,767	\$65,441	2	908	349	1,257
<b>TOTAL</b>	<b>\$321,518</b>	<b>\$171,991</b>	<b>\$247,391</b>	<b>8</b>	<b>1,834</b>	<b>679</b>	<b>2,513</b>

## BEHEALTHY FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
15118							
Medicare Advantage (Medicare+Choice)	\$23,290,614	\$20,823,202	\$17,304,927	0	2,860	0	2,860
<b>TOTAL</b>	<b>\$23,290,614</b>	<b>\$20,823,202</b>	<b>\$17,304,927</b>	<b>0</b>	<b>2,860</b>	<b>0</b>	<b>2,860</b>

## BERKLEY LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64890							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$264,927	\$94,847	\$264,927	278	206,173	0	206,173
Excess/Stop Loss	\$7,338,161	\$5,918,940	\$7,338,161	25	18,687	0	18,687
<b>TOTAL</b>	<b>\$7,603,088</b>	<b>\$6,013,787</b>	<b>\$7,603,088</b>	<b>303</b>	<b>224,860</b>	<b>0</b>	<b>224,860</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71714							
Disability Income	\$27,020,347	\$10,305,787	\$2,595,556	0	11,358	0	11,358
Long Term Care-Comprehensive	\$2,922,056	\$851,571	\$0	0	576	252	828
<b>TOTAL</b>	<b>\$29,942,403</b>	<b>\$11,157,358</b>	<b>\$2,595,556</b>	<b>0</b>	<b>11,934</b>	<b>252</b>	<b>12,186</b>

## BEST LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90638							
Dental	\$144,510	\$111,593	\$0	25	169	123	292
Vision	\$32,200	\$14,328	\$120	7	56	27	83
<b>TOTAL</b>	<b>\$176,710</b>	<b>\$125,921</b>	<b>\$120</b>	<b>32</b>	<b>225</b>	<b>150</b>	<b>375</b>

## BETTER HEALTH, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
15480							
Misc.	\$319,584,798	\$261,904,080	\$0	0	103,318	0	103,318
<b>TOTAL</b>	<b>\$319,584,798</b>	<b>\$261,904,080</b>	<b>\$0</b>	<b>0</b>	<b>103,318</b>	<b>0</b>	<b>103,318</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
98167							
ACA On Exchange Guarantee Issue	\$2,002,545,073	\$1,474,381,863	\$315,410,836	0	215,885	92,348	308,233
ACA Off Exchange Guarantee Issue	\$820,543,981	\$667,067,975	\$272,577,912	0	51,995	28,665	80,660
ACA Off Exchange Self-Employed or Sole Proprietor	\$142,963	\$96,245	\$1,731	11	12	18	30
ACA Off Exchange 2 - 50 Member Groups	\$319,307,228	\$232,317,909	\$35,554,917	5,375	32,988	21,728	54,716
ACA Off Exchange 51-100 Member Groups	\$267,385,912	\$196,479,068	\$980,921	1,394	32,489	18,272	50,761
ACA Off Exchange 101+ Member Groups	\$1,165,584,075	\$886,037,638	\$113,097	1,831	137,342	76,369	213,711
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$207,579,574	\$147,345,384	\$0	0	23,474	16,983	40,457
Grandfathered (In-State and Out-of-State) Self- Employed or Sole Proprietor	\$403,723	\$650,854	\$0	22	22	20	42
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$190,517,096	\$130,267,673	\$0	3,322	17,745	12,348	30,093
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$46,854,475	\$30,208,245	\$0	157	4,907	2,874	7,781
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$101,827,685	\$75,812,700	\$0	109	10,023	7,063	17,086
Grandfathered (In-State and Out-of-State) Conversion	\$15	(\$1,859)	\$0	0	0	0	0
Transitional (In-State and Out-of-State) Individually Underwritten	\$388,920,784	\$270,018,028	\$0	0	57,513	42,589	100,102
Transitional (In-State and Out-of-State) Self- Employed or Sole Proprietor	\$297,444	\$465,994	\$0	20	20	11	31
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$389,549,254	\$272,558,757	\$0	6,215	40,527	27,584	68,111

## CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

Administrative Services Only (ASO)	\$152,329,454	\$0	\$0	0	283,946	247,837	531,783
Vision	\$2,537,999	\$2,106,975	\$0	0	21,294	0	21,294
Excess/Stop Loss	\$67,752,117	\$33,378,379	\$0	0	117,678	0	117,678
Long Term Care-Comprehensive	\$9,026,639	\$11,440,701	\$0	0	6,424	0	6,424
Medicare Supplement	\$432,233,803	\$337,720,271	\$26,366,262	0	182,991	0	182,991
Medicare Advantage (Medicare+Choice)	\$575,211,373	\$453,999,598	\$61,547,617	0	58,532	0	58,532
Misc.	\$2,326,438,273	\$2,137,719,672	\$0	0	381,580	0	381,580
<b>TOTAL</b>	<b>\$9,466,988,940</b>	<b>\$7,360,072,070</b>	<b>\$712,553,293</b>	<b>18,456</b>	<b>1,677,387</b>	<b>594,709</b>	<b>2,272,096</b>

### BOSTON MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61476							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$335,790	\$77,125	\$45,834	18	1,643	1,693	3,336
Disability Income	\$348,907	\$404,054	\$45,397	10	124	0	124
Limited Benefit	\$812,746	\$291,488	\$113,033	101	743	353	1,096
<b>TOTAL</b>	<b>\$1,497,443</b>	<b>\$772,667</b>	<b>\$204,264</b>	<b>129</b>	<b>2,510</b>	<b>2,046</b>	<b>4,556</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BRIGHOUSE LIFE INSURANCE COMPANY

*NAIC Company Code*

87726

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Disability Income	\$445,081	\$2,235,670	\$0	0	308	0	308
Limited Benefit	\$51,683	\$59,322	\$0	0	78	9	87
Long Term Care-Comprehensive	\$24,454,876	\$109,612,415	\$0	5	9,412	0	9,412
TOTAL	\$24,951,640	\$111,907,407	\$0	5	9,798	9	9,807

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

*NAIC Company Code*

80659

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Disability Income	\$98,083	\$502,382	\$0	0	113	0	113
Limited Benefit	\$13,736	\$28,179	\$0	0	21	0	21
TOTAL	\$111,819	\$530,561	\$0	0	134	0	134

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CAPITAL HEALTH PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95112							
ACA Off Exchange Self-Employed or Sole Proprietor	\$1,023,363	\$909,296	\$137,391	75	75	81	156
ACA Off Exchange 2 - 50 Member Groups	\$56,408,900	\$49,688,567	\$1,560,605	1,050	6,030	4,219	10,249
ACA Off Exchange 51-100 Member Groups	\$21,400,611	\$16,088,174	\$488,868	65	2,054	1,266	3,320
ACA Off Exchange 101+ Member Groups	\$449,545,543	\$445,510,130	\$53,869	85	44,113	50,401	94,514
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$657,641	\$911,736	\$0	39	39	56	95
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$16,711,070	\$13,498,162	\$0	383	1,752	1,511	3,263
Transitional (In-State and Out-of-State) Conversion	\$543,584	\$689,397	\$0	0	43	15	58
Medicare Advantage (Medicare+Choice)	\$199,088,674	\$180,409,479	\$0	0	17,613	1,800	19,413
Misc.	\$18,823,359	\$18,903,375	\$0	0	1,561	1,793	3,354
<b>TOTAL</b>	<b>\$764,202,745</b>	<b>\$726,608,316</b>	<b>\$2,240,732</b>	<b>1,697</b>	<b>73,280</b>	<b>61,142</b>	<b>134,422</b>

## CAPITOL INDEMNITY CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10472							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,035	\$449	\$2,035	2	155	0	155
<b>TOTAL</b>	<b>\$2,035</b>	<b>\$449</b>	<b>\$2,035</b>	<b>2</b>	<b>155</b>	<b>0</b>	<b>155</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12567							
Medicare Advantage (Medicare+Choice)	\$7,123,019	\$6,774,926	\$268,242	84	84	0	84
<b>TOTAL</b>	<b>\$7,123,019</b>	<b>\$6,774,926</b>	<b>\$268,242</b>	<b>84</b>	<b>84</b>	<b>0</b>	<b>84</b>

## CAREPLUS HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95092							
Medicare Advantage (Medicare+Choice)	\$1,721,376,352	\$1,397,604,337	\$629,356,551	0	110,460	0	110,460
<b>TOTAL</b>	<b>\$1,721,376,352</b>	<b>\$1,397,604,337</b>	<b>\$629,356,551</b>	<b>0</b>	<b>110,460</b>	<b>0</b>	<b>110,460</b>

## CATHOLIC ASSOCIATION OF FORESTERS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58130							
Limited Benefit	\$145	\$0	\$0	0	2	0	2
<b>TOTAL</b>	<b>\$145</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CATHOLIC FINANCIAL LIFE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56030							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$120	\$0	\$0	0	4	0	4
Disability Income	\$190	\$984	\$0	0	2	0	2
Limited Benefit	\$15	\$0	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$325</b>	<b>\$984</b>	<b>\$0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>7</b>

## CATHOLIC ORDER OF FORESTERS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57487							
Long Term Care-Comprehensive	\$11,828	\$386	\$0	0	16	0	16
Long Term Care-Facility Only	\$265	\$0	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$12,093</b>	<b>\$386</b>	<b>\$0</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>19</b>

## CATLIN INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19518							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,050,537	\$1,763,401	\$226,617	44,969	0	0	0
<b>TOTAL</b>	<b>\$2,050,537</b>	<b>\$1,763,401</b>	<b>\$226,617</b>	<b>44,969</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CELTIC INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80799							
ACA On Exchange Guarantee Issue	\$259,371,744	\$205,321,633	\$259,371,744	0	64,065	24,836	88,901
ACA Off Exchange Guarantee Issue	\$181,560	\$23,466	\$181,560	0	1	1	2
Medicare Supplement	\$5,086,784	\$0	\$0	0	1,382	0	1,382
Misc.	\$1,951	\$0	\$0	0	7	0	7
<b>TOTAL</b>	<b>\$264,642,039</b>	<b>\$205,345,099</b>	<b>\$259,553,304</b>	<b>0</b>	<b>65,455</b>	<b>24,837</b>	<b>90,292</b>

## CENTRAL SECURITY LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61735							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$50	\$0	\$0	0	1	0	1
Limited Benefit	\$1,175	\$0	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$1,225</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61751							
Disability Income	\$4,996	\$7,595	\$0	0	30	0	30
Limited Benefit	\$30,538	\$577,882	\$0	0	18	5	23
Long Term Care-Facility Only	\$47,839	\$222,305	\$0	0	34	0	34
Medicare Supplement	\$3,371,759	\$2,911,201	\$0	2	1,208	0	1,208
<b>TOTAL</b>	<b>\$3,455,132</b>	<b>\$3,718,983</b>	<b>\$0</b>	<b>2</b>	<b>1,290</b>	<b>5</b>	<b>1,295</b>

## CENTRAL STATES INDEMNITY COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
34274							
Disability Income	\$15,952	\$6,168	\$0	1	2,671	0	2,671
Medicare Supplement	\$72,583	\$31,308	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$88,535</b>	<b>\$37,476</b>	<b>\$0</b>	<b>1</b>	<b>2,671</b>	<b>0</b>	<b>2,671</b>

## CENTRE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80896							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$6,113	\$94,161	\$0	0	39	8	47
Disability Income	\$570,861	\$660,541	\$0	0	486	0	486
<b>TOTAL</b>	<b>\$576,974</b>	<b>\$754,702</b>	<b>\$0</b>	<b>0</b>	<b>525</b>	<b>8</b>	<b>533</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CHESAPEAKE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61832							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,923,188	\$949,343	\$0	0	13,127	5,258	18,385
Dental	\$2,978,304	\$1,244,405	\$0	0	8,170	3,337	11,507
Vision	\$954,388	\$363,205	\$0	0	7,462	3,290	10,752
Disability Income	\$5,484	\$2,102	\$0	0	19	0	19
Limited Benefit	\$5,417,436	\$1,285,130	\$0	0	12,938	4,507	17,445
<b>TOTAL</b>	<b>\$12,278,800</b>	<b>\$3,844,185</b>	<b>\$0</b>	<b>0</b>	<b>41,716</b>	<b>16,392</b>	<b>58,108</b>

## CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61859							
Medicare Supplement	\$154,052	\$83,105	\$0	3	39	0	39
<b>TOTAL</b>	<b>\$154,052</b>	<b>\$83,105</b>	<b>\$0</b>	<b>3</b>	<b>39</b>	<b>0</b>	<b>39</b>

## CIGNA DENTAL HEALTH OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52021							
Dental	\$32,835,114	\$14,091,719	\$1,634,832	220	82,617	75,906	158,523
<b>TOTAL</b>	<b>\$32,835,114</b>	<b>\$14,091,719</b>	<b>\$1,634,832</b>	<b>220</b>	<b>82,617</b>	<b>75,906</b>	<b>158,523</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CIGNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67369							
ACA On Exchange Guarantee Issue	(\$2,685,582)	\$56,070,539	\$0	0	0	0	0
ACA Off Exchange Guarantee Issue	\$61,290,466	\$42,896,371	\$23,822,238	0	5,242	3,215	8,457
ACA Off Exchange 2 - 50 Member Groups	\$110,102	\$45,942	\$0	1	7	8	15
ACA Off Exchange 101+ Member Groups	\$553,274,754	\$451,010,118	\$136,326,821	1,598	76,670	64,574	141,244
ACA Off Exchange Conversion	\$454	(\$937)	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$57,306	\$13,643	\$0	1	3	2	5
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$26,621,428	\$21,136,206	\$543,778	36	2,075	1,921	3,996
Grandfathered (In-State and Out-of-State) Conversion	\$3,629	\$23,761	\$0	0	2	0	2
Administrative Services Only (ASO)	\$377,018,945	\$0	\$46,074,279	5,594	1,098,947	941,660	2,040,607
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$200	\$83,371	\$0	1	86	0	86
Dental	\$94,961,716	\$71,697,234	\$21,745,620	2,061	153,982	131,856	285,838
Vision	\$4,617,829	\$3,233,163	\$1,422,598	754	38,445	34,345	72,790
Disability Income	\$0	\$30,064	\$0	0	0	0	0
Excess/Stop Loss	\$180,367,932	\$124,266,576	\$17,169,187	2,521	213,121	165,916	379,037
Medicare Supplement	\$5,615,892	\$4,016,705	\$5,095,020	12	1,952	2	1,954

## CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

Other	\$806,662	\$1,119,468	\$33,689	22	320	26	346
TOTAL	\$1,302,061,733	\$775,642,224	\$252,233,230	12,601	1,590,852	1,343,525	2,934,377

### CIGNA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95136							
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$927,421	\$777,201	\$0	11	96	95	191
Grandfathered (In-State and Out-of-State) Conversion	\$53,992	\$127,002	\$0	0	6	0	6
TOTAL	\$981,413	\$904,203	\$0	11	102	95	197

### CINCINNATI LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76236							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$4,009	\$3,549	\$0	0	5	0	5
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$96	\$6	\$0	0	15	0	15
Disability Income	\$14,741	\$6,740	\$0	0	19	0	19
Limited Benefit	\$1,481	\$1,078	\$0	0	16	0	16
Long Term Care-Comprehensive	\$141,922	\$174,296	\$0	0	63	0	63
Medicare Supplement	\$1,510	\$465	\$0	0	1	0	1
TOTAL	\$163,759	\$186,134	\$0	0	119	0	119

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CITIZENS NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

82082

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Limited Benefit	\$2,578	\$0	\$0	0	11	0	11
<b>TOTAL</b>	<b>\$2,578</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>11</b>

## CITIZENS SECURITY LIFE INSURANCE COMPANY

NAIC Company Code

61921

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$474,871	\$305,720	\$98,418	0	313	0	313
Limited Benefit	\$2,562	\$0	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$477,433</b>	<b>\$305,720</b>	<b>\$98,418</b>	<b>0</b>	<b>316</b>	<b>0</b>	<b>316</b>

## CMFG LIFE INSURANCE COMPANY

NAIC Company Code

62626

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$10,143,610	\$3,099,303	\$1,991,517	0	694,086	119,744	813,830
Disability Income	\$967	(\$24,282)	\$0	0	6	0	6
Limited Benefit	\$84,351	\$18,728	\$0	799	829	278	1,107
Long Term Care-Comprehensive	\$4,460,636	\$1,689,267	\$0	0	2,785	0	2,785
<b>TOTAL</b>	<b>\$14,689,564</b>	<b>\$4,783,016</b>	<b>\$1,991,517</b>	<b>799</b>	<b>697,706</b>	<b>120,022</b>	<b>817,728</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62049							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$33,124,358	\$15,212,518	\$8,640,183	158	111,986	100,725	212,711
Dental	\$40,793	\$5,817	\$38,753	0	208	67	275
Disability Income	\$32,807,025	\$15,692,542	\$8,668,402	65	62,607	96	62,703
Limited Benefit	\$40,812,510	\$19,721,904	\$8,521,810	596	107,023	81,200	188,223
Long Term Care-Comprehensive	\$1,312	\$0	\$0	0	2	0	2
<b>TOTAL</b>	<b>\$106,785,998</b>	<b>\$50,632,781</b>	<b>\$25,869,148</b>	<b>819</b>	<b>281,826</b>	<b>182,088</b>	<b>463,914</b>

### COLONIAL PENN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62065							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,801	(\$425)	\$0	0	23	0	23
Disability Income	\$27,747	\$143,441	\$0	0	18	0	18
Limited Benefit	\$391	(\$1)	\$0	0	3	0	3
Long Term Care-Facility Only	\$5,113	\$33,864	\$0	0	8	0	8
Short Term Care	\$376	(\$511)	\$0	0	2	0	2
Medicare Supplement	\$64,662,046	\$40,904,347	\$64,649,491	0	25,973	0	25,973
<b>TOTAL</b>	<b>\$64,698,474</b>	<b>\$41,080,715</b>	<b>\$64,649,491</b>	<b>0</b>	<b>26,027</b>	<b>0</b>	<b>26,027</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COLORADO BANKERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84786							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$23,141	\$329	\$5,528	0	124	0	124
Dental	\$4,401	\$1,345	\$0	0	7	0	7
<b>TOTAL</b>	<b>\$27,542</b>	<b>\$1,674</b>	<b>\$5,528</b>	<b>0</b>	<b>131</b>	<b>0</b>	<b>131</b>

## COLUMBIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76023							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$624	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$624</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62103							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,606	\$4,600	\$0	0	4	9	13
Disability Income	\$292	\$0	\$0	0	1	1	2
Medicare Supplement	\$26,146	\$4,427	\$0	0	7	0	7
<b>TOTAL</b>	<b>\$28,044</b>	<b>\$9,027</b>	<b>\$0</b>	<b>0</b>	<b>12</b>	<b>10</b>	<b>22</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COLUMBUS LIFE INSURANCE COMPANY

*NAIC Company Code*

99937

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$5,144	\$76,266	\$0	0	18	0	18
<b>TOTAL</b>	<b>\$5,144</b>	<b>\$76,266</b>	<b>\$0</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>18</b>

## COMBINED INSURANCE COMPANY OF AMERICA

*NAIC Company Code*

62146

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,149,857	\$983,178	\$29,359	0	24,903	6,232	31,135
Vision	\$12,863,829	\$10,777,348	\$1,128,488	22	92,462	84,660	177,122
Disability Income	\$3,902,873	\$2,871,500	\$63,388	0	9,833	0	9,833
Limited Benefit	\$11,712,708	\$4,746,486	\$4,947,514	0	39,089	6,604	45,693
Medicare Supplement	\$1,051,381	\$1,102,479	\$0	3	380	0	380
Other	\$3,566	\$3,507	\$0	0	15	4	19
<b>TOTAL</b>	<b>\$32,684,214</b>	<b>\$20,484,498</b>	<b>\$6,168,749</b>	<b>25</b>	<b>166,682</b>	<b>97,500</b>	<b>264,182</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COMBINED LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78697							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$299,906	\$150,030	\$24	0	4,313	0	4,313
Disability Income	\$90,107	\$132,677	\$1,429	0	262	0	262
Limited Benefit	\$464,727	\$614,495	\$17,243	0	1,828	698	2,526
<b>TOTAL</b>	<b>\$854,740</b>	<b>\$897,202</b>	<b>\$18,696</b>	<b>0</b>	<b>6,403</b>	<b>698</b>	<b>7,101</b>

## COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81426							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$23,981	\$0	\$0	19	1,956	0	1,956
Disability Income	\$7,599	\$2,156	\$0	0	250	0	250
Limited Benefit	\$12,980	\$12,639	\$0	0	105	0	105
<b>TOTAL</b>	<b>\$44,560</b>	<b>\$14,795</b>	<b>\$0</b>	<b>19</b>	<b>2,311</b>	<b>0</b>	<b>2,311</b>

## COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84824							
Disability Income	\$14,044	\$399,608	\$0	10	0	0	0
<b>TOTAL</b>	<b>\$14,044</b>	<b>\$399,608</b>	<b>\$0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COMPANION LIFE INSURANCE COMPANY

NAIC Company Code

77828

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,233,114	\$755,240	\$0	6	909	464	1,373
Dental	\$698,977	\$660,208	\$81,739	2	1,180	1,074	2,254
Prescription Drug	\$0	(\$154)	\$0	0	0	0	0
Vision	\$52,648	\$25,459	\$37,051	2	1,181	1,076	2,257
Disability Income	\$91,719	\$179,298	\$12,320	4	326	91	417
Excess/Stop Loss	\$4,697,024	\$3,301,858	\$0	95	17,617	4,211	21,828
Limited Benefit	\$3,361,641	\$1,449,450	\$879,435	44	8,955	317	9,272
Medicare Supplement	\$1,478	\$8,243	\$0	0	6	0	6
Other	\$507,000	\$642,337	\$505,444	10	1,034	0	1,034
<b>TOTAL</b>	<b>\$10,643,601</b>	<b>\$7,021,939</b>	<b>\$1,515,989</b>	<b>163</b>	<b>31,208</b>	<b>7,233</b>	<b>38,441</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COMPBENEFITS COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52015							
Administrative Services Only (ASO)	\$54,603	\$0	\$0	0	645	839	1,484
Dental	\$71,167,255	\$40,259,381	\$0	59,364	59,364	414,624	473,988
Vision	\$37,074,652	\$26,100,812	\$0	25,242	25,242	554,375	579,617
<b>TOTAL</b>	<b>\$108,296,510</b>	<b>\$66,360,193</b>	<b>\$0</b>	<b>84,606</b>	<b>85,251</b>	<b>969,838</b>	<b>1,055,089</b>

## COMPBENEFITS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60984							
Dental	\$51,923,513	\$41,627,633	\$0	212	102,774	90,106	192,880
Vision	\$303,271	\$193,459	\$0	5	4,852	0	4,852
<b>TOTAL</b>	<b>\$52,226,784</b>	<b>\$41,821,092</b>	<b>\$0</b>	<b>217</b>	<b>107,626</b>	<b>90,106</b>	<b>197,732</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### CONNECTICUT GENERAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62308							
ACA On Exchange 51-100 Member Groups	\$349	\$0	\$0	0	0	0	0
ACA Off Exchange 101+ Member Groups	\$301,655	(\$21,221)	\$0	2	300	284	584
ACA Off Exchange Conversion	\$321,289	\$794,709	\$0	0	41	14	55
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$86,592	(\$11,995)	\$0	1	36	26	62
Grandfathered (In-State and Out-of-State) Conversion	\$199,001	\$838,509	\$0	0	58	11	69
Transitional (In-State and Out-of-State) Individually Underwritten	\$126,262,587	\$92,852,339	\$12,041	0	19,180	16,348	35,528
Administrative Services Only (ASO)	\$505,064	\$0	\$0	1	516	460	976
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,485	\$5,752	\$0	1	138	0	138
Dental	\$2,705,171	\$1,621,513	\$73,011	10	4,513	3,367	7,880
Vision	\$36,313	\$36,611	\$80	2	371	364	735
Disability Income	\$301,108	\$3,301,409	\$0	0	184	0	184
Excess/Stop Loss	\$188,582	(\$47,763)	\$1,248	1	412	357	769
Long Term Care-Facility Only	\$67,129	\$31,493	\$0	10	148	0	148
Medicare Supplement	\$94,524	\$49,504	\$55,522	3	40	1	41
Other	\$32,744	\$13,097	\$473	2	11	3	14

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

<b>TOTAL</b>	\$131,107,593	\$99,463,957	\$142,375	33	25,948	21,235	47,183
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### CONSTITUTION LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62359							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$40,550	\$33,390	\$0	0	18	0	18
Dental	\$31,329	\$16,420	\$0	0	100	0	100
Disability Income	\$11,178	\$54,209	\$0	0	27	0	27
Limited Benefit	\$121,177	\$65,126	\$0	0	391	0	391
Long Term Care-Comprehensive	\$967,636	\$1,678,742	\$0	0	601	29	630
Long Term Care-Non-Facility Only	\$1,329,576	\$6,201,571	\$0	0	429	18	447
Long Term Care-Accelerated Benefit Rider	\$1,650	\$0	\$0	0	50	0	50
Medicare Supplement	\$29,038,980	\$28,056,593	\$0	0	10,095	0	10,095
<b>TOTAL</b>	<b>\$31,542,076</b>	<b>\$36,106,051</b>	<b>\$0</b>	<b>0</b>	<b>11,711</b>	<b>47</b>	<b>11,758</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CONTINENTAL AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71730							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$10,630,294	\$6,977,275	\$3,888,444	793	50,324	35,324	85,648
Dental	\$73,575	\$13,913	\$39,024	8	205	55	260
Disability Income	\$1,955,455	\$1,132,456	\$970,752	117	4,188	52	4,240
Limited Benefit	\$15,694,979	\$5,933,566	\$7,275,195	1,140	48,824	16,227	65,051
<b>TOTAL</b>	<b>\$28,354,303</b>	<b>\$14,057,210</b>	<b>\$12,173,415</b>	<b>2,058</b>	<b>103,541</b>	<b>51,658</b>	<b>155,199</b>

## CONTINENTAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20443							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,654	\$10,357	\$0	0	5	0	5
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$0	\$74,490	\$0	0	0	0	0
Disability Income	(\$430)	\$486,314	\$0	0	0	0	0
Limited Benefit	\$12	\$0	\$0	0	4	0	4
Long Term Care-Comprehensive	(\$11,636,522)	\$58,556,401	\$0	398	25,020	0	25,020
Long Term Care-Facility Only	(\$327,166)	\$2,795,618	\$0	0	306	0	306
Long Term Care-Non-Facility Only	(\$5,658)	\$170,168	\$0	0	15	0	15
<b>TOTAL</b>	<b>(\$11,968,110)</b>	<b>\$62,093,348</b>	<b>\$0</b>	<b>398</b>	<b>25,350</b>	<b>0</b>	<b>25,350</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71404							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$54,667	\$32,308	\$0	0	66	12	78
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$7,765	\$1,162	\$0	0	30	0	30
Dental	\$3,239	\$1,338	\$0	0	6	1	7
Disability Income	\$120,063	\$289,240	\$0	0	304	30	334
Limited Benefit	\$735,778	\$627,053	\$0	0	1,623	303	1,926
Long Term Care-Comprehensive	\$4,201,810	\$4,976,494	\$0	0	2,074	108	2,182
Long Term Care-Facility Only	\$40,204	\$181,817	\$0	0	12	8	20
Long Term Care-Non-Facility Only	\$5,124	(\$559)	\$0	0	1	1	2
Short Term Care	\$0	(\$3)	\$0	0	0	0	0
Medicare Supplement	\$10,577,180	\$10,086,784	\$0	0	3,285	0	3,285
<b>TOTAL</b>	<b>\$15,745,830</b>	<b>\$16,195,634</b>	<b>\$0</b>	<b>0</b>	<b>7,401</b>	<b>463</b>	<b>7,864</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68500							
Limited Benefit	\$225,540	\$92,776	\$144,220	0	1,157	0	1,157
Long Term Care-Facility Only	\$13,417	\$1,827	\$0	0	17	0	17
Long Term Care-Non-Facility Only	\$3,892	\$0	\$0	0	5	0	5
Medicare Supplement	\$9,031,098	\$7,709,888	\$10,222	1	7,872	0	7,872
<b>TOTAL</b>	<b>\$9,273,948</b>	<b>\$7,804,491</b>	<b>\$154,442</b>	<b>1</b>	<b>9,051</b>	<b>0</b>	<b>9,051</b>

## COUNTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62553							
Disability Income	\$39,086	\$100,027	\$0	0	49	5	54
Long Term Care-Comprehensive	\$282,972	\$134,931	\$91	0	149	21	170
Long Term Care-Facility Only	\$23,615	\$35,673	\$0	0	22	0	22
Long Term Care-Accelerated Benefit Rider	\$7,795	\$0	\$4,808	0	42	0	42
Medicare Supplement	\$927,077	\$771,092	(\$2,718)	0	321	0	321
<b>TOTAL</b>	<b>\$1,280,545</b>	<b>\$1,041,723</b>	<b>\$2,181</b>	<b>0</b>	<b>583</b>	<b>26</b>	<b>609</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COVENTRY HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code

81973

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Self-Employed or Sole Proprietor	\$11,572	\$6,855	\$0	0	0	0	0
ACA On Exchange 2 - 50 Member Groups	\$588,991	\$353,521	\$0	18	65	58	123
ACA On Exchange 51-100 Member Groups	\$214,501	\$160,287	\$0	0	0	0	0
ACA On Exchange 101+ Member Groups	\$2,638,204	\$6,625,684	\$0	6	136	144	280
Transitional (In-State and Out-of-State) Individually Underwritten	(\$81,148)	\$21,571	\$0	0	2	0	2
<b>TOTAL</b>	<b>\$3,372,120</b>	<b>\$7,167,918</b>	<b>\$0</b>	<b>24</b>	<b>203</b>	<b>202</b>	<b>405</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COVENTRY HEALTH CARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95114							
ACA On Exchange Guarantee Issue	\$726,073,624	\$556,852,334	\$700,741,561	0	96,466	97,908	194,374
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$39,868	\$356,493	\$0	2	2	3	5
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$26,620,861	\$16,241,897	\$0	601	3,413	1,472	4,885
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$5,394,216	\$4,489,606	\$0	15	259	89	348
Transitional (In-State and Out-of-State) 101+ Member Groups	\$126,589,554	\$109,346,654	\$0	25	8,703	11,522	20,225
Administrative Services Only (ASO)	\$11,643,261	\$0	\$0	4	28,389	2,760	31,149
Medicare Advantage (Medicare+Choice)	\$235,362	\$2,790,077	\$0	0	0	0	0
Misc.	\$488,125,659	\$427,822,755	\$0	0	104,679	0	104,679
<b>TOTAL</b>	<b>\$1,384,722,405</b>	<b>\$1,117,899,816</b>	<b>\$700,741,561</b>	<b>647</b>	<b>241,911</b>	<b>113,754</b>	<b>355,665</b>

## COVENTRY HEALTH PLAN OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95266							
Transitional (In-State and Out-of-State) Individually Underwritten	\$212,772	(\$760,867)	\$0	0	0	0	0
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$944	(\$119,564)	\$0	0	0	0	0
Misc.	(\$266,758)	(\$99,589)	\$0	0	0	0	0
<b>TOTAL</b>	<b>(\$53,042)</b>	<b>(\$980,020)</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CROATIAN FRATERNAL UNION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56634							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$37	\$0	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$37</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>

## DEARBORN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71129							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$45,820	\$51,821	\$9,031	60	2,358	388	2,746
Dental	\$20,417	\$12,486	\$0	8	62	28	90
Disability Income	\$727,938	\$823,274	\$61,110	29	2,475	0	2,475
<b>TOTAL</b>	<b>\$794,175</b>	<b>\$887,581</b>	<b>\$70,141</b>	<b>97</b>	<b>4,895</b>	<b>416</b>	<b>5,311</b>

## DELAWARE AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62634							
ACA Off Exchange 51-100 Member Groups	\$110,160	\$58,027	\$0	7	10	11	21
Disability Income	\$9,579	\$5,046	\$0	2	4	0	4
<b>TOTAL</b>	<b>\$119,739</b>	<b>\$63,073</b>	<b>\$0</b>	<b>9</b>	<b>14</b>	<b>11</b>	<b>25</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## DELTA DENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81396							
Dental	\$238,758,878	\$180,283,950	\$7,070,960	3,263	514,344	350,040	864,384
TOTAL	\$238,758,878	\$180,283,950	\$7,070,960	3,263	514,344	350,040	864,384

## DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52053							
Dental	\$1,976,123	\$1,290,083	\$0	1	8,024	7,481	15,505
TOTAL	\$1,976,123	\$1,290,083	\$0	1	8,024	7,481	15,505

## DENTAL CONCERN, INC., THE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
54739							
Dental	\$31,926	\$10,451	\$0	145	145	0	145
TOTAL	\$31,926	\$10,451	\$0	145	145	0	145

## DENTAQUEST OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
54739							
Dental	\$13,328,998	\$10,871,192	\$0	0	75,680	0	75,680
TOTAL	\$13,328,998	\$10,871,192	\$0	0	75,680	0	75,680

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## DENTEGRA INSURANCE COMPANY

NAIC Company Code

73474

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$138,264	\$54,738	\$10,838	2	180	60	240
<b>TOTAL</b>	<b>\$138,264</b>	<b>\$54,738</b>	<b>\$10,838</b>	<b>2</b>	<b>180</b>	<b>60</b>	<b>240</b>

## EMC NATIONAL LIFE COMPANY

NAIC Company Code

62928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$912	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$912</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## ENVISION INSURANCE COMPANY

NAIC Company Code

12747

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Misc.	\$5,113,507	\$5,362,136	\$0	0	2,208	0	2,208
<b>TOTAL</b>	<b>\$5,113,507</b>	<b>\$5,362,136</b>	<b>\$0</b>	<b>0</b>	<b>2,208</b>	<b>0</b>	<b>2,208</b>

## EVERENCE ASSOCIATION, INC.

NAIC Company Code

57991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Medicare Supplement	\$838,201	\$583,981	\$0	0	263	41	304
<b>TOTAL</b>	<b>\$838,201</b>	<b>\$583,981</b>	<b>\$0</b>	<b>0</b>	<b>263</b>	<b>41</b>	<b>304</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## EVEREST REINSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
26921							
Transitional (In-State and Out-of-State) Individually Underwritten	\$1,328,771	\$67,869	\$1,328,771	0	1,174	747	1,921
Excess/Stop Loss	\$1,155,155	\$1,968,042	\$1,155,155	5	1,404	220	1,624
<b>TOTAL</b>	<b>\$2,483,926</b>	<b>\$2,035,911</b>	<b>\$2,483,926</b>	<b>5</b>	<b>2,578</b>	<b>967</b>	<b>3,545</b>

## FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77968							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$742,670	\$178,329	\$291,861	0	1,474	1,087	2,561
Limited Benefit	\$3,200,497	\$1,054,858	\$339,253	0	4,441	5,674	10,115
<b>TOTAL</b>	<b>\$3,943,167</b>	<b>\$1,233,187</b>	<b>\$631,114</b>	<b>0</b>	<b>5,915</b>	<b>6,761</b>	<b>12,676</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FAMILY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63053							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$59,891	\$3,336	\$24,591	0	279	161	440
Dental	\$9,290	\$3,090	\$449	0	21	1	22
Disability Income	\$132,557	\$4,835	\$42,169	0	173	0	173
Limited Benefit	\$2,193,441	\$2,023,137	\$409,410	0	3,174	1,851	5,025
Long Term Care-Comprehensive	\$3,580	\$0	\$0	0	5	0	5
Medicare Supplement	\$238,872	\$242,766	\$0	0	158	1	159
Other	\$70,455	\$83,582	\$0	0	110	54	164
<b>TOTAL</b>	<b>\$2,708,086</b>	<b>\$2,360,746</b>	<b>\$476,619</b>	<b>0</b>	<b>3,920</b>	<b>2,068</b>	<b>5,988</b>

## FARMERS NEW WORLD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63177							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$20,037	\$0	\$0	0	148	0	148
Long Term Care-Accelerated Benefit Rider	\$44	\$0	\$0	0	56	0	56
<b>TOTAL</b>	<b>\$20,081</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>204</b>	<b>0</b>	<b>204</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FEDERAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20281							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,548,063	\$1,052,723	\$305,313	436	520,045	4,239	524,284
<b>TOTAL</b>	<b>\$3,548,063</b>	<b>\$1,052,723</b>	<b>\$305,313</b>	<b>436</b>	<b>520,045</b>	<b>4,239</b>	<b>524,284</b>

## FEDERAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63223							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$286	\$0	\$0	0	78	0	78
Disability Income	\$14,119	\$0	\$0	0	37	0	37
<b>TOTAL</b>	<b>\$14,405</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>115</b>

## FEDERATED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63258							
Disability Income	\$894,173	\$159,599	\$116,301	0	736	0	736
<b>TOTAL</b>	<b>\$894,173</b>	<b>\$159,599</b>	<b>\$116,301</b>	<b>0</b>	<b>736</b>	<b>0</b>	<b>736</b>

## FIDELITY & GUARANTY LIFE INSURANCE COMPANY

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

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63290							
Long Term Care-Comprehensive	\$16,788	(\$31)	\$48	19	1,205	0	1,205
<b>TOTAL</b>	<b>\$16,788</b>	<b>(\$31)</b>	<b>\$48</b>	<b>19</b>	<b>1,205</b>	<b>0</b>	<b>1,205</b>

## FIDELITY SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71870							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,790	\$2,297	\$83	0	46	84	130
Dental	\$7,950,250	\$5,706,803	\$3,746,336	4	3,062	8	3,070
Prescription Drug	\$236,592	\$502,861	\$74,065	11	1,010	1,002	2,012
Vision	\$26,112,488	\$20,168,251	\$11,468,365	912	212,814	435,327	648,141
Disability Income	\$654,376	\$145,620	\$35,433	0	167	1	168
Excess/Stop Loss	\$183,783	\$47,815	\$86,087	9	799	117	916
Limited Benefit	\$4,374,405	\$1,795,597	\$3,428,083	233	9,143	5,534	14,677
<b>TOTAL</b>	<b>\$39,515,684</b>	<b>\$28,369,244</b>	<b>\$18,838,452</b>	<b>1,169</b>	<b>227,041</b>	<b>442,073</b>	<b>669,114</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69140							
Transitional (In-State and Out-of-State) Conversion	\$0	\$57,360	\$0	0	0	0	0
Disability Income	\$0	\$610,443	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$0</b>	<b>\$667,803</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90328							
Dental	\$1,071,450	\$650,578	\$31,189	1	1,324	552	1,876
Medicare Supplement	\$20,339	\$11,877	\$5,136	0	0	0	0
Other	\$45,577,706	\$35,486,969	\$16,734,026	0	46,487	0	46,487
<b>TOTAL</b>	<b>\$46,669,495</b>	<b>\$36,149,424</b>	<b>\$16,770,351</b>	<b>1</b>	<b>47,811</b>	<b>552</b>	<b>48,363</b>

## FLORIDA COMBINED LIFE INSURANCE COMPANY, INC

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76031							
Dental	\$95,341,097	\$66,156,294	\$26,191,421	1,840	183,588	121,523	305,111
Disability Income	\$5,371,919	\$2,734,204	\$863,420	179	20,661	0	20,661
Limited Benefit	\$140,858	\$9,074	\$0	6	510	0	510
<b>TOTAL</b>	<b>\$100,853,874</b>	<b>\$68,899,572</b>	<b>\$27,054,841</b>	<b>2,025</b>	<b>204,759</b>	<b>121,523</b>	<b>326,282</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FLORIDA DENTAL BENEFITS, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$4,464,974	\$2,960,423	\$14,679	22	3,507	546	4,053
TOTAL	\$4,464,974	\$2,960,423	\$14,679	22	3,507	546	4,053

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13567							
ACA On Exchange Guarantee Issue	\$70,382,861	\$70,130,281	\$60,932,781	0	12,008	4,841	16,849
ACA On Exchange 2 - 50 Member Groups	\$517,660	\$161,058	\$186,974	22	59	36	95
ACA Off Exchange Guarantee Issue	\$5,902,870	\$6,202,047	\$3,989,086	0	950	377	1,327
ACA Off Exchange 2 - 50 Member Groups	\$5,452,097	\$5,322,283	\$1,367,693	136	1,241	446	1,687
ACA Off Exchange 51-100 Member Groups	\$4,792,152	\$3,467,984	\$201,491	28	739	235	974
ACA Off Exchange 101+ Member Groups	\$125,380,570	\$100,520,773	\$1,189,774	54	16,606	8,922	25,528
Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$8,884	\$307	\$0	1	1	0	1
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$5,176,920	\$3,319,340	\$0	174	488	141	629
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$998,675	\$664,386	\$0	2	79	40	119
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$11,513,410	\$10,118,453	\$0	3	921	624	1,545
Transitional (In-State and Out-of-State) Individually Underwritten	\$281,352	\$53,635	\$0	0	29	0	29
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$51,225	\$5,979	\$0	3	3	0	3
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$10,946,510	\$7,640,942	\$0	268	1,225	486	1,711
Transitional (In-State and Out-of-State) 101+ Member Groups	\$16,055,197	\$12,887,568	\$0	1	1,289	1,619	2,908
Transitional (In-State and Out-of-State) Conversion	(\$1,608)	\$0	\$0	0	0	0	0

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

Medicare Advantage (Medicare+Choice)	\$173,126,132	\$148,471,990	\$21,937,350	0	14,363	0	14,363
TOTAL	\$430,584,907	\$368,967,026	\$89,805,149	692	50,001	17,767	67,768

## FLORIDA HEALTH SOLUTION HMO COMPANY

*NAIC Company Code*

15634

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange Guarantee Issue	\$8,436	\$82,890	\$8,436	0	74	14	88
TOTAL	\$8,436	\$82,890	\$8,436	0	74	14	88

## FLORIDA PREVENTIVE SOLUTIONS CORP.

*NAIC Company Code*

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$2,323,644	\$1,399,024	\$326,552	0	1,049	0	1,049
TOTAL	\$2,323,644	\$1,399,024	\$326,552	0	1,049	0	1,049

## FLORIDA TRUE HEALTH, INC.

*NAIC Company Code*

14378

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Misc.	\$1,102,822,771	\$982,805,567	\$0	0	327,306	0	327,306
TOTAL	\$1,102,822,771	\$982,805,567	\$0	0	327,306	0	327,306

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FORESTERS LIFE INSURANCE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63495							
Disability Income	\$0	\$4,721	\$0	0	0	0	0
Limited Benefit	\$62	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$62</b>	<b>\$4,721</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## FORETHOUGHT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91642							
Long Term Care-Accelerated Benefit Rider	\$1,685,152	\$0	\$1,685,152	0	973	239	1,212
Medicare Supplement	\$442,712	\$354,758	\$0	0	234	0	234
<b>TOTAL</b>	<b>\$2,127,864</b>	<b>\$354,758</b>	<b>\$1,685,152</b>	<b>0</b>	<b>1,207</b>	<b>239</b>	<b>1,446</b>

## FREEDOM HEALTH, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10119							
Medicare Advantage (Medicare+Choice)	\$883,999,957	\$733,028,216	\$0	0	70,117	0	70,117
Misc.	\$164,569	\$104,641	\$0	0	128	0	128
<b>TOTAL</b>	<b>\$884,164,526</b>	<b>\$733,132,857</b>	<b>\$0</b>	<b>0</b>	<b>70,245</b>	<b>0</b>	<b>70,245</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### FREEDOM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62324							
ACA Off Exchange Guarantee Issue	\$564,172	\$1,945,429	\$396,517	0	4	0	4
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$2,179,530	\$2,387,238	\$0	0	149	118	267
Transitional (In-State and Out-of-State) Individually Underwritten	\$729,037	\$9,033,157	\$733,649	0	127	94	221
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$8,035,515	\$2,605,874	\$3,524,305	0	14,746	9,578	24,324
Dental	\$1,627,630	\$638,898	\$1,146,011	0	2,937	1,804	4,741
Vision	\$156,738	\$73,617	\$155,656	0	1,328	794	2,122
Limited Benefit	\$31,459,450	\$8,082,968	\$19,501,397	0	16,614	9,551	26,165
<b>TOTAL</b>	<b>\$44,752,072</b>	<b>\$24,767,181</b>	<b>\$25,457,535</b>	<b>0</b>	<b>35,905</b>	<b>21,939</b>	<b>57,844</b>

### GARDEN STATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63657							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,300	\$0	\$0	0	13	0	13
<b>TOTAL</b>	<b>\$2,300</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>13</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GENERAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code

63665

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$0	\$388	\$0	0	1	0	1
Disability Income	\$376,991	\$1,738,461	\$0	0	233	0	233
Limited Benefit	\$90	\$0	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$377,081</b>	<b>\$1,738,849</b>	<b>\$0</b>	<b>0</b>	<b>237</b>	<b>0</b>	<b>237</b>

## GENESIS INSURANCE COMPANY

NAIC Company Code

38962

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Long Term Care-Comprehensive	\$333,721	\$1,346,610	\$0	0	82	0	82
<b>TOTAL</b>	<b>\$333,721</b>	<b>\$1,346,610</b>	<b>\$0</b>	<b>0</b>	<b>82</b>	<b>0</b>	<b>82</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65536							
Disability Income	\$17,033	\$59,487	\$0	0	13	0	13
Excess/Stop Loss	\$131	\$0	\$0	0	1	0	1
Limited Benefit	\$300	\$0	\$0	0	1	0	1
Long Term Care-Comprehensive	\$13,140	\$132,951	\$0	0	7	0	7
Long Term Care-Non-Facility Only	\$0	\$15,597	\$0	0	3	0	3
Medicare Supplement	\$3,073,057	\$2,503,530	\$0	0	1,053	0	1,053
<b>TOTAL</b>	<b>\$3,103,661</b>	<b>\$2,711,565</b>	<b>\$0</b>	<b>0</b>	<b>1,078</b>	<b>0</b>	<b>1,078</b>

## GENWORTH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70025							
Long Term Care-Comprehensive	\$143,895,200	\$165,168,940	\$1,804,859	3,298	63,664	6,745	70,409
Long Term Care-Facility Only	\$3,277,489	\$27,105,227	\$0	363	1,298	0	1,298
Long Term Care-Accelerated Benefit Rider	\$0	\$96,572	\$0	0	563	0	563
Medicare Supplement	\$31,525	\$14,495	\$0	0	10	0	10
<b>TOTAL</b>	<b>\$147,204,214</b>	<b>\$192,385,234</b>	<b>\$1,804,859</b>	<b>3,661</b>	<b>65,535</b>	<b>6,745</b>	<b>72,280</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GENWORTH LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
72990							
Long Term Care-Comprehensive	\$10,107,885	\$8,923,946	\$84,503	43	3,851	279	4,130
Long Term Care-Facility Only	\$450,480	\$1,559,705	\$0	1	174	0	174
<b>TOTAL</b>	<b>\$10,558,365</b>	<b>\$10,483,651</b>	<b>\$84,503</b>	<b>44</b>	<b>4,025</b>	<b>279</b>	<b>4,304</b>

## GERBER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70939							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,444,618	\$1,550,252	\$0	544	145,395	1,407	146,802
Dental	\$1,295	\$221	\$0	1	1	0	1
Excess/Stop Loss	\$7,709,366	\$5,481,024	\$0	40	5,390	10,779	16,169
Limited Benefit	\$2,609	\$4,257	\$0	0	30	0	30
Long Term Care-Non-Facility Only	\$6,650	\$1,916	\$0	0	7	0	7
Medicare Supplement	\$11,478,083	\$7,988,449	\$0	0	4,319	0	4,319
<b>TOTAL</b>	<b>\$23,642,621</b>	<b>\$15,026,119</b>	<b>\$0</b>	<b>585</b>	<b>155,142</b>	<b>12,186</b>	<b>167,328</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GLEANER LIFE INSURANCE SOCIETY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56154							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,030	\$0	\$1,030	0	71	0	71
Disability Income	\$0	\$6,844	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$1,030</b>	<b>\$6,844</b>	<b>\$1,030</b>	<b>0</b>	<b>72</b>	<b>0</b>	<b>72</b>

## GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91472							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$38,759	\$42,460	\$0	0	29	7	36
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,826,792	\$566,579	\$109,583	0	12,740	17	12,757
Limited Benefit	\$12,969	(\$1,216)	\$0	0	150	75	225
Medicare Supplement	\$237,172	\$122,004	\$39,652	0	88	0	88
<b>TOTAL</b>	<b>\$2,115,692</b>	<b>\$729,827</b>	<b>\$149,235</b>	<b>0</b>	<b>13,007</b>	<b>99</b>	<b>13,106</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GOLDEN RULE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62286							
Grandfathered (In-State and Out-of-State) Guarantee Issue	\$1,400,870	\$1,923,424	\$0	0	81	12	93
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$87,656,656	\$61,880,939	\$0	0	9,511	8,456	17,967
Grandfathered (In-State and Out-of-State) Conversion	\$4,238	\$6,107	\$0	0	1	0	1
Transitional (In-State and Out-of-State) Guarantee Issue	\$1,318,768	\$1,859,727	\$0	0	89	10	99
Transitional (In-State and Out-of-State) Individually Underwritten	\$111,785,728	\$81,664,938	\$0	0	19,138	15,311	34,449
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,562	\$0	\$5,562	242	242	105	347
Dental	\$5,756,048	\$3,564,034	\$231,283	10,206	10,206	5,391	15,597
Vision	\$11,951	\$15,254	\$11,951	811	811	298	1,109
Disability Income	\$39,537	\$0	\$8,966	54	54	0	54
Limited Benefit	\$457,712	\$65,848	\$131,936	1,798	1,798	170	1,968
Short Term Care	\$30,724,403	\$10,791,041	\$30,724,403	12,452	12,452	7,486	19,938
Medicare Supplement	\$1,735,368	\$1,643,973	\$0	582	582	0	582
<b>TOTAL</b>	<b>\$240,896,841</b>	<b>\$163,415,285</b>	<b>\$31,114,101</b>	<b>26,145</b>	<b>54,965</b>	<b>37,239</b>	<b>92,204</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GOVERNMENT EMPLOYEES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22063							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,218	\$223	\$0	0	45	0	45
<b>TOTAL</b>	<b>\$4,218</b>	<b>\$223</b>	<b>\$0</b>	<b>0</b>	<b>45</b>	<b>0</b>	<b>45</b>

## GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63967							
Medicare Supplement	\$1,040,084	\$886,936	\$175,511	0	325	0	325
<b>TOTAL</b>	<b>\$1,040,084</b>	<b>\$886,936</b>	<b>\$175,511</b>	<b>0</b>	<b>325</b>	<b>0</b>	<b>325</b>

## GREAT AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
16691							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$557,952	\$195,069	\$1,552	2	814	0	814
<b>TOTAL</b>	<b>\$557,952</b>	<b>\$195,069</b>	<b>\$1,552</b>	<b>2</b>	<b>814</b>	<b>0</b>	<b>814</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63312							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$315	(\$69)	\$0	0	5	0	5
Disability Income	\$380	\$1,181	\$0	0	2	0	2
Limited Benefit	(\$200)	(\$38)	\$0	0	1	0	1
Long Term Care-Comprehensive	\$38,412	\$1,978	\$0	0	23	0	23
Medicare Supplement	\$400,231	\$277,039	\$0	0	143	0	143
<b>TOTAL</b>	<b>\$439,138</b>	<b>\$280,091</b>	<b>\$0</b>	<b>0</b>	<b>174</b>	<b>0</b>	<b>174</b>

## GREAT MIDWEST INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
18694							
Excess/Stop Loss	\$232,444	\$0	\$232,444	2	157	105	262
<b>TOTAL</b>	<b>\$232,444</b>	<b>\$0</b>	<b>\$232,444</b>	<b>2</b>	<b>157</b>	<b>105</b>	<b>262</b>

## GREAT SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90212							
Disability Income	\$205,281	\$139,000	\$0	0	118	0	118
Limited Benefit	\$112	\$0	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$205,393</b>	<b>\$139,000</b>	<b>\$0</b>	<b>0</b>	<b>119</b>	<b>0</b>	<b>119</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GREAT WEST LIFE ASSURANCE COMPANY

NAIC Company Code

80705

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$141,525	\$303,548	\$0	0	97	0	97
<b>TOTAL</b>	<b>\$141,525</b>	<b>\$303,548</b>	<b>\$0</b>	<b>0</b>	<b>97</b>	<b>0</b>	<b>97</b>

## GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

NAIC Company Code

68322

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$2,815,859	\$2,379,795	\$0	2	1,573	0	1,573
Limited Benefit	\$114,275	\$41,115	\$0	3	299	217	516
<b>TOTAL</b>	<b>\$2,930,134</b>	<b>\$2,420,910</b>	<b>\$0</b>	<b>5</b>	<b>1,872</b>	<b>217</b>	<b>2,089</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GUARANTEE TRUST LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64211							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$561,652	\$286,992	\$123,954	6	1,817	1,864	3,681
Disability Income	\$1,964	\$0	\$0	0	34	0	34
Limited Benefit	\$2,366,114	\$826,724	\$422,561	0	4,664	120	4,784
Long Term Care-Comprehensive	\$317,388	\$176,199	\$503	0	198	0	198
Short Term Care	\$2,514	\$0	\$0	0	3	0	3
Medicare Supplement	\$542,621	\$362,134	\$8,956	0	160	0	160
Other	\$361,247	\$222,165	\$29,859	0	141	0	141
<b>TOTAL</b>	<b>\$4,153,500</b>	<b>\$1,874,214</b>	<b>\$585,833</b>	<b>6</b>	<b>7,017</b>	<b>1,984</b>	<b>9,001</b>

## GUARANTY INCOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64238							
Long Term Care-Comprehensive	\$178,824	\$37,102	\$14,267	0	151	0	151
<b>TOTAL</b>	<b>\$178,824</b>	<b>\$37,102</b>	<b>\$14,267</b>	<b>0</b>	<b>151</b>	<b>0</b>	<b>151</b>

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## GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64246							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$8,077	\$19,369	\$0	0	18	8	26
Grandfathered (In-State and Out-of-State) Conversion	\$17,513	(\$275,629)	\$0	0	4	0	4
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$12,507,950	\$28,164,852	\$1,098,319	2,755	168,221	147,169	315,390
Dental	\$191,311,283	\$135,067,966	\$31,147,112	6,090	333,998	293,514	627,512
Vision	\$12,260,725	\$7,771,846	\$2,826,904	2,782	113,043	101,739	214,782
Disability Income	\$29,556,253	\$15,327,139	\$5,259,751	2,809	105,807	0	105,807
Excess/Stop Loss	\$1,781,342	\$1,282,850	\$1,610,650	10	3,504	3,154	6,658
Limited Benefit	\$936,813	\$384,053	\$557,191	144	5,046	4,542	9,588
<b>TOTAL</b>	<b>\$248,379,956</b>	<b>\$187,742,446</b>	<b>\$42,499,927</b>	<b>14,590</b>	<b>729,641</b>	<b>550,126</b>	<b>1,279,767</b>

## GUGGENHEIM LIFE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
83607							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$0	\$6,892	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$0</b>	<b>\$6,892</b>	<b>\$0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64327							
Disability Income	\$143	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$143</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70815							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,370,238	\$4,685,281	\$447,362	1,389	227,402	118,028	345,430
Disability Income	\$83,735,766	\$90,277,894	\$4,486,233	535	332,367	0	332,367
Limited Benefit	\$5,780,739	\$3,739,602	\$1,199,000	4	8,168	2,825	10,993
Medicare Supplement	\$4,010,670	\$2,839,548	\$1,002,804	1	4,060	1,852	5,912
Other	\$1,923,180	\$970,513	\$92,644	161	335,427	61,806	397,233
<b>TOTAL</b>	<b>\$100,820,594</b>	<b>\$102,512,838</b>	<b>\$7,228,043</b>	<b>2,090</b>	<b>907,424</b>	<b>184,510</b>	<b>1,091,934</b>

## HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71153							
Disability Income	\$1,715	\$7,047	\$0	18	18	0	18
Limited Benefit	\$12,906	\$17,306	\$0	232	232	0	232
<b>TOTAL</b>	<b>\$14,621</b>	<b>\$24,353</b>	<b>\$0</b>	<b>250</b>	<b>250</b>	<b>0</b>	<b>250</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HARTFORD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88072							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$89,733	\$348,662	\$858	0	2,689	354	3,043
Disability Income	\$494,134	\$2,944,447	\$5,785	0	1,573	0	1,573
Excess/Stop Loss	\$10,040	\$0	\$0	0	0	0	0
Limited Benefit	\$1,111,829	\$1,072,326	\$0	7	695	268	963
Long Term Care-Comprehensive	\$38,575	\$0	\$0	0	23	0	23
Medicare Supplement	\$368,604	\$344,246	\$0	3	171	78	249
Other	\$1,624,354	\$1,634,752	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$3,737,269</b>	<b>\$6,344,433</b>	<b>\$6,643</b>	<b>10</b>	<b>5,151</b>	<b>700</b>	<b>5,851</b>

## HCC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92711							
Disability Income	\$592,901	\$1,379,139	\$519,925	0	6	0	6
Excess/Stop Loss	\$19,435,641	\$17,007,001	\$3,056,062	53	40,514	50,123	90,637
Other	\$4,468,150	\$1,204,645	\$4,123,410	0	11,679	3,754	15,433
<b>TOTAL</b>	<b>\$24,496,692</b>	<b>\$19,590,785</b>	<b>\$7,699,397</b>	<b>53</b>	<b>52,199</b>	<b>53,877</b>	<b>106,076</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70670							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,348,546	\$1,729,002	\$0	0	258	134	392
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$118,260,452	\$96,927,027	\$0	2,337	11,823	9,155	20,978
Administrative Services Only (ASO)	\$32,216,784	\$0	\$0	2,211	108,076	116,727	224,803
Dental	\$878,950	\$606,106	\$0	359	1,328	1,165	2,493
Excess/Stop Loss	\$768,753	\$2,206,867	\$0	1	7,834	11,664	19,498
Limited Benefit	\$5,637	\$1,012	\$0	1	1	0	1
Medicare Supplement	\$11,072,728	\$10,128,782	\$0	0	4,262	0	4,262
Other	\$512,999	\$95,581	\$0	13	91	0	91
<b>TOTAL</b>	<b>\$165,064,849</b>	<b>\$111,694,377</b>	<b>\$0</b>	<b>4,922</b>	<b>133,673</b>	<b>138,845</b>	<b>272,518</b>

## HEALTH FIRST COMMERCIAL PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
15882							
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$20,447,515	\$15,697,878	\$0	396	2,703	1,261	3,964
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$19,973,494	\$16,487,327	\$1,902,381	63	2,943	1,136	4,079
Transitional (In-State and Out-of-State) 101+ Member Groups	\$32,337,612	\$26,428,807	\$0	18	3,245	2,976	6,221
<b>TOTAL</b>	<b>\$72,758,621</b>	<b>\$58,614,012</b>	<b>\$1,902,381</b>	<b>477</b>	<b>8,891</b>	<b>5,373</b>	<b>14,264</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HEALTH FIRST HEALTH PLANS, INC

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
15880							
ACA On Exchange Guarantee Issue	\$61,486,140	\$52,100,311	\$10,323,112	0	7,435	3,567	11,002
ACA On Exchange 2 - 50 Member Groups	\$382,203	\$378,912	\$132,507	14	61	21	82
ACA Off Exchange Guarantee Issue	\$12,257,504	\$9,207,344	\$815,041	0	1,424	875	2,299
ACA Off Exchange 2 - 50 Member Groups	\$20,239,755	\$16,239,030	\$3,485,897	392	2,978	1,502	4,480
Medicare Advantage (Medicare+Choice)	\$349,815,374	\$284,671,793	\$0	0	35,069	0	35,069
<b>TOTAL</b>	<b>\$444,180,976</b>	<b>\$362,597,390</b>	<b>\$14,756,557</b>	<b>406</b>	<b>46,967</b>	<b>5,965</b>	<b>52,932</b>

## HEALTH FIRST INSURANCE, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
14140							
ACA On Exchange 2 - 50 Member Groups	\$130,827	\$89,735	\$33,899	3	12	10	22
ACA Off Exchange 2 - 50 Member Groups	\$2,243,764	\$1,986,604	\$242,958	41	155	147	302
Transitional (In-State and Out-of-State) Individually Underwritten	\$1,075,836	\$800,227	\$0	0	144	112	256
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$122,231	\$57,313	\$0	3	13	12	25
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$1,617,730	\$996,159	\$131,167	17	153	190	343
Medicare Supplement	\$104,371	\$86,705	\$0	0	35	0	35
<b>TOTAL</b>	<b>\$5,294,759</b>	<b>\$4,016,743</b>	<b>\$408,024</b>	<b>64</b>	<b>512</b>	<b>471</b>	<b>983</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HEALTH OPTIONS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95089							
ACA On Exchange Guarantee Issue	\$950,100,314	\$737,828,439	\$156,875,569	0	129,545	57,929	187,474
ACA Off Exchange Guarantee Issue	\$79,557,732	\$54,229,552	\$31,107,073	0	9,181	4,676	13,857
ACA Off Exchange Self-Employed or Sole Proprietor	\$45,552	\$10,745	\$865	3	3	3	6
ACA Off Exchange 2 - 50 Member Groups	\$126,390,119	\$80,097,564	\$32,608,651	3,038	22,157	9,384	31,541
ACA Off Exchange 51-100 Member Groups	\$195,638,534	\$145,045,215	\$405,387	1,132	32,784	14,247	47,031
ACA Off Exchange 101+ Member Groups	\$537,906,056	\$386,644,048	\$64,748	1,077	74,495	33,607	108,102
Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$125,241	\$101,551	\$0	7	7	5	12
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$8,282,674	\$6,263,582	\$0	189	680	447	1,127
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$3,087,645	\$2,341,530	\$0	25	475	244	719
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$27,923,045	\$20,003,458	\$0	25	2,677	2,271	4,948
Transitional (In-State and Out-of-State) Individually Underwritten	\$1,321,622	\$1,431,180	\$0	0	0	0	0
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$19,183	\$577,761	\$0	2	2	2	4
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$105,728,382	\$79,039,128	\$0	1,746	14,087	6,813	20,900
Medicare Advantage (Medicare+Choice)	\$551,855,784	\$497,639,183	\$73,396,820	0	62,577	0	62,577
<b>TOTAL</b>	<b>\$2,587,981,883</b>	<b>\$2,011,252,936</b>	<b>\$294,459,113</b>	<b>7,244</b>	<b>348,670</b>	<b>129,628</b>	<b>478,298</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HEALTHPLEX DENTAL SERVICES, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$54,354	\$49,783	\$54,354	0	180	53	233
<b>TOTAL</b>	<b>\$54,354</b>	<b>\$49,783</b>	<b>\$54,354</b>	<b>0</b>	<b>180</b>	<b>53</b>	<b>233</b>

## HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

NAIC Company Code

12902

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Prescription Drug	(\$6)	(\$2,231)	(\$6)	0	0	0	0
<b>TOTAL</b>	<b>(\$6)</b>	<b>(\$2,231)</b>	<b>(\$6)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## HEALTHSPRING OF FLORIDA, INC

NAIC Company Code

11532

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Medicare Advantage (Medicare+Choice)	\$860,573,305	\$710,486,137	\$29,200,778	0	47,687	0	47,687
<b>TOTAL</b>	<b>\$860,573,305</b>	<b>\$710,486,137</b>	<b>\$29,200,778</b>	<b>0</b>	<b>47,687</b>	<b>0</b>	<b>47,687</b>

## HEALTHSUN HEALTH PLANS, INC.

NAIC Company Code

10122

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other	\$709,048,918	\$599,962,839	\$0	0	36,811	0	36,811
<b>TOTAL</b>	<b>\$709,048,918</b>	<b>\$599,962,839</b>	<b>\$0</b>	<b>0</b>	<b>36,811</b>	<b>0</b>	<b>36,811</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HEARTLAND NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66214							
Limited Benefit	\$2,455,232	\$509,934	\$399,491	0	3,660	0	3,660
Medicare Supplement	\$109,690	\$104,404	\$6,033	0	53	0	53
<b>TOTAL</b>	<b>\$2,564,922</b>	<b>\$614,338</b>	<b>\$405,524</b>	<b>0</b>	<b>3,713</b>	<b>0</b>	<b>3,713</b>

## HM LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93440							
Vision	\$7,991,195	\$6,153,220	\$3,251,325	154	77,463	56,417	133,880
Excess/Stop Loss	\$8,468,986	\$4,167,153	\$1,584,051	10	28,878	28,878	57,756
Limited Benefit	\$2,216	(\$1,186)	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$16,462,397</b>	<b>\$10,319,187</b>	<b>\$4,835,376</b>	<b>164</b>	<b>106,341</b>	<b>85,295</b>	<b>191,636</b>

## HORACE MANN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64513							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$796	(\$7)	\$0	0	21	0	21
Disability Income	\$97,509	\$39,985	\$1,889	6	204	0	204
Limited Benefit	\$0	(\$1)	\$0	0	4	3	7
<b>TOTAL</b>	<b>\$98,305</b>	<b>\$39,977</b>	<b>\$1,889</b>	<b>6</b>	<b>229</b>	<b>3</b>	<b>232</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69671							
ACA Off Exchange Guarantee Issue	\$7,264,234	\$8,221,557	\$2,706,372	0	1,214	684	1,898
ACA Off Exchange Self-Employed or Sole Proprietor	\$124,032	\$77,319	\$16,808	9	10	5	15
ACA Off Exchange 2 - 50 Member Groups	\$2,279,334	\$1,420,885	\$817,389	80	246	158	404
ACA Off Exchange 51-100 Member Groups	(\$4,619)	(\$2,879)	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Guarantee Issue	\$29,172,381	\$20,027,796	\$159,569	0	1,788	1,452	3,240
Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$240,717	\$150,057	\$0	9	9	5	14
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$1,091,501	\$680,417	\$0	18	64	40	104
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$115,199	\$71,812	\$0	2	11	3	14
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$121,092	\$75,486	\$0	5	5	0	5
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$481,004	\$299,849	\$12,150	10	41	13	54
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$513,675	\$320,213	\$375,441	6	113	38	151
Transitional (In-State and Out-of-State) 101+ Member Groups	\$10,086,842	\$6,287,904	\$607,710	16	718	990	1,708
Transitional (In-State and Out-of-State) Conversion	(\$1,297)	(\$809)	\$0	0	0	0	0
Excess/Stop Loss	\$8,009,577	\$8,532,449	\$0	0	86,236	0	86,236
Medicare Supplement	\$12,968,858	\$8,845,567	\$2,222,514	0	6,590	0	6,590

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List of Companies and all Health Business***

Medicare Advantage (Medicare+Choice)	\$134,447,981	\$116,172,117	\$25,038,895	0	11,147	0	11,147
TOTAL	\$206,910,511	\$171,179,740	\$31,956,848	155	108,192	3,388	111,580

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HUMANA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
73288							
ACA Off Exchange Guarantee Issue	\$45,194	\$5,882	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Guarantee Issue	(\$77,144)	(\$29,901)	\$0	0	0	0	0
Administrative Services Only (ASO)	\$1,393,239	\$0	\$0	0	159	54	213
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$44,179	\$15,685	\$0	0	455	0	455
Dental	\$56,943,923	\$38,786,190	\$0	84,388	116,205	68,982	185,187
Prescription Drug	\$293,572,600	\$248,016,692	\$0	0	344,978	0	344,978
Vision	\$16,983,436	\$8,413,696	\$0	117,653	134,907	91,966	226,873
Disability Income	\$84,887	\$121,713	\$0	0	165	0	165
Excess/Stop Loss	\$0	(\$37,936)	\$0	0	0	0	0
Limited Benefit	\$59,381	\$26,282	\$0	0	528	0	528
Medicare Advantage (Medicare+Choice)	\$1,234,771,788	\$1,029,612,387	\$212,062,245	0	127,523	0	127,523
Other	\$43,878	\$6,805	\$0	0	284	0	284
Misc.	\$4,363,802	\$2,280,485	\$0	0	8,416	10,105	18,521
<b>TOTAL</b>	<b>\$1,608,229,163</b>	<b>\$1,327,217,980</b>	<b>\$212,062,245</b>	<b>202,041</b>	<b>733,620</b>	<b>171,107</b>	<b>904,727</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HUMANA MEDICAL PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95270							
ACA On Exchange Guarantee Issue	\$715,619,106	\$718,598,450	\$309,302,940	0	94,447	41,051	135,498
ACA On Exchange Self-Employed or Sole Proprietor	\$172,367	\$141,544	\$182,282	27	36	20	56
ACA On Exchange 2 - 50 Member Groups	\$1,095,421	\$899,538	\$1,158,434	68	261	104	365
ACA Off Exchange Guarantee Issue	\$263,913,426	\$248,504,929	\$124,746,723	0	32,535	21,219	53,754
ACA Off Exchange Self-Employed or Sole Proprietor	\$3,025,519	\$2,484,498	\$487,329	205	220	259	479
ACA Off Exchange 2 - 50 Member Groups	\$158,171,850	\$129,887,669	\$15,946,581	3,022	22,450	10,334	32,784
ACA Off Exchange 51-100 Member Groups	\$1,752,758	\$1,439,331	\$0	2	80	65	145
ACA Off Exchange 101+ Member Groups	(\$181,561)	(\$149,094)	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Guarantee Issue	\$14,461	(\$526,572)	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$281,675	\$231,306	\$0	23	23	4	27
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$6,432,929	\$5,282,597	\$0	137	644	215	859
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$260,573	\$213,977	\$0	2	39	12	51
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$5,791,356	\$4,755,750	\$0	11	578	375	953
Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor	\$766,041	\$629,058	\$74,345	50	50	32	82
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$75,733,496	\$62,190,885	\$5,718,668	917	10,278	4,179	14,457

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Transitional (In-State and Out-of-State) 51-100 Member Groups	\$57,710,406	\$47,390,672	\$15,242,127	226	10,893	4,465	15,358
Transitional (In-State and Out-of-State) 101+ Member Groups	\$376,265,851	\$308,982,253	\$28,479,321	182	44,904	20,798	65,702
Medicare Advantage (Medicare+Choice)	\$4,809,971,274	\$3,875,023,287	\$962,279,908	5,905	363,099	0	363,099
Misc.	\$1,574,740,002	\$1,354,175,694	\$12,404,700	0	368,889	3,455	372,344
<b>TOTAL</b>	<b>\$8,051,536,950</b>	<b>\$6,760,155,772</b>	<b>\$1,476,023,358</b>	<b>10,777</b>	<b>949,426</b>	<b>106,587</b>	<b>1,056,013</b>

### HUMANADENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70580							
Administrative Services Only (ASO)	\$588,326	\$0	\$0	0	24,896	804	25,700
Limited Benefit	\$13,627	\$15,761	\$0	0	55	0	55
Medicare Supplement	\$121,892	\$114,774	\$0	0	48	0	48
<b>TOTAL</b>	<b>\$723,845</b>	<b>\$130,535</b>	<b>\$0</b>	<b>0</b>	<b>24,999</b>	<b>804</b>	<b>25,803</b>

### IA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91693							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$66	\$0	\$0	0	3	0	3
Limited Benefit	\$1,817	\$788	\$0	0	40	0	40
<b>TOTAL</b>	<b>\$1,883</b>	<b>\$788</b>	<b>\$0</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>43</b>

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## IDEALIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97764							
Medicare Supplement	\$353,134	\$274,187	\$0	0	70	0	70
<b>TOTAL</b>	<b>\$353,134</b>	<b>\$274,187</b>	<b>\$0</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>70</b>

## ILLINOIS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64580							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$145,599	\$775,736	\$0	0	8	1	9
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$29,489	\$13,401	\$2,005	0	99	38	137
Disability Income	\$3,509,720	\$2,340,233	\$37,766	0	4,273	0	4,273
Limited Benefit	\$1,331	\$144	\$0	0	3	2	5
<b>TOTAL</b>	<b>\$3,686,139</b>	<b>\$3,129,514</b>	<b>\$39,771</b>	<b>0</b>	<b>4,383</b>	<b>41</b>	<b>4,424</b>

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## INDEPENDENCE AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
26581							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$0	(\$63)	\$0	0	0	0	0
Dental	\$21,810	\$8,539	\$21,810	1	26	51	77
Limited Benefit	\$756,746	\$228,464	\$756,746	3	417	625	1,042
Other	\$256,884	\$129,681	\$256,884	0	168	246	414
<b>TOTAL</b>	<b>\$1,035,440</b>	<b>\$366,621</b>	<b>\$1,035,440</b>	<b>4</b>	<b>611</b>	<b>922</b>	<b>1,533</b>

## INDEPENDENT ORDER OF FORESTERS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58068							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$362,950	\$820,000	\$132,562	0	2,118	0	2,118
Disability Income	\$1,023	\$9,600	\$0	0	11	0	11
<b>TOTAL</b>	<b>\$363,973</b>	<b>\$829,600</b>	<b>\$132,562</b>	<b>0</b>	<b>2,129</b>	<b>0</b>	<b>2,129</b>

## INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22713							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$0	\$215,058	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$0</b>	<b>\$215,058</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19429							
Other	\$0	(\$37)	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$0</b>	<b>(\$37)</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## INTEGON INDEMNITY CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22772							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$605,874	\$91,226	\$411,492	3,666	3,666	691	4,357
Dental	\$11,368	\$10,151	\$11,368	249	249	98	347
Excess/Stop Loss	\$1,727,906	\$3,460,810	\$717,552	44	958	583	1,541
Limited Benefit	\$356,827	\$46,420	\$256,189	3,210	3,210	654	3,864
Other	\$5,654,014	\$3,361,543	\$4,855,850	3,586	3,586	2,415	6,001
<b>TOTAL</b>	<b>\$8,355,989</b>	<b>\$6,970,150</b>	<b>\$6,252,451</b>	<b>10,755</b>	<b>11,669</b>	<b>4,441</b>	<b>16,110</b>

## INTRAMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64831							
Limited Benefit	\$191	\$0	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$191</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

*NAIC Company Code*

63487

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$34	\$1	\$0	0	1	0	1
Disability Income	\$52	\$3,491	\$0	0	1	0	1
Limited Benefit	\$428	(\$35)	\$0	0	4	0	4
<b>TOTAL</b>	<b>\$514</b>	<b>\$3,457</b>	<b>\$0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>

## IRONSHORE INDEMNITY INC.

*NAIC Company Code*

23647

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Excess/Stop Loss	\$322,310	\$191,558	\$322,310	1	64	61	125
<b>TOTAL</b>	<b>\$322,310</b>	<b>\$191,558</b>	<b>\$322,310</b>	<b>1</b>	<b>64</b>	<b>61</b>	<b>125</b>

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## JACKSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65056							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$17,970	(\$541)	\$0	0	596	0	596
Dental	\$15,280	\$22,271	\$0	0	43	0	43
Disability Income	\$1,049,667	\$7,627,911	\$0	0	1,249	0	1,249
Limited Benefit	\$678,757	\$1,480,849	\$0	0	2,789	0	2,789
Long Term Care-Comprehensive	\$1,182,912	\$2,984,597	\$0	0	628	0	628
<b>TOTAL</b>	<b>\$2,944,586</b>	<b>\$12,115,087</b>	<b>\$0</b>	<b>0</b>	<b>5,305</b>	<b>0</b>	<b>5,305</b>

## JEFFERSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64017							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$145	\$24,657	\$0	0	0	0	0
Disability Income	\$30,225	\$340,243	\$0	0	0	0	0
Limited Benefit	\$4,620	\$0	\$0	0	0	0	0
Medicare Supplement	\$7,255	\$3,762	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$42,245</b>	<b>\$368,662</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65080							
ACA Off Exchange 2 - 50 Member Groups	\$54,719	(\$4,866)	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$148,668	\$41,126	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Conversion	\$702	(\$17,154)	\$0	0	0	0	0
Transitional (In-State and Out-of-State) Individually Underwritten	\$67,227	\$15,527	\$0	0	0	0	0
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$7,502	(\$19,518)	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$9,276	\$1,509	\$0	0	32	48	80
Dental	\$2,542	\$247	\$0	0	7	4	11
Disability Income	\$88,381	\$160,868	\$0	0	150	8	158
Limited Benefit	\$20,908	\$27,071	\$0	0	45	29	74
Long Term Care-Comprehensive	\$438,391	\$823,566	\$0	0	265	0	265
Medicare Supplement	\$323,124	\$305,940	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$1,161,440</b>	<b>\$1,334,316</b>	<b>\$0</b>	<b>0</b>	<b>499</b>	<b>89</b>	<b>588</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

*NAIC Company Code*

93610

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Long Term Care-Comprehensive	\$16,571,543	\$18,561,641	\$0	22	3,633	0	3,633
<b>TOTAL</b>	<b>\$16,571,543</b>	<b>\$18,561,641</b>	<b>\$0</b>	<b>22</b>	<b>3,633</b>	<b>0</b>	<b>3,633</b>

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

*NAIC Company Code*

65838

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$419,546	\$2,915,947	\$0	0	312	0	312
Long Term Care-Comprehensive	\$131,083,011	\$134,184,625	\$0	413	62,034	0	62,034
<b>TOTAL</b>	<b>\$131,502,557</b>	<b>\$137,100,572</b>	<b>\$0</b>	<b>413</b>	<b>62,346</b>	<b>0</b>	<b>62,346</b>

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## KANAWHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65110							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$586,449	\$502,526	\$45,210	13	3,128	1,864	4,992
Disability Income	\$1,609,774	\$1,863,674	\$89,579	268	2,305	2,044	4,349
Limited Benefit	\$1,651,917	\$2,983,118	\$47,140	25	10,697	10,697	21,394
Long Term Care-Comprehensive	\$1,366,252	\$2,963,592	\$0	0	8,057	0	8,057
Medicare Supplement	\$214,556	\$238,119	\$0	0	75	0	75
Other	\$32,954	\$8,497	\$2,028	8	1,537	1,153	2,690
<b>TOTAL</b>	<b>\$5,461,902</b>	<b>\$8,559,526</b>	<b>\$183,957</b>	<b>314</b>	<b>25,799</b>	<b>15,758</b>	<b>41,557</b>

## KANSAS CITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65129							
Transitional (In-State and Out-of-State) Individually Underwritten	\$1,330	(\$855)	\$0	0	1	0	1
Dental	\$178,406	\$85,138	\$26,268	21	278	184	462
Vision	\$2,216	\$265	\$0	1	7	6	13
Disability Income	\$242,722	\$115,308	\$87,903	43	714	0	714
Limited Benefit	\$27,880	\$20,948	\$18,530	4	74	0	74
<b>TOTAL</b>	<b>\$452,554</b>	<b>\$220,804</b>	<b>\$132,701</b>	<b>69</b>	<b>1,074</b>	<b>190</b>	<b>1,264</b>

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## KNIGHTS OF COLUMBUS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58033							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$184	(\$10)	\$0	0	1	0	1
Disability Income	\$98,341	\$41,248	\$16,654	0	173	0	173
Limited Benefit	\$7,946	\$359	\$0	0	25	3	28
Long Term Care-Comprehensive	\$2,412,453	\$548,274	\$65,561	0	1,568	0	1,568
Long Term Care-Facility Only	\$395,337	\$342,113	\$22,323	0	444	0	444
<b>TOTAL</b>	<b>\$2,914,261</b>	<b>\$931,984</b>	<b>\$104,538</b>	<b>0</b>	<b>2,211</b>	<b>3</b>	<b>2,214</b>

## LAFAYETTE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65242							
Disability Income	\$14,298	\$19,531	\$0	0	9	0	9
<b>TOTAL</b>	<b>\$14,298</b>	<b>\$19,531</b>	<b>\$0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>9</b>

## LAKEVIEW CENTER, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$31,618,130	\$0	\$0	3	105,662	0	105,662
<b>TOTAL</b>	<b>\$31,618,130</b>	<b>\$0</b>	<b>\$0</b>	<b>3</b>	<b>105,662</b>	<b>0</b>	<b>105,662</b>

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## LAMORAK INSURANCE COMPANY

NAIC Company Code

20621

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,494	\$68,127	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$4,494</b>	<b>\$68,127</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## LIBERTY DENTAL PLAN OF FLORIDA, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$5,160	\$67,442,802	\$0	8	29	14	43
<b>TOTAL</b>	<b>\$5,160</b>	<b>\$67,442,802</b>	<b>\$0</b>	<b>8</b>	<b>29</b>	<b>14</b>	<b>43</b>

## LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

NAIC Company Code

65315

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$37,923,556	\$41,711,177	\$457,551	24	187,126	0	187,126
<b>TOTAL</b>	<b>\$37,923,556</b>	<b>\$41,711,177</b>	<b>\$457,551</b>	<b>24</b>	<b>187,126</b>	<b>0</b>	<b>187,126</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LIBERTY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65331							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,890,624	\$1,293,938	\$301,522	0	36,343	27	36,370
Dental	\$4,811	\$718	\$0	0	11	0	11
Vision	\$37,480	\$19,805	\$7,395	0	197	0	197
Disability Income	\$635	\$0	\$0	0	2	0	2
Limited Benefit	\$11,344,362	\$8,175,303	\$945,056	0	31,782	4,847	36,629
Medicare Supplement	\$511,802	\$374,812	\$2,324	0	345	0	345
<b>TOTAL</b>	<b>\$13,789,714</b>	<b>\$9,864,576</b>	<b>\$1,256,297</b>	<b>0</b>	<b>68,680</b>	<b>4,874</b>	<b>73,554</b>

## LIFE INSURANCE COMPANY OF ALABAMA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65412							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$8,506	\$6,897	\$62	0	23	3	26
Disability Income	\$3,843	\$0	\$412	0	6	0	6
Limited Benefit	\$313,506	\$10,412	\$25,259	0	400	284	684
<b>TOTAL</b>	<b>\$325,855</b>	<b>\$17,309</b>	<b>\$25,733</b>	<b>0</b>	<b>429</b>	<b>287</b>	<b>716</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65498							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$9,041,818	\$7,471,918	\$0	55	328,509	0	328,509
Disability Income	\$91,503,534	\$106,167,357	\$0	75	396,869	0	396,869
Limited Benefit	\$1,317,375	\$1,081,719	\$0	6	4,305	0	4,305
<b>TOTAL</b>	<b>\$101,862,727</b>	<b>\$114,720,994</b>	<b>\$0</b>	<b>136</b>	<b>729,683</b>	<b>0</b>	<b>729,683</b>

## LIFE INSURANCE COMPANY OF THE SOUTHWEST

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65528							
Limited Benefit	\$211	\$0	\$211	0	2	2	4
<b>TOTAL</b>	<b>\$211</b>	<b>\$0</b>	<b>\$211</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>4</b>

## LIFE OF THE SOUTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97691							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$31,756	\$12,409	\$31,756	0	104	0	104
Limited Benefit	\$11,488	\$1,477	\$11,488	0	38	0	38
<b>TOTAL</b>	<b>\$43,244</b>	<b>\$13,886</b>	<b>\$43,244</b>	<b>0</b>	<b>142</b>	<b>0</b>	<b>142</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LIFESECURE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77720							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,576	(\$19)	\$606	0	14	5	19
Disability Income	\$216	(\$289)	\$0	0	3	0	3
Limited Benefit	\$262,494	\$51,773	\$1,663	0	531	0	531
Long Term Care-Comprehensive	\$3,802,719	\$342,718	\$497,327	0	2,537	0	2,537
<b>TOTAL</b>	<b>\$4,068,005</b>	<b>\$394,183</b>	<b>\$499,596</b>	<b>0</b>	<b>3,085</b>	<b>5</b>	<b>3,090</b>

## LIFESHIELD NATIONAL INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
99724							
Transitional (In-State and Out-of-State) 101+ Member Groups	\$184,145	\$64,484	\$177,512	336	228	108	336
<b>TOTAL</b>	<b>\$184,145</b>	<b>\$64,484</b>	<b>\$177,512</b>	<b>336</b>	<b>228</b>	<b>108</b>	<b>336</b>

## LINCOLN BENEFIT LIFE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65595							
Long Term Care-Comprehensive	\$3,149,713	\$10,042,473	\$0	0	2,068	892	2,960
Long Term Care-Facility Only	\$105,092	\$322,309	\$0	0	69	26	95
Long Term Care-Non-Facility Only	\$834,643	\$2,218,844	\$0	0	548	106	654
<b>TOTAL</b>	<b>\$4,089,448</b>	<b>\$12,583,626</b>	<b>\$0</b>	<b>0</b>	<b>2,685</b>	<b>1,024</b>	<b>3,709</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LINCOLN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65927							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$874	\$0	\$0	0	7	0	7
Medicare Supplement	\$511,735	\$364,908	\$0	0	165	0	165
<b>TOTAL</b>	<b>\$512,609</b>	<b>\$364,908</b>	<b>\$0</b>	<b>0</b>	<b>172</b>	<b>0</b>	<b>172</b>

## LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62057							
ACA Off Exchange Conversion	\$177	\$4,800	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$32,561	\$0	\$717	0	1,598	0	1,598
Dental	\$11,058	\$32,104	\$0	0	0	0	0
Disability Income	\$762,782	\$28,789	\$44,973	0	1,220	0	1,220
<b>TOTAL</b>	<b>\$806,578</b>	<b>\$65,693</b>	<b>\$45,690</b>	<b>0</b>	<b>2,818</b>	<b>0</b>	<b>2,818</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### LINCOLN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65676							
ACA On Exchange Conversion	\$2,579	\$0	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,407,241	\$3,344,664	\$1,079,916	1,495	282,511	0	282,511
Dental	\$10,595,706	\$6,980,673	\$2,473,399	259	18,800	0	18,800
Disability Income	\$59,683,206	\$56,474,044	\$4,493,632	2,186	250,598	0	250,598
Excess/Stop Loss	(\$89)	\$364	\$0	0	0	0	0
Limited Benefit	\$2,086,239	\$649,402	\$857,755	48	2,848	0	2,848
Long Term Care-Non-Facility Only	\$181,050	\$604,813	\$0	0	113	0	113
<b>TOTAL</b>	<b>\$77,955,932</b>	<b>\$68,053,960</b>	<b>\$8,904,702</b>	<b>3,988</b>	<b>554,870</b>	<b>0</b>	<b>554,870</b>

### LONDON LIFE REINSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76694							
Medicare Supplement	\$891	\$3,340	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$891</b>	<b>\$3,340</b>	<b>\$0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LOYAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code

65722

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$2,776	\$719	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$255,343	\$99,470	\$72,260	0	786	269	1,055
Disability Income	\$10,545	(\$42,491)	\$0	0	19	0	19
Limited Benefit	\$1,318,052	\$565,959	\$833,177	0	5,242	530	5,772
Long Term Care-Comprehensive	\$4,158	(\$277)	\$0	0	2	0	2
Medicare Supplement	\$645,563	\$596,120	\$22,324	0	270	0	270
<b>TOTAL</b>	<b>\$2,236,436</b>	<b>\$1,219,499</b>	<b>\$927,761</b>	<b>0</b>	<b>6,319</b>	<b>799</b>	<b>7,118</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MADISON NATIONAL LIFE INSURANCE COMPANY INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65781							
ACA Off Exchange 51-100 Member Groups	\$8,291	(\$76,957)	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$140,848	\$0	\$16,142	3	1,180	601	1,781
Dental	\$597,748	\$200,495	\$263,351	19	1,091	625	1,716
Vision	\$1,977	(\$159)	\$0	1	26	9	35
Disability Income	\$532,246	\$610,060	\$0	7	3,167	0	3,167
Limited Benefit	\$343,505	\$172,699	\$13,992	4	185	1	186
<b>TOTAL</b>	<b>\$1,624,615</b>	<b>\$906,138</b>	<b>\$293,485</b>	<b>34</b>	<b>5,649</b>	<b>1,236</b>	<b>6,885</b>

## MANAGED CARE OF NORTH AMERICA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52014							
Dental	\$82,107	\$26,865	\$1,116	0	1,230	753	1,983
<b>TOTAL</b>	<b>\$82,107</b>	<b>\$26,865</b>	<b>\$1,116</b>	<b>0</b>	<b>1,230</b>	<b>753</b>	<b>1,983</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MANHATTAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65870							
Disability Income	\$303,062	\$258,919	\$48,373	0	522	1	523
Limited Benefit	\$2,981	\$0	\$502	0	7	14	21
Medicare Supplement	\$171,892	\$309,609	\$15,886	0	157	0	157
<b>TOTAL</b>	<b>\$477,935</b>	<b>\$568,528</b>	<b>\$64,761</b>	<b>0</b>	<b>686</b>	<b>15</b>	<b>701</b>

## MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67083							
Limited Benefit	\$318	\$0	\$0	0	1	0	1
Long Term Care-Comprehensive	\$118,702	\$101,568	\$0	0	267	3	270
<b>TOTAL</b>	<b>\$119,020</b>	<b>\$101,568</b>	<b>\$0</b>	<b>0</b>	<b>268</b>	<b>3</b>	<b>271</b>

## MAPFRE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85561							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,869	\$0	\$0	0	37	8	45
<b>TOTAL</b>	<b>\$4,869</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>37</b>	<b>8</b>	<b>45</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MARKEL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38970							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,535,251	\$370,452	\$115,632	0	430,753	0	430,753
Disability Income	\$33,152	(\$367)	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$1,568,403</b>	<b>\$370,085</b>	<b>\$115,632</b>	<b>0</b>	<b>430,753</b>	<b>0</b>	<b>430,753</b>

## MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65935							
Disability Income	\$17,475,177	\$20,342,741	\$1,121,507	0	6,177	0	6,177
Long Term Care-Comprehensive	\$8,914,877	\$2,511,214	\$588,694	0	3,474	0	3,474
<b>TOTAL</b>	<b>\$26,390,054</b>	<b>\$22,853,955</b>	<b>\$1,710,201</b>	<b>0</b>	<b>9,651</b>	<b>0</b>	<b>9,651</b>

## MEDAMERICA INSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12967							
Long Term Care-Accelerated Benefit Rider	\$4,095,640	\$876,544	\$0	41	2,303	0	2,303
<b>TOTAL</b>	<b>\$4,095,640</b>	<b>\$876,544</b>	<b>\$0</b>	<b>41</b>	<b>2,303</b>	<b>0</b>	<b>2,303</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MEDICA HEALTH PLANS OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12756							
ACA Off Exchange 2 - 50 Member Groups	\$0	(\$686)	\$0	0	0	0	0
Misc.	(\$1,009)	(\$16,230)	\$0	0	0	0	0
<b>TOTAL</b>	<b>(\$1,009)</b>	<b>(\$16,916)</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## MEDICA HEALTHCARE PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12155							
Medicare Advantage (Medicare+Choice)	\$533,914,092	\$442,517,084	\$86,336,615	38,568	38,568	0	38,568
<b>TOTAL</b>	<b>\$533,914,092</b>	<b>\$442,517,084</b>	<b>\$86,336,615</b>	<b>38,568</b>	<b>38,568</b>	<b>0</b>	<b>38,568</b>

## MEDICAL AIR SERVICES ASSOCIATION OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52008							
Other	\$2,838,647	\$289,705	\$858,152	0	333,707	0	333,707
<b>TOTAL</b>	<b>\$2,838,647</b>	<b>\$289,705</b>	<b>\$858,152</b>	<b>0</b>	<b>333,707</b>	<b>0</b>	<b>333,707</b>

## MEDICO CORP LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79987							
Medicare Supplement	\$186,155	\$218,302	\$0	0	193	0	193
<b>TOTAL</b>	<b>\$186,155</b>	<b>\$218,302</b>	<b>\$0</b>	<b>0</b>	<b>193</b>	<b>0</b>	<b>193</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MEDICO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
31119							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2	\$0	\$0	0	0	0	0
Dental	\$956,003	\$574,456	\$160,148	0	2,036	0	2,036
Disability Income	\$14,683	\$3,723	\$0	0	21	0	21
Limited Benefit	\$975,646	\$518,472	\$195,131	0	1,961	321	2,282
Long Term Care-Comprehensive	\$405	\$0	\$0	0	1	0	1
Short Term Care	\$2,513	\$0	\$0	0	4	0	4
Medicare Supplement	\$5,818,105	\$5,356,973	\$0	0	2,017	0	2,017
<b>TOTAL</b>	<b>\$7,767,357</b>	<b>\$6,453,624</b>	<b>\$355,279</b>	<b>0</b>	<b>6,040</b>	<b>321</b>	<b>6,361</b>

## MEMBERS LIFE INSURANCE COMPANY

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

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MERIT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65951							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,180,788	\$82,096	\$1,180,788	3	31,864	5,548	37,412
<b>TOTAL</b>	<b>\$1,180,788</b>	<b>\$82,096</b>	<b>\$1,180,788</b>	<b>3</b>	<b>31,864</b>	<b>5,548</b>	<b>37,412</b>

## METROPOLITAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65978							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$214,148	\$444,363	\$0	0	95	45	140
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$11,759,331	\$4,945,418	\$0	961	509,482	509,482	1,018,964
Dental	\$207,506,800	\$247,284,647	\$13,622,233	1,613	415,881	499,057	914,938
Vision	\$9,077,016	\$8,265,824	\$870,877	303	71,475	56,995	128,470
Disability Income	\$126,478,527	\$133,406,568	\$6,111,798	462	571,923	0	571,923
Limited Benefit	\$2,247,617	\$1,810,335	\$0	0	520	4	524
Long Term Care-Comprehensive	\$31,077,653	\$24,174,517	\$0	167	22,240	0	22,240
Long Term Care-Facility Only	\$1,571,177	\$2,425,000	\$0	167	2,071	0	2,071
<b>TOTAL</b>	<b>\$389,932,269</b>	<b>\$422,756,672</b>	<b>\$20,604,908</b>	<b>3,673</b>	<b>1,593,687</b>	<b>1,065,583</b>	<b>2,659,270</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MHNET OF FLORIDA, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other	\$0	\$5,478	\$0	0	0	0	0
TOTAL	\$0	\$5,478	\$0	0	0	0	0

## MIDLAND NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

66044

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$714	\$0	\$0	0	1	0	1
Disability Income	\$2,594	\$17,672	\$0	1	1	0	1
TOTAL	\$3,308	\$17,672	\$0	1	2	0	2

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66087							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,658	\$87,316	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$7,023	\$4,128	\$0	0	54	25	79
Dental	\$38,729	\$17,467	\$0	0	161	115	276
Vision	\$78,443	\$44,537	\$0	0	1,407	1,058	2,465
Disability Income	\$68,564	(\$2,630)	\$0	0	218	2	220
Limited Benefit	\$543,827	\$342,179	\$0	0	1,527	621	2,148
Medicare Supplement	\$2,061	\$1,051	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$740,305</b>	<b>\$494,048</b>	<b>\$0</b>	<b>0</b>	<b>3,367</b>	<b>1,821</b>	<b>5,188</b>

## MINNESOTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66168							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$18,373,050	\$5,516,832	\$122,507	7	163,502	0	163,502
Disability Income	\$1,830,067	\$8,641,033	\$0	0	705	0	705
Long Term Care-Comprehensive	\$62,843	\$0	\$0	0	9	6	15
<b>TOTAL</b>	<b>\$20,265,960</b>	<b>\$14,157,865</b>	<b>\$122,507</b>	<b>7</b>	<b>164,216</b>	<b>6</b>	<b>164,222</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MODERN WOODMEN OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57541							
Disability Income	\$195	\$9,255	\$0	0	7	0	7
<b>TOTAL</b>	<b>\$195</b>	<b>\$9,255</b>	<b>\$0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>7</b>

## MOLINA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13128							
ACA On Exchange Guarantee Issue	\$596,396,773	\$553,133,370	\$334,717,443	0	138,187	57,473	195,660
Medicare Advantage (Medicare+Choice)	\$27,989,694	\$24,718,986	\$8,699,222	0	2,291	0	2,291
Misc.	\$1,319,990,076	\$1,178,918,194	\$75,587,613	0	354,679	0	354,679
<b>TOTAL</b>	<b>\$1,944,376,543</b>	<b>\$1,756,770,550</b>	<b>\$419,004,278</b>	<b>0</b>	<b>495,157</b>	<b>57,473</b>	<b>552,630</b>

## MONITOR LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81442							
Limited Benefit	\$1,247,851	\$502,563	\$165,291	99	1,347	793	2,140
<b>TOTAL</b>	<b>\$1,247,851</b>	<b>\$502,563</b>	<b>\$165,291</b>	<b>99</b>	<b>1,347</b>	<b>793</b>	<b>2,140</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MONY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66370							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$34,022	\$531,482	\$0	0	15	2	17
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$20	\$0	\$0	0	1	0	1
Disability Income	\$2,013,533	\$3,435,900	\$0	0	1,416	0	1,416
Limited Benefit	\$2,312	\$12,501	\$0	0	16	0	16
<b>TOTAL</b>	<b>\$2,049,887</b>	<b>\$3,979,883</b>	<b>\$0</b>	<b>0</b>	<b>1,448</b>	<b>2</b>	<b>1,450</b>

## MONY LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78077							
Dental	\$10,739	\$6,211	\$10,739	1	15	14	29
Vision	\$2,065	\$1,194	\$2,065	2	16	12	28
Disability Income	\$16,693	\$9,655	\$16,693	14	516	0	516
<b>TOTAL</b>	<b>\$29,497</b>	<b>\$17,060</b>	<b>\$29,497</b>	<b>17</b>	<b>547</b>	<b>26</b>	<b>573</b>

## MUTUAL OF AMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88668							
Disability Income	\$70,772	\$406,295	\$0	14	22	0	22
<b>TOTAL</b>	<b>\$70,772</b>	<b>\$406,295</b>	<b>\$0</b>	<b>14</b>	<b>22</b>	<b>0</b>	<b>22</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MUTUAL OF OMAHA INSURANCE COMPANY

### NAIC Company Code

71412

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$49,289	\$14,630	\$0	0	126	16	142
Grandfathered (In-State and Out-of-State) Conversion	\$721	\$293	\$0	0	1	1	2
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$9,741,103	\$5,130,179	\$1,163,129	392	502,906	7,180	510,086
Dental	\$4,653	\$33,419	\$0	0	36	32	68
Disability Income	\$1,678,850	\$2,833,708	\$166,446	14	2,281	0	2,281
Limited Benefit	\$1,996,391	\$1,109,120	\$40,378	0	13,684	3,563	17,247
Long Term Care-Comprehensive	\$12,159,563	\$7,946,068	\$976,718	8	5,944	0	5,944
Long Term Care-Facility Only	\$1,055,520	\$3,910,003	\$0	0	676	0	676
Long Term Care-Non-Facility Only	\$567,308	\$1,384,553	\$0	0	421	0	421
Medicare Supplement	\$28,745,475	\$18,610,089	\$1,096,570	0	9,240	0	9,240
Other	\$26,529	(\$1,536)	\$0	0	1,396	30	1,426
<b>TOTAL</b>	<b>\$56,025,402</b>	<b>\$40,970,526</b>	<b>\$3,443,241</b>	<b>414</b>	<b>536,711</b>	<b>10,822</b>	<b>547,533</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MUTUAL SAVINGS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66397							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,645	\$0	\$0	0	92	0	92
Limited Benefit	\$17,344	\$6,430	\$0	0	225	0	225
<b>TOTAL</b>	<b>\$18,989</b>	<b>\$6,430</b>	<b>\$0</b>	<b>0</b>	<b>317</b>	<b>0</b>	<b>317</b>

## MUTUAL TRUST LIFE INS CO, A PAN-AMERICAN LIFE INS GROUP STOCK CO

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66427							
Disability Income	\$26,799	\$209,685	\$0	0	25	0	25
<b>TOTAL</b>	<b>\$26,799</b>	<b>\$209,685</b>	<b>\$0</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>25</b>

## NATIONAL BENEFIT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61409							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$9,692	\$0	\$0	0	22	11	33
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$20	\$0	\$0	0	1	0	1
Disability Income	\$277	(\$2,242)	\$0	0	2	0	2
Limited Benefit	\$15,901	\$8,324	\$0	0	139	0	139
<b>TOTAL</b>	<b>\$25,890</b>	<b>\$6,082</b>	<b>\$0</b>	<b>0</b>	<b>164</b>	<b>11</b>	<b>175</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NATIONAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11991							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$43,247	\$21,458	\$0	6	186	190	376
Dental	\$112,423	\$19,592	\$0	0	2,637	3,446	6,083
Limited Benefit	\$715	\$17,150	\$0	0	6	6	12
<b>TOTAL</b>	<b>\$156,385</b>	<b>\$58,200</b>	<b>\$0</b>	<b>6</b>	<b>2,829</b>	<b>3,642</b>	<b>6,471</b>

## NATIONAL GUARDIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66583							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$595,554	\$514,627	\$595,554	38	11,460	0	11,460
Dental	\$1,365,687	\$947,711	\$1,365,687	27	1,713	1,186	2,899
Vision	\$9,902,848	\$6,588,754	\$9,902,848	350	95,598	80,547	176,145
Disability Income	\$19,197	\$53,548	\$0	2	125	0	125
Limited Benefit	\$33	\$0	\$0	0	2	0	2
Other	\$4,962,724	\$2,985,142	\$4,962,724	10	8,277	0	8,277
<b>TOTAL</b>	<b>\$16,846,043</b>	<b>\$11,089,782</b>	<b>\$16,826,813</b>	<b>427</b>	<b>117,175</b>	<b>81,733</b>	<b>198,908</b>

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## NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66680							
Disability Income	\$1,938,653	\$8,454,305	\$13,571	0	617	0	617
<b>TOTAL</b>	<b>\$1,938,653</b>	<b>\$8,454,305</b>	<b>\$13,571</b>	<b>0</b>	<b>617</b>	<b>0</b>	<b>617</b>

## NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87963							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,078,162	\$332,720	\$612,486	0	3,304	3,321	6,625
Disability Income	\$1,000,269	\$430,544	\$897,736	0	1,575	0	1,575
Limited Benefit	\$2,097,610	\$757,069	\$944,646	0	4,353	4,288	8,641
<b>TOTAL</b>	<b>\$4,176,041</b>	<b>\$1,520,333</b>	<b>\$2,454,868</b>	<b>0</b>	<b>9,232</b>	<b>7,609</b>	<b>16,841</b>

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19445							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$12,686,792	\$3,815,932	\$660,860	102	723,788	1	723,789
Excess/Stop Loss	\$4,825,102	\$4,116,806	\$2,469,424	8	11,020	15,130	26,150
Limited Benefit	\$1,917,509	\$2,366,635	\$0	4	6,255	2,873	9,128
Other	\$3,143,839	\$3,539,763	\$0	0	23,087	17,530	40,617
<b>TOTAL</b>	<b>\$22,573,242</b>	<b>\$13,839,136</b>	<b>\$3,130,284</b>	<b>114</b>	<b>764,150</b>	<b>35,534</b>	<b>799,684</b>

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## NATIONAL WESTERN LIFE INSURANCE COMPANY

NAIC Company Code

66850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Limited Benefit	\$1,968	\$5,363	\$0	0	21	0	21
<b>TOTAL</b>	<b>\$1,968</b>	<b>\$5,363</b>	<b>\$0</b>	<b>0</b>	<b>21</b>	<b>0</b>	<b>21</b>

## NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code

92657

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$405	\$0	\$0	0	0	0	0
Disability Income	\$31,466	\$0	\$0	5	5	0	5
<b>TOTAL</b>	<b>\$31,871</b>	<b>\$0</b>	<b>\$0</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>5</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NATIONWIDE LIFE INSURANCE COMPANY

### NAIC Company Code

66869

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$1,869	\$157,436	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,161,558	\$1,513,722	\$45,348	189	1,409	36	1,445
Dental	\$415,875	\$296,137	\$0	0	707	825	1,532
Disability Income	\$10,760	\$5,696	\$64	6	103	0	103
Excess/Stop Loss	\$1,703,763	\$400,013	\$10,803	8	3,339	522	3,861
Limited Benefit	\$1,209,535	\$586,565	\$202,775	6	2,450	693	3,143
Medicare Supplement	\$885,632	\$779,274	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$7,388,992</b>	<b>\$3,738,843</b>	<b>\$258,990</b>	<b>209</b>	<b>8,008</b>	<b>2,076</b>	<b>10,084</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95123							
ACA Off Exchange 2 - 50 Member Groups	\$48,453,864	\$43,149,489	\$6,989,792	1,323	8,288	4,123	12,411
ACA Off Exchange 51-100 Member Groups	\$94,575,224	\$71,594,726	\$7,086,211	715	14,745	5,961	20,706
ACA Off Exchange 101+ Member Groups	\$313,035,086	\$244,756,739	\$24,668,067	1,608	48,197	23,079	71,276
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$316,590	\$167,742	\$0	5	28	25	53
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$586,407	\$344,036	\$0	3	49	3	52
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$1,760,108	\$1,172,106	\$0	6	163	53	216
Grandfathered (In-State and Out-of-State) Conversion	\$0	(\$10,292)	\$0	0	0	0	0
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$119,289,976	\$71,562,808	\$0	1,917	10,472	6,356	16,828
<b>TOTAL</b>	<b>\$578,017,255</b>	<b>\$432,737,354</b>	<b>\$38,744,070</b>	<b>5,577</b>	<b>81,942</b>	<b>39,600</b>	<b>121,542</b>

## NEW ENGLAND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91626							
Disability Income	\$184,278	\$471,358	\$0	0	179	0	179
<b>TOTAL</b>	<b>\$184,278</b>	<b>\$471,358</b>	<b>\$0</b>	<b>0</b>	<b>179</b>	<b>0</b>	<b>179</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code

78743

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$91,873	\$419,601	\$0	0	33	20	53
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$30	\$6	\$0	0	1	0	1
Disability Income	\$238,341	\$133,467	\$0	0	1,003	0	1,003
Limited Benefit	\$14,875	\$1,513	\$0	0	65	30	95
Medicare Supplement	\$1,294,415	\$1,385,291	\$0	0	369	2	371
<b>TOTAL</b>	<b>\$1,639,534</b>	<b>\$1,939,878</b>	<b>\$0</b>	<b>0</b>	<b>1,471</b>	<b>52</b>	<b>1,523</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NEW YORK LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66915							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$22,456	(\$1,026)	\$0	0	10	2	12
Transitional (In-State and Out-of-State) 101+ Member Groups	\$0	(\$70,284)	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$922,746	\$384,791	\$267,045	60	28,726	585	29,311
Disability Income	\$7,143,284	\$4,944,755	\$326,570	70	6,356	20	6,376
Limited Benefit	\$693,260	\$353,085	\$22,374	18	1,006	277	1,283
Long Term Care-Comprehensive	\$13,455,986	\$7,502,848	\$822,830	2	5,967	0	5,967
Long Term Care-Facility Only	\$143,281	\$226,023	\$518	0	87	0	87
Medicare Supplement	\$166,251	\$116,711	\$0	0	44	1	45
<b>TOTAL</b>	<b>\$22,547,264</b>	<b>\$13,456,903</b>	<b>\$1,439,337</b>	<b>150</b>	<b>42,196</b>	<b>885</b>	<b>43,081</b>

## NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66974							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$394	\$0	\$0	1	1	0	1
Disability Income	\$1,016	\$0	\$0	1	1	0	1
<b>TOTAL</b>	<b>\$1,410</b>	<b>\$0</b>	<b>\$0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NORTH RIVER INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21105							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	(\$378,051)	\$150,552	\$0	0	0	0	0
<b>TOTAL</b>	<b>(\$378,051)</b>	<b>\$150,552</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69000							
Long Term Care-Comprehensive	\$34,321,410	\$8,054,697	\$2,447,017	0	14,627	0	14,627
<b>TOTAL</b>	<b>\$34,321,410</b>	<b>\$8,054,697</b>	<b>\$2,447,017</b>	<b>0</b>	<b>14,627</b>	<b>0</b>	<b>14,627</b>

## NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67091							
Disability Income	\$76,412,359	\$66,121,382	\$14,819,105	15,387	38,529	0	38,529
<b>TOTAL</b>	<b>\$76,412,359</b>	<b>\$66,121,382</b>	<b>\$14,819,105</b>	<b>15,387</b>	<b>38,529</b>	<b>0</b>	<b>38,529</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## OCcidental LIFE INSURANCE COMPANY OF N CAROLINA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67148							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,642	\$3,434	\$0	0	17	0	17
Disability Income	\$1,681	\$5,001	\$0	0	11	0	11
Limited Benefit	\$32,507	\$40,892	\$0	0	143	180	323
<b>TOTAL</b>	<b>\$39,830</b>	<b>\$49,327</b>	<b>\$0</b>	<b>0</b>	<b>171</b>	<b>180</b>	<b>351</b>

## OHIO NATIONAL LIFE ASSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89206							
Disability Income	\$1,158,163	\$2,120,481	\$267,273	0	651	0	651
<b>TOTAL</b>	<b>\$1,158,163</b>	<b>\$2,120,481</b>	<b>\$267,273</b>	<b>0</b>	<b>651</b>	<b>0</b>	<b>651</b>

## OHIO NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67172							
Disability Income	\$595,293	\$296,062	\$1,180	0	237	0	237
<b>TOTAL</b>	<b>\$595,293</b>	<b>\$296,062</b>	<b>\$1,180</b>	<b>0</b>	<b>237</b>	<b>0</b>	<b>237</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## OHIO STATE LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67180							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$860	\$0	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$860</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

## OLD AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67199							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,435	(\$50)	\$0	0	147	0	147
Limited Benefit	\$3,799	\$8,498	\$0	0	78	0	78
Long Term Care-Comprehensive	\$9,903	\$210,740	\$0	0	6	0	6
Short Term Care	\$75,839	\$1,166,792	\$0	0	62	0	62
<b>TOTAL</b>	<b>\$93,976</b>	<b>\$1,385,980</b>	<b>\$0</b>	<b>0</b>	<b>293</b>	<b>0</b>	<b>293</b>

## OLD REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24147							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$6,713	(\$6,515)	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$6,713</b>	<b>(\$6,515)</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## OLD REPUBLIC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67261							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$48,078	(\$16,094)	\$48,078	1	91	0	91
<b>TOTAL</b>	<b>\$48,078</b>	<b>(\$16,094)</b>	<b>\$48,078</b>	<b>1</b>	<b>91</b>	<b>0</b>	<b>91</b>

## OPTIMUM HEALTHCARE, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12259							
Medicare Advantage (Medicare+Choice)	\$533,965,550	\$441,198,211	\$0	0	45,560	0	45,560
<b>TOTAL</b>	<b>\$533,965,550</b>	<b>\$441,198,211</b>	<b>\$0</b>	<b>0</b>	<b>45,560</b>	<b>0</b>	<b>45,560</b>

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56383							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,694	\$3,781	\$0	0	64	10	74
Dental	\$22,955	\$24,547	\$0	0	37	0	37
Disability Income	\$15,602	\$7,201	\$0	0	77	0	77
Limited Benefit	\$2,202	\$3,789	\$0	0	13	12	25
Short Term Care	\$1,436	\$0	\$0	0	2	0	2
Medicare Supplement	\$2,859,682	\$2,512,874	\$0	0	1,099	0	1,099
<b>TOTAL</b>	<b>\$2,907,571</b>	<b>\$2,552,192</b>	<b>\$0</b>	<b>0</b>	<b>1,292</b>	<b>22</b>	<b>1,314</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## OXFORD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76112							
Medicare Supplement	\$3,911,399	\$3,990,312	\$0	1	1,306	0	1,306
<b>TOTAL</b>	<b>\$3,911,399</b>	<b>\$3,990,312</b>	<b>\$0</b>	<b>1</b>	<b>1,306</b>	<b>0</b>	<b>1,306</b>

## OZARK NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67393							
Limited Benefit	\$1,981	\$0	\$0	0	34	22	56
<b>TOTAL</b>	<b>\$1,981</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>34</b>	<b>22</b>	<b>56</b>

## PACIFIC LIFE & ANNUITY COMPANY

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

## PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70785							
Medicare Supplement	\$637,033	\$384,491	\$0	234	234	0	234
<b>TOTAL</b>	<b>\$637,033</b>	<b>\$384,491</b>	<b>\$0</b>	<b>234</b>	<b>234</b>	<b>0</b>	<b>234</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PAN-AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67539							
Grandfathered (In-State and Out-of-State) Guarantee Issue	\$2,109	\$0	\$0	0	4	0	4
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$184,588	\$63,100	\$21,420	12	568	0	568
Dental	\$8,222	\$5,604	\$6,205	0	0	0	0
Prescription Drug	\$107,094	\$143,087	\$0	0	0	0	0
Disability Income	\$568,560	\$2,011,558	\$16,467	0	256	0	256
Excess/Stop Loss	\$2,335,783	\$1,157,670	\$0	11	268	153	421
Limited Benefit	\$4,968,705	\$3,566,043	\$220,028	87	2,207	955	3,162
Other	\$0	\$1,388	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$8,175,061</b>	<b>\$6,948,450</b>	<b>\$264,120</b>	<b>110</b>	<b>3,303</b>	<b>1,108</b>	<b>4,411</b>

## PARTNERRE AMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11835							
Excess/Stop Loss	\$1,522,100	\$1,430,087	\$1,518,535	4	4,848	3,426	8,274
<b>TOTAL</b>	<b>\$1,522,100</b>	<b>\$1,430,087</b>	<b>\$1,518,535</b>	<b>4</b>	<b>4,848</b>	<b>3,426</b>	<b>8,274</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PAUL REVERE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67598							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$19,762	\$14,803	\$905	8	91	0	91
Dental	\$125	\$0	\$125	0	1	0	1
Disability Income	\$12,248,431	\$46,819,461	\$0	46	7,647	0	7,647
Limited Benefit	\$85,825	\$36,519	\$1,610	27	300	0	300
<b>TOTAL</b>	<b>\$12,354,143</b>	<b>\$46,870,783</b>	<b>\$2,640</b>	<b>81</b>	<b>8,039</b>	<b>0</b>	<b>8,039</b>

## PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93777							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$305	\$1	\$0	0	31	0	31
<b>TOTAL</b>	<b>\$305</b>	<b>\$1</b>	<b>\$0</b>	<b>0</b>	<b>31</b>	<b>0</b>	<b>31</b>

## PENN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67644							
Disability Income	\$1,026,501	\$8,846,326	\$0	487	487	0	487
<b>TOTAL</b>	<b>\$1,026,501</b>	<b>\$8,846,326</b>	<b>\$0</b>	<b>487</b>	<b>487</b>	<b>0</b>	<b>487</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PENNSYLVANIA LIFE INSURANCE COMPANY

NAIC Company Code

67660

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$338,581	\$599,033	\$0	0	275	0	275
Dental	\$22,429	\$10,029	\$0	0	73	0	73
Disability Income	\$141,697	\$241,984	\$0	0	1,276	0	1,276
Limited Benefit	\$35,565	\$39,990	\$0	0	153	0	153
Long Term Care-Comprehensive	\$41,706	\$71,920	\$0	0	11	0	11
Long Term Care-Accelerated Benefit Rider	\$1,516	\$0	\$0	0	11	0	11
Medicare Supplement	\$72,292	\$0	\$0	0	13	0	13
<b>TOTAL</b>	<b>\$653,786</b>	<b>\$962,956</b>	<b>\$0</b>	<b>0</b>	<b>1,812</b>	<b>0</b>	<b>1,812</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67784							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$32,779	\$1,396	\$0	0	39	14	53
Grandfathered (In-State and Out-of-State) Conversion	\$64,245	\$87,626	\$0	0	60	0	60
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$13,012	\$3,284	\$0	0	43	3	46
Disability Income	\$293,451	\$254,426	\$0	3	23	1,155	1,178
Limited Benefit	\$1,443,548	\$2,589,826	\$0	0	1,456	631	2,087
Long Term Care-Comprehensive	\$1,536	\$24	\$0	0	2	0	2
Medicare Supplement	\$15,003	\$37,494	\$0	0	11	1	12
Other	\$206	\$2,400	\$0	0	5	0	5
<b>TOTAL</b>	<b>\$1,863,780</b>	<b>\$2,976,477</b>	<b>\$0</b>	<b>3</b>	<b>1,639</b>	<b>1,804</b>	<b>3,443</b>

## PHOENIX LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67814							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$0	\$10,457	\$0	0	0	0	0
Disability Income	\$103,169	\$415,049	\$0	0	134	0	134
<b>TOTAL</b>	<b>\$103,169</b>	<b>\$425,506</b>	<b>\$0</b>	<b>0</b>	<b>134</b>	<b>0</b>	<b>134</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PHYSICIANS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
72125							
Medicare Supplement	\$398,500	\$216,329	\$0	0	121	1	122
<b>TOTAL</b>	<b>\$398,500</b>	<b>\$216,329</b>	<b>\$0</b>	<b>0</b>	<b>121</b>	<b>1</b>	<b>122</b>

## PHYSICIANS MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80578							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,767	(\$44)	\$0	0	8	1	9
Dental	\$3,746,143	\$2,028,929	\$1,529,951	1	8,707	1,595	10,302
Disability Income	\$1,912	(\$186)	\$0	0	5	0	5
Limited Benefit	\$1,323,607	\$959,165	\$20,554	1	3,735	740	4,475
Long Term Care-Comprehensive	\$1,072,654	\$2,013,005	\$0	0	562	0	562
Short Term Care	\$580	\$0	\$0	0	2	0	2
Medicare Supplement	\$1,980,045	\$1,522,052	\$60,880	1	683	8	691
<b>TOTAL</b>	<b>\$8,126,708</b>	<b>\$6,522,921</b>	<b>\$1,611,385</b>	<b>3</b>	<b>13,702</b>	<b>2,344</b>	<b>16,046</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PREFERRED CARE PARTNERS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11176							
Medicare Advantage (Medicare+Choice)	\$1,482,843,463	\$1,274,817,625	\$361,394,012	0	131,156	0	131,156
Misc.	\$1,544,915	\$1,870,121	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$1,484,388,378</b>	<b>\$1,276,687,746</b>	<b>\$361,394,012</b>	<b>0</b>	<b>131,156</b>	<b>0</b>	<b>131,156</b>

## PRIMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65919							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$379	(\$193)	\$0	0	1	0	1
Disability Income	\$7,525	\$20,649	\$0	0	27	0	27
Limited Benefit	\$11,900	\$2,448	\$0	0	18	0	18
Long Term Care-Comprehensive	\$18,153	\$302,475	\$0	0	23	0	23
<b>TOTAL</b>	<b>\$37,957</b>	<b>\$325,379</b>	<b>\$0</b>	<b>0</b>	<b>69</b>	<b>0</b>	<b>69</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PRINCIPAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61271							
ACA Off Exchange Conversion	\$1,444	\$803,880	\$0	0	1	0	1
Dental	\$36,626,519	\$21,761,134	\$4,533,644	1,766	61,765	45,191	106,956
Vision	\$1,924,674	\$835,988	\$564,590	1,520	18,405	7,299	25,704
Disability Income	\$42,629,604	\$25,301,300	\$5,529,728	1,890	74,168	0	74,168
Limited Benefit	\$24,080	\$0	\$24,080	3	283	0	283
Long Term Care-Comprehensive	\$25,579	\$42,912	\$0	0	64	0	64
Medicare Supplement	\$8,991,635	\$8,392,790	\$0	0	2,620	240	2,860
<b>TOTAL</b>	<b>\$90,223,535</b>	<b>\$57,138,004</b>	<b>\$10,652,042</b>	<b>5,179</b>	<b>157,306</b>	<b>52,730</b>	<b>210,036</b>

## PROFESSIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68047							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$7,897	\$490	\$0	25	25	13	38
Disability Income	\$1,206,979	\$816,556	\$0	2,488	2,488	371	2,859
Limited Benefit	\$924,592	\$656,282	\$0	3,185	3,185	1,726	4,911
<b>TOTAL</b>	<b>\$2,139,468</b>	<b>\$1,473,328</b>	<b>\$0</b>	<b>5,698</b>	<b>5,698</b>	<b>2,110</b>	<b>7,808</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88536							
Disability Income	\$884	\$12,715	\$0	0	5	5	10
<b>TOTAL</b>	<b>\$884</b>	<b>\$12,715</b>	<b>\$0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>10</b>

## PROTECTIVE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68136							
Disability Income	\$245,893	\$42,276	\$0	0	67	0	67
Limited Benefit	\$5,371,758	\$6,994,372	\$0	0	4,037	1,961	5,998
Medicare Supplement	\$3,992	\$4,338	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$5,621,643</b>	<b>\$7,040,986</b>	<b>\$0</b>	<b>0</b>	<b>4,107</b>	<b>1,961</b>	<b>6,068</b>

## PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67903							
Medicare Supplement	\$26,938	\$21,577	\$0	0	8	0	8
<b>TOTAL</b>	<b>\$26,938</b>	<b>\$21,577</b>	<b>\$0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>8</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68195							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,025,494	\$1,906,077	\$513,467	0	13,994	0	13,994
Disability Income	\$40,602,021	\$101,530,392	\$5,145,327	15	30,489	0	30,489
Limited Benefit	\$2,912,085	\$1,772,422	\$371,391	23	11,014	0	11,014
Long Term Care-Comprehensive	\$4,811,070	\$2,590,497	\$20,436	0	4,591	0	4,591
<b>TOTAL</b>	<b>\$52,350,670</b>	<b>\$107,799,388</b>	<b>\$6,050,621</b>	<b>38</b>	<b>60,088</b>	<b>0</b>	<b>60,088</b>

## PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68241							
Grandfathered (In-State and Out-of-State) Guarantee Issue	\$394,258	\$728,453	\$0	0	330	59	389
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$6,045,422	\$4,416,032	\$137,875	54	104,403	0	104,403
Disability Income	\$40,661,541	\$48,970,918	\$1,190,993	113	57,421	0	57,421
Limited Benefit	\$118,949	\$52,731	\$30	9	1,594	1	1,595
Long Term Care-Comprehensive	\$19,574,754	\$9,911,460	\$0	11	3,131	0	3,131
Long Term Care-Facility Only	\$66,650	\$94,781	\$0	0	53	0	53
Medicare Supplement	\$1,050	\$3,517	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$66,862,624</b>	<b>\$64,177,892</b>	<b>\$1,328,898</b>	<b>187</b>	<b>166,933</b>	<b>60</b>	<b>166,993</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PURITAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71390							
Medicare Supplement	\$39,654	\$19,749	\$0	0	10	0	10
<b>TOTAL</b>	<b>\$39,654</b>	<b>\$19,749</b>	<b>\$0</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>10</b>

## PYRAMID LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68284							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$53,564	\$123,432	\$0	0	2	0	2
Dental	\$3,040	\$1,332	\$0	0	12	0	12
Disability Income	\$43	\$0	\$0	0	1	0	1
Limited Benefit	\$69,322	\$49,593	\$0	0	148	0	148
Long Term Care-Comprehensive	\$157,977	\$339,334	\$0	0	53	0	53
Long Term Care-Facility Only	\$6,438	\$6,865	\$0	0	5	0	5
Long Term Care-Non-Facility Only	\$59,586	\$321,996	\$0	0	24	0	24
Medicare Supplement	\$937,804	\$813,871	\$0	0	293	0	293
Medicare Advantage (Medicare+Choice)	\$21	\$9,462	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$1,287,795</b>	<b>\$1,665,885</b>	<b>\$0</b>	<b>0</b>	<b>538</b>	<b>0</b>	<b>538</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## QBE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
39217							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$977,074	\$1,303	\$977,074	405	57,600	0	57,600
Excess/Stop Loss	\$885,724	\$602,808	\$885,724	2	504	778	1,282
<b>TOTAL</b>	<b>\$1,862,798</b>	<b>\$604,111</b>	<b>\$1,862,798</b>	<b>407</b>	<b>58,104</b>	<b>778</b>	<b>58,882</b>

## QCC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93688							
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$6,731,263	\$7,778,687	\$0	319	503	514	1,017
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$4,115,511	\$3,390,860	\$0	102	426	245	671
Transitional (In-State and Out-of-State) 101+ Member Groups	\$16,267,520	\$14,837,322	\$0	138	1,618	1,153	2,771
Administrative Services Only (ASO)	\$644,646	\$0	\$0	73	2,173	1,616	3,789
<b>TOTAL</b>	<b>\$27,758,940</b>	<b>\$26,006,869</b>	<b>\$0</b>	<b>632</b>	<b>4,720</b>	<b>3,528</b>	<b>8,248</b>

## RELIABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68357							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$103	\$0	\$0	0	6	0	6
Limited Benefit	\$14	\$0	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$117</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>7</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## RELIANCE STANDARD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68381							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$606,752	\$953,090	\$73,920	227	31,834	0	31,834
Dental	\$8,092,162	\$5,365,886	\$1,196,732	269	25,073	0	25,073
Vision	\$1,125,046	\$711,265	\$84,498	106	10,565	0	10,565
Disability Income	\$38,999,927	\$32,683,595	\$5,371,187	1,007	109,467	0	109,467
Excess/Stop Loss	\$0	\$29,750	\$0	0	0	0	0
Limited Benefit	\$4,203,686	\$1,758,711	\$768,472	134	6,357	0	6,357
Other	\$3,764,671	\$1,242,970	\$3,639,602	0	0	0	0
<b>TOTAL</b>	<b>\$56,792,244</b>	<b>\$42,745,267</b>	<b>\$11,134,411</b>	<b>1,743</b>	<b>183,296</b>	<b>0</b>	<b>183,296</b>

## RELIASTAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67105							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,152,335	\$94,650	\$278,754	236	14,844	14,221	29,065
Disability Income	\$4,846,185	\$5,709,615	\$0	224	16	0	16
Excess/Stop Loss	\$37,577,203	\$19,463,655	\$7,536,832	485	182,509	47,526	230,035
Limited Benefit	\$1,889,242	\$649,863	\$414,917	79	5,624	3,795	9,419
<b>TOTAL</b>	<b>\$45,464,965</b>	<b>\$25,917,783</b>	<b>\$8,230,503</b>	<b>1,024</b>	<b>202,993</b>	<b>65,542</b>	<b>268,535</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61360							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$260	\$0	\$188	1	2	0	2
Disability Income	\$21,653	\$53,833	\$0	2	107	0	107
Excess/Stop Loss	\$2,203,222	\$0	\$689,504	50	9,277	566	9,843
Limited Benefit	\$180,312	\$267,609	\$0	118	119	248	367
<b>TOTAL</b>	<b>\$2,405,447</b>	<b>\$321,442</b>	<b>\$689,692</b>	<b>171</b>	<b>9,505</b>	<b>814</b>	<b>10,319</b>

## RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61700							
Dental	\$6,878,435	\$5,344,547	\$870,495	133	15,132	3,248	18,380
Vision	\$80,531	\$52,754	\$71,166	71	1,193	792	1,985
<b>TOTAL</b>	<b>\$6,958,966</b>	<b>\$5,397,301</b>	<b>\$941,661</b>	<b>204</b>	<b>16,325</b>	<b>4,040</b>	<b>20,365</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## RESERVE NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68462							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$82,800	\$48,999	\$0	0	17	8	25
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$27,483	\$2,012	\$19,986	1	83	22	105
Dental	\$12,203	\$0	\$0	0	23	7	30
Limited Benefit	\$65,245	\$3,248	\$16,131	1	126	33	159
Short Term Care	\$25,074	(\$2,383)	\$0	0	49	7	56
Medicare Supplement	\$388,912	\$290,828	\$0	0	140	15	155
Other	\$397	\$0	\$0	0	4	0	4
<b>TOTAL</b>	<b>\$602,114</b>	<b>\$342,704</b>	<b>\$36,117</b>	<b>2</b>	<b>442</b>	<b>92</b>	<b>534</b>

## RIVERSOURCE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65005							
Disability Income	\$8,018,849	\$3,900,025	\$277,923	0	5,610	0	5,610
Long Term Care-Comprehensive	\$10,646,060	\$12,404,006	\$0	0	7,304	0	7,304
<b>TOTAL</b>	<b>\$18,664,909</b>	<b>\$16,304,031</b>	<b>\$277,923</b>	<b>0</b>	<b>12,914</b>	<b>0</b>	<b>12,914</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ROYAL NEIGHBORS OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57657							
Medicare Supplement	\$286,239	\$255,524	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$286,239</b>	<b>\$255,524</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## S.USA LIFE INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60183							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$4,860	\$0	\$0	78	78	0	78
<b>TOTAL</b>	<b>\$4,860</b>	<b>\$0</b>	<b>\$0</b>	<b>78</b>	<b>78</b>	<b>0</b>	<b>78</b>

## SAFEGUARD HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52009							
Dental	\$18,079,693	\$11,965,277	\$428,771	899	69,464	55,899	125,363
<b>TOTAL</b>	<b>\$18,079,693</b>	<b>\$11,965,277</b>	<b>\$428,771</b>	<b>899</b>	<b>69,464</b>	<b>55,899</b>	<b>125,363</b>

## SAFEHEALTH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79014							
Vision	\$214,994	\$74,368	\$23,407	106	6,089	4,305	10,394
<b>TOTAL</b>	<b>\$214,994</b>	<b>\$74,368</b>	<b>\$23,407</b>	<b>106</b>	<b>6,089</b>	<b>4,305</b>	<b>10,394</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SAGICOR LIFE INSURANCE COMPANY

NAIC Company Code

60445

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Long Term Care-Accelerated Benefit Rider	\$2,416	\$0	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$2,416</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>

## SECURIAN LIFE INSURANCE COMPANY

NAIC Company Code

93742

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,750,282	\$1,650,170	\$29,341	2	26,509	0	26,509
Dental	\$45,543	\$29,298	\$0	9	51	48	99
<b>TOTAL</b>	<b>\$1,795,825</b>	<b>\$1,679,468</b>	<b>\$29,341</b>	<b>11</b>	<b>26,560</b>	<b>48</b>	<b>26,608</b>

## SECURITY LIFE OF DENVER INSURANCE COMPANY

NAIC Company Code

68713

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$103	\$0	\$0	0	7	0	7
Disability Income	\$1,975	\$0	\$0	0	5	0	5
Limited Benefit	\$3,994	\$713	\$0	0	67	9	76
<b>TOTAL</b>	<b>\$6,072</b>	<b>\$713</b>	<b>\$0</b>	<b>0</b>	<b>79</b>	<b>9</b>	<b>88</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68772							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,352	\$0	\$0	10	304	0	304
Disability Income	\$44,661	\$319,437	\$784	1	59	40	99
<b>TOTAL</b>	<b>\$48,013</b>	<b>\$319,437</b>	<b>\$784</b>	<b>11</b>	<b>363</b>	<b>40</b>	<b>403</b>

## SECURITY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69485							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,500	\$0	\$215	0	196	0	196
Limited Benefit	\$5,710	\$0	\$0	0	19	0	19
<b>TOTAL</b>	<b>\$8,210</b>	<b>\$0</b>	<b>\$215</b>	<b>0</b>	<b>215</b>	<b>0</b>	<b>215</b>

## SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76325							
Long Term Care-Comprehensive	\$7,249,473	\$33,512,777	\$0	0	0	0	0
Long Term Care-Facility Only	\$2,388,257	\$8,326,866	\$0	0	0	0	0
Long Term Care-Non-Facility Only	\$750,786	\$1,931,163	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$10,388,516</b>	<b>\$43,770,806</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SENTRY INSURANCE A MUTUAL COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
24988							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$11,057	\$9,142	\$3,950	30	806	0	806
Disability Income	\$0	(\$21,799)	\$0	0	0	0	0
Limited Benefit	\$494	(\$43)	\$0	2	2	0	2
Long Term Care-Comprehensive	(\$62,812)	\$611,204	\$0	7	195	0	195
<b>TOTAL</b>	<b>(\$51,261)</b>	<b>\$598,504</b>	<b>\$3,950</b>	<b>39</b>	<b>1,003</b>	<b>0</b>	<b>1,003</b>

## SENTRY LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68810							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$267	\$1,032	\$0	0	31	0	31
Dental	\$49,205	\$20,972	\$7,510	15	89	22	111
Disability Income	\$102,832	\$711,210	\$17,828	27	416	0	416
Limited Benefit	\$0	(\$586)	\$0	0	0	0	0
Long Term Care-Comprehensive	\$5,374	(\$10,955)	\$0	5	11	0	11
<b>TOTAL</b>	<b>\$157,678</b>	<b>\$721,673</b>	<b>\$25,338</b>	<b>47</b>	<b>547</b>	<b>22</b>	<b>569</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SETTLERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97241							
Disability Income	(\$156)	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>(\$156)</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## SHENANDOAH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68845							
Medicare Supplement	\$188,595	\$188,471	\$0	0	43	0	43
<b>TOTAL</b>	<b>\$188,595</b>	<b>\$188,471</b>	<b>\$0</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>43</b>

## SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71420							
Medicare Advantage (Medicare+Choice)	\$68,217,398	\$42,203,002	\$5,843,182	61	5,098	0	5,098
<b>TOTAL</b>	<b>\$68,217,398</b>	<b>\$42,203,002</b>	<b>\$5,843,182</b>	<b>61</b>	<b>5,098</b>	<b>0</b>	<b>5,098</b>

## SIMPLY HEALTHCARE PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13726							
Medicare Advantage (Medicare+Choice)	\$552,230,526	\$442,410,899	\$0	0	37,160	0	37,160
<b>TOTAL</b>	<b>\$552,230,526</b>	<b>\$442,410,899</b>	<b>\$0</b>	<b>0</b>	<b>37,160</b>	<b>0</b>	<b>37,160</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SIRIUS AMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38776							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$20,840	\$0	\$20,840	6	423	156	579
Excess/Stop Loss	\$694,271	\$254,424	\$694,271	5	1,512	0	1,512
<b>TOTAL</b>	<b>\$715,111</b>	<b>\$254,424</b>	<b>\$715,111</b>	<b>11</b>	<b>1,935</b>	<b>156</b>	<b>2,091</b>

## SKYMED INTERNATIONAL (FLORIDA) INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52038							
Other	\$662,404	\$88,387	\$228,911	0	1,583	1,269	2,852
<b>TOTAL</b>	<b>\$662,404</b>	<b>\$88,387</b>	<b>\$228,911</b>	<b>0</b>	<b>1,583</b>	<b>1,269</b>	<b>2,852</b>

## SLOVENE NATIONAL BENEFIT SOCIETY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57673							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$197	\$115	\$0	0	20	0	20
<b>TOTAL</b>	<b>\$197</b>	<b>\$115</b>	<b>\$0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>20</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SOLSTICE BENEFITS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12341							
Dental	\$8,100,260	\$9,840,135	\$1,655,431	755	86,271	75,767	162,038
Vision	\$772,223	\$477,430	\$214,971	612	12,874	10,275	23,149
<b>TOTAL</b>	<b>\$8,872,483</b>	<b>\$10,317,565</b>	<b>\$1,870,402</b>	<b>1,367</b>	<b>99,145</b>	<b>86,042</b>	<b>185,187</b>

## SOLSTICE HEALTHPLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$15,864,712	\$7,433,198	\$3,356,722	703	79,203	21,962	101,165
<b>TOTAL</b>	<b>\$15,864,712</b>	<b>\$7,433,198</b>	<b>\$3,356,722</b>	<b>703</b>	<b>79,203</b>	<b>21,962</b>	<b>101,165</b>

## SONS OF NORWAY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57142							
Disability Income	\$3,087	\$0	\$0	0	6	0	6
Limited Benefit	\$223	\$0	\$0	0	3	1	4
<b>TOTAL</b>	<b>\$3,310</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>10</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68896							
Disability Income	\$36,607	\$23,597	\$0	0	228	0	228
Limited Benefit	\$17,656	\$40,311	\$0	0	622	359	981
Long Term Care-Comprehensive	\$223,193	\$306,324	\$0	0	635	0	635
<b>TOTAL</b>	<b>\$277,456</b>	<b>\$370,232</b>	<b>\$0</b>	<b>0</b>	<b>1,485</b>	<b>359</b>	<b>1,844</b>

## STANDARD INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69019							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$3,893,786	\$2,235,926	\$227,858	616	219,381	10,879	230,260
Dental	\$10,532,220	\$7,063,181	\$2,752,880	298	18,472	7,378	25,850
Vision	\$1,599,166	\$889,327	\$241,512	164	13,788	5,231	19,019
Disability Income	\$68,194,778	\$43,582,632	\$2,892,086	671	127,186	0	127,186
<b>TOTAL</b>	<b>\$84,219,950</b>	<b>\$53,771,066</b>	<b>\$6,114,336</b>	<b>1,749</b>	<b>378,827</b>	<b>23,488</b>	<b>402,315</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86355							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$3,232	\$10,118	\$0	0	4	0	4
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,683	\$17	\$0	0	1,423	5	1,428
Dental	\$10,913	\$2,166	\$0	1	19	13	32
Disability Income	\$4	\$741	\$0	0	0	0	0
Limited Benefit	\$2,900,659	\$1,606,263	\$7,796	4	2,116	1,239	3,355
Long Term Care-Comprehensive	\$36,323	\$82,307	\$0	0	21	2	23
Short Term Care	\$428,986	\$361,978	\$0	0	186	52	238
Medicare Supplement	\$6,545,193	\$5,400,616	\$0	0	2,002	0	2,002
<b>TOTAL</b>	<b>\$9,927,993</b>	<b>\$7,464,206</b>	<b>\$7,796</b>	<b>5</b>	<b>5,771</b>	<b>1,311</b>	<b>7,082</b>

## STANDARD LIFE AND CASUALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71706							
Limited Benefit	\$1,438	\$624	\$0	0	2	0	2
<b>TOTAL</b>	<b>\$1,438</b>	<b>\$624</b>	<b>\$0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69078							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$0	\$59,080	\$0	0	0	0	0
Dental	\$48,746	\$15,056	\$48,746	1	50	50	100
Disability Income	\$3,164	\$64,350	\$0	0	13	0	13
Excess/Stop Loss	\$2,965,929	\$3,218,783	\$2,965,929	6	628	352	980
Limited Benefit	\$215,391	\$77,570	\$215,391	2	343	99	442
Other	\$3,115,071	\$896,807	\$3,115,071	2	2,030	898	2,928
<b>TOTAL</b>	<b>\$6,348,301</b>	<b>\$4,331,646</b>	<b>\$6,345,137</b>	<b>11</b>	<b>3,064</b>	<b>1,399</b>	<b>4,463</b>

## STARMOUNT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68985							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$23,384	\$0	\$0	0	200	0	200
Dental	\$429,379	\$104,336	\$0	12	786	152	938
Vision	\$231,204	\$56,182	\$0	7	473	85	558
<b>TOTAL</b>	<b>\$683,967</b>	<b>\$160,518</b>	<b>\$0</b>	<b>19</b>	<b>1,459</b>	<b>237</b>	<b>1,696</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STARNET INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
40045							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$21,523	\$7,295	\$21,523	7	667	0	667
<b>TOTAL</b>	<b>\$21,523</b>	<b>\$7,295</b>	<b>\$21,523</b>	<b>7</b>	<b>667</b>	<b>0</b>	<b>667</b>

## STARR INDEMNITY & LIABILITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38318							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$612,144	\$307,235	\$207,128	0	6,150	23	6,173
Other	\$0	(\$100,320)	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$612,144</b>	<b>\$206,915</b>	<b>\$207,128</b>	<b>0</b>	<b>6,150</b>	<b>23</b>	<b>6,173</b>

## STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25135							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$249	(\$67)	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$249</b>	<b>(\$67)</b>	<b>\$0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25178							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$384,870	\$981,158	\$0	0	5	0	5
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$11,246,691	\$11,224,387	\$0	1	703	1,183	1,886
Grandfathered (In-State and Out-of-State) Conversion	\$2,206	(\$928)	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$132,165	\$368,211	\$0	2	2,348	3,570	5,918
Disability Income	\$4,126,310	\$1,980,375	\$140,789	0	8,467	0	8,467
Limited Benefit	\$11,626,076	\$9,415,640	\$659,313	0	45,299	5,645	50,944
Long Term Care-Comprehensive	\$3,802,090	\$12,708,888	\$212,273	0	6,675	0	6,675
Medicare Supplement	\$13,857,235	\$9,290,779	\$247,294	0	4,248	3	4,251
<b>TOTAL</b>	<b>\$45,177,643</b>	<b>\$45,968,510</b>	<b>\$1,259,669</b>	<b>3</b>	<b>67,745</b>	<b>10,401</b>	<b>78,146</b>

## STATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69116							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,870	\$73,387	\$0	0	3	0	3
Disability Income	\$6,783	\$169	\$0	0	14	0	14
Long Term Care-Comprehensive	\$493,634	\$723,912	\$0	0	254	0	254
<b>TOTAL</b>	<b>\$502,287</b>	<b>\$797,468</b>	<b>\$0</b>	<b>0</b>	<b>271</b>	<b>0</b>	<b>271</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STATE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69132							
Limited Benefit	\$841	\$0	\$540	0	8	0	8
Long Term Care-Comprehensive	\$3,601	\$77,693	\$0	0	3	0	3
Medicare Supplement	\$2,847,736	\$2,078,292	\$0	0	950	0	950
<b>TOTAL</b>	<b>\$2,852,178</b>	<b>\$2,155,985</b>	<b>\$540</b>	<b>0</b>	<b>961</b>	<b>0</b>	<b>961</b>

## STERLING INVESTORS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89184							
Medicare Supplement	\$509,317	\$366,097	\$0	0	166	0	166
<b>TOTAL</b>	<b>\$509,317</b>	<b>\$366,097</b>	<b>\$0</b>	<b>0</b>	<b>166</b>	<b>0</b>	<b>166</b>

## STERLING LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77399							
Limited Benefit	\$202	\$65	\$0	0	1	0	1
Long Term Care-Comprehensive	\$3,851	\$16	\$0	0	3	0	3
Medicare Supplement	\$176,825	\$171,522	\$0	0	64	0	64
<b>TOTAL</b>	<b>\$180,878</b>	<b>\$171,603</b>	<b>\$0</b>	<b>0</b>	<b>68</b>	<b>0</b>	<b>68</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80926							
Dental	\$140,811	\$79,169	\$0	29	128	112	240
Disability Income	\$636,291	\$1,866,733	\$0	319	1,317	0	1,317
<b>TOTAL</b>	<b>\$777,102</b>	<b>\$1,945,902</b>	<b>\$0</b>	<b>348</b>	<b>1,445</b>	<b>112</b>	<b>1,557</b>

## SUN LIFE ASSURANCE COMPANY OF CANADA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80802							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$284,064	\$24,042	\$77,378	32	1,727	2,764	4,491
Dental	\$10,839,595	\$8,127,918	\$1,791,300	249	13,318	11,771	25,089
Disability Income	\$33,311,802	\$26,013,363	\$5,055,144	1,011	143,895	0	143,895
Excess/Stop Loss	\$73,558,811	\$44,847,505	\$19,742,864	126	169,478	160,428	329,906
Limited Benefit	\$697,430	\$135,022	\$318,566	37	5,872	2,109	7,981
<b>TOTAL</b>	<b>\$118,691,702</b>	<b>\$79,147,850</b>	<b>\$26,985,252</b>	<b>1,455</b>	<b>334,290</b>	<b>177,072</b>	<b>511,362</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SUNSHINE STATE HEALTH PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13148							
ACA On Exchange Guarantee Issue	(\$186,118)	\$1,844,777	\$0	0	0	0	0
Medicare Advantage (Medicare+Choice)	\$11,626,737	\$9,903,088	\$0	0	968	0	968
Misc.	\$3,634,567,199	\$3,348,604,603	\$0	0	568,289	0	568,289
<b>TOTAL</b>	<b>\$3,646,007,818</b>	<b>\$3,360,352,468</b>	<b>\$0</b>	<b>0</b>	<b>569,257</b>	<b>0</b>	<b>569,257</b>

## SUPREME COUNCIL OF THE ROYAL ARCANUM

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58181							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$75	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$75</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## SURETY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69310							
Disability Income	\$6,667	\$5,739	\$0	0	9	0	9
<b>TOTAL</b>	<b>\$6,667</b>	<b>\$5,739</b>	<b>\$0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>9</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SYMETRA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68608							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$261,035	\$65,368	\$26,002	30	14,048	592	14,640
Disability Income	\$3,383,360	\$2,217,291	\$823,061	23	5,104	0	5,104
Excess/Stop Loss	\$56,471,394	\$39,979,153	\$6,401,585	99	160,764	164,462	325,226
Limited Benefit	\$2,441,839	\$1,067,966	\$383,624	10	2,969	1,227	4,196
<b>TOTAL</b>	<b>\$62,557,627</b>	<b>\$43,329,778</b>	<b>\$7,634,272</b>	<b>162</b>	<b>182,885</b>	<b>166,281</b>	<b>349,166</b>

## SYMPHONIX HEALTH INSURANCE INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84549							
Other	\$296,407	\$803,012	\$296,407	0	530	0	530
<b>TOTAL</b>	<b>\$296,407</b>	<b>\$803,012</b>	<b>\$296,407</b>	<b>0</b>	<b>530</b>	<b>0</b>	<b>530</b>

## TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69345							
Long Term Care-Comprehensive	\$901,618	\$3,113,053	\$0	0	415	0	415
<b>TOTAL</b>	<b>\$901,618</b>	<b>\$3,113,053</b>	<b>\$0</b>	<b>0</b>	<b>415</b>	<b>0</b>	<b>415</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## THE PUBLIC HEALTH TRUST OF DADE COUNTY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95126							
Misc.	\$1,396	(\$11,871)	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$1,396</b>	<b>(\$11,871)</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## THE TRAVELERS INDEMNITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25658							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$40	\$0	\$0	0	3	0	3
<b>TOTAL</b>	<b>\$40</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>

## THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25682							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$0	(\$174,889)	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$0</b>	<b>(\$174,889)</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## THRIVENT FINANCIAL FOR LUTHERANS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56014							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$478,176	(\$1,916,546)	\$0	0	12	3	15
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$24	\$0	\$0	0	0	0	0
Disability Income	\$911,394	\$729,684	\$21,355	0	1,200	1	1,201
Limited Benefit	\$7,596	\$7,306	\$0	0	66	12	78
Long Term Care-Comprehensive	\$3,531,206	\$4,313,150	\$269,855	0	1,670	335	2,005
Long Term Care-Facility Only	\$1,902,628	\$2,240,201	\$0	0	1,396	106	1,502
Medicare Supplement	\$511,112	\$117,468	\$0	0	165	0	165
<b>TOTAL</b>	<b>\$7,342,137</b>	<b>\$5,491,263</b>	<b>\$291,210</b>	<b>0</b>	<b>4,509</b>	<b>457</b>	<b>4,966</b>

## TIAA-CREF LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60142							
Long Term Care-Comprehensive	\$895,856	\$1,396,222	\$0	0	430	0	430
<b>TOTAL</b>	<b>\$895,856</b>	<b>\$1,396,222</b>	<b>\$0</b>	<b>0</b>	<b>430</b>	<b>0</b>	<b>430</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TIME INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69477							
ACA On Exchange Guarantee Issue	(\$10,105,143)	(\$43,121,860)	\$0	0	0	0	0
ACA Off Exchange Guarantee Issue	(\$5,345,826)	(\$19,450,693)	\$0	0	0	0	0
ACA Off Exchange 2 - 50 Member Groups	\$179,031	\$240,991	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,028,628	\$842,502	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) Conversion	\$2,248	\$2,855	\$0	0	0	0	0
Transitional (In-State and Out-of-State) Individually Underwritten	\$1,933,545	\$1,846,952	\$0	0	0	0	0
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$9,384	(\$11,444)	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,552,387	\$271,075	\$677,193	0	6,955	4,330	11,285
Dental	\$2,893,016	\$1,388,066	\$438,500	0	7,167	2,612	9,779
Disability Income	\$17,099	\$1,729	\$0	0	21	2	23
Excess/Stop Loss	\$272,164	\$47,353	\$17,049	4	83	28	111
Limited Benefit	\$495,228	\$46,465	\$175,637	0	1,081	438	1,519
Long Term Care-Comprehensive	\$4,460,110	\$29,293,574	\$0	0	3,054	0	3,054
Long Term Care-Facility Only	\$817,443	\$5,368,890	\$0	0	769	0	769
Long Term Care-Non-Facility Only	\$2,453,808	\$16,116,371	\$0	0	1,249	0	1,249

## CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

Misc.	(\$61)	\$60,604	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$663,061</b>	<b>(\$7,056,570)</b>	<b>\$1,308,379</b>	<b>4</b>	<b>20,379</b>	<b>7,410</b>	<b>27,789</b>

### TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70688							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,136,341	\$357,327	\$0	53	74,802	3,603	78,405
Disability Income	\$13,844	\$45,353	\$0	2	26	29	55
Limited Benefit	\$569,691	\$56,259	\$0	30	368	59	427
Long Term Care-Comprehensive	\$89,344	\$39,391	\$0	0	43	0	43
Medicare Supplement	\$18,245	\$754,976	\$0	0	4	0	4
Other	\$13,662	\$1,037	\$0	0	15	9	24
<b>TOTAL</b>	<b>\$2,841,127</b>	<b>\$1,254,343</b>	<b>\$0</b>	<b>85</b>	<b>75,258</b>	<b>3,700</b>	<b>78,958</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### TRANSAMERICA LIFE INSURANCE COMPANY

NAIC Company Code

86231

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$9,040	\$233,801	\$0	0	22	10	32
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$12,809,568	\$3,891,183	\$945,432	778	98,835	110,185	209,020
Dental	\$1,411,354	\$193,254	\$119,739	17	2,869	1,275	4,144
Disability Income	\$803,474	\$178,430	\$359,610	42	1,597	1,648	3,245
Excess/Stop Loss	\$1,223,051	\$608,027	\$1,223,051	22	1,106	1,228	2,334
Limited Benefit	\$25,730,599	\$13,497,802	\$8,215,612	2,708	38,785	41,049	79,834
Long Term Care-Comprehensive	\$20,742,418	\$19,960,109	\$654,907	0	11,238	49	11,287
Long Term Care-Facility Only	\$945,364	\$2,026,466	\$0	0	838	38	876
Long Term Care-Non-Facility Only	\$486,435	\$3,011,229	\$0	0	488	3	491
Medicare Supplement	\$15,429,286	\$12,791,498	\$834,002	0	6,628	0	6,628
<b>TOTAL</b>	<b>\$79,590,589</b>	<b>\$56,391,799</b>	<b>\$12,352,353</b>	<b>3,567</b>	<b>162,406</b>	<b>155,485</b>	<b>317,891</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66281							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$104	\$0	\$0	0	1	0	1
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$22,172,616	\$6,649,951	\$163,014	112	980,694	20,023	1,000,717
Dental	\$319	\$2,801	\$0	0	1	0	1
Disability Income	\$16,375	\$15,623	\$0	0	255	4	259
Excess/Stop Loss	\$2,721,472	\$2,133,916	\$2,721,472	18	2,259	2,507	4,766
Limited Benefit	\$14,429,162	\$9,312,662	\$954,481	168	35,378	14,370	49,748
Long Term Care-Comprehensive	\$5,426,870	\$3,795,625	\$0	0	3,567	3	3,570
Long Term Care-Facility Only	\$641	\$0	\$0	0	2	0	2
Medicare Supplement	\$8,923,768	\$7,417,263	\$571,585	8	3,668	0	3,668
Other	\$4,884,819	\$2,711,387	\$318,987	0	6,200	4,150	10,350
<b>TOTAL</b>	<b>\$58,576,146</b>	<b>\$32,039,228</b>	<b>\$4,729,539</b>	<b>306</b>	<b>1,032,025</b>	<b>41,057</b>	<b>1,073,082</b>

### TRANS-OCEANIC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69523							
Limited Benefit	\$3,014	\$0	\$0	0	20	0	20
<b>TOTAL</b>	<b>\$3,014</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>20</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56006							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,227	\$79	\$0	0	77	0	77
<b>TOTAL</b>	<b>\$1,227</b>	<b>\$79</b>	<b>\$0</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>77</b>

## TRUASSURE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92525							
Dental	\$336,982	\$298,650	\$209,364	0	600	175	775
<b>TOTAL</b>	<b>\$336,982</b>	<b>\$298,650</b>	<b>\$209,364</b>	<b>0</b>	<b>600</b>	<b>175</b>	<b>775</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TRUSTMARK INSURANCE COMPANY

### NAIC Company Code

61425

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$297,406	\$525,467	\$0	0	28	7	35
Grandfathered (In-State and Out-of-State) Self- Employed or Sole Proprietor	\$3,463	\$0	\$0	1	1	0	1
Grandfathered (In-State and Out-of-State) Conversion	\$47,306	\$61,236	\$0	0	5	2	7
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$13,677,135	\$6,610,582	\$2,733,237	1	43,600	42,044	85,644
Disability Income	\$3,640,296	\$4,340,230	\$849,051	3	5,954	0	5,954
Limited Benefit	\$12,002,642	\$4,784,473	\$954,716	13	24,504	9,224	33,728
Long Term Care-Comprehensive	\$2,644	\$0	\$0	0	5	0	5
Medicare Supplement	\$11,914	\$18,592	\$0	0	7	0	7
<b>TOTAL</b>	<b>\$29,682,806</b>	<b>\$16,340,580</b>	<b>\$4,537,004</b>	<b>18</b>	<b>74,104</b>	<b>51,277</b>	<b>125,381</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TRUSTMARK LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62863							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$15,095	\$0	\$0	3	1,469	0	1,469
Dental	\$0	\$5,798	\$0	0	0	0	0
Disability Income	\$0	\$31,971	\$0	0	0	0	0
Excess/Stop Loss	\$3,216,836	\$1,515,444	\$1,463,194	470	860	430	1,290
Limited Benefit	\$0	\$142,021	\$0	0	0	0	0
Other	\$0	\$3,705	\$0	0	0	0	0
Misc.	(\$59,044)	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$3,172,887</b>	<b>\$1,698,939</b>	<b>\$1,463,194</b>	<b>473</b>	<b>2,329</b>	<b>430</b>	<b>2,759</b>

## TUFTS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60117							
Transitional (In-State and Out-of-State) 101+ Member Groups	\$371,080	\$273,076	\$0	1	848	0	848
<b>TOTAL</b>	<b>\$371,080</b>	<b>\$273,076</b>	<b>\$0</b>	<b>1</b>	<b>848</b>	<b>0</b>	<b>848</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ULTIMATE HEALTH PLANS, INC.

*NAIC Company Code*

14243

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Medicare Advantage (Medicare+Choice)	\$52,037,416	\$41,554,967	\$0	0	5,558	0	5,558
<b>TOTAL</b>	<b>\$52,037,416</b>	<b>\$41,554,967</b>	<b>\$0</b>	<b>0</b>	<b>5,558</b>	<b>0</b>	<b>5,558</b>

## UNICARE LIFE & HEALTH INSURANCE COMPANY

*NAIC Company Code*

80314

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$6,340	\$4,500	\$0	0	0	0	0
Disability Income	\$42,839	\$58,801	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$49,179</b>	<b>\$63,301</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNIFIED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11121							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$21,428	\$38,196	\$0	0	25	1	26
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$113,118	\$21,162	\$76,795	0	633	124	757
Disability Income	\$13,248	\$5,029	\$0	0	128	0	128
Limited Benefit	\$1,631,294	\$624,781	\$768,172	0	2,285	764	3,049
Medicare Supplement	\$120,379	\$67,733	\$0	0	58	0	58
Other	\$2,702,916	\$1,559,597	\$1,952,710	0	843	489	1,332
<b>TOTAL</b>	<b>\$4,602,383</b>	<b>\$2,316,498</b>	<b>\$2,797,677</b>	<b>0</b>	<b>3,972</b>	<b>1,378</b>	<b>5,350</b>

## UNIMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91529							
Excess/Stop Loss	\$4,331,972	\$1,715,431	\$2,023,320	243	19,557	20,007	39,564
Other	\$194,677	\$90,691	\$0	6	583	350	933
<b>TOTAL</b>	<b>\$4,526,649</b>	<b>\$1,806,122</b>	<b>\$2,023,320</b>	<b>249</b>	<b>20,140</b>	<b>20,357</b>	<b>40,497</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNION FIDELITY LIFE INSURANCE COMPANY

### NAIC Company Code

62596

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$2,426	\$0	\$0	0	3	0	3
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$329,700	\$279,123	\$0	0	4,437	3,513	7,950
Disability Income	\$0	\$16,932	\$0	0	0	0	0
Limited Benefit	\$602,014	\$860,291	\$0	0	3,253	1,122	4,375
Short Term Care	\$1,253	\$0	\$0	0	5	0	5
Medicare Supplement	\$51,390	\$34,114	\$0	0	17	0	17
Other	\$847	\$375	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$987,630</b>	<b>\$1,190,835</b>	<b>\$0</b>	<b>0</b>	<b>7,716</b>	<b>4,635</b>	<b>12,351</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNION LABOR LIFE INSURANCE COMPANY

### NAIC Company Code

69744

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Conversion	\$23,384	\$12,196	\$0	0	15	0	15
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$114,468	\$34,963	\$6,735	90	14,301	682	14,983
Dental	\$4,194	\$446	\$0	2	11	17	28
Disability Income	\$3,359	\$8,970	\$0	5	40	0	40
Limited Benefit	\$45,272	\$39,625	\$0	1	940	173	1,113
Long Term Care-Comprehensive	\$109,871	\$760,551	\$0	0	45	0	45
Medicare Supplement	\$21,579	\$56,719	\$0	5	17	0	17
<b>TOTAL</b>	<b>\$322,127</b>	<b>\$913,470</b>	<b>\$6,735</b>	<b>103</b>	<b>15,369</b>	<b>872</b>	<b>16,241</b>

## UNION NATIONAL LIFE INSURANCE COMPANY

### NAIC Company Code

69779

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$112	\$0	\$0	0	4	0	4
Disability Income	\$154	\$0	\$0	0	2	0	2
Limited Benefit	\$218	\$0	\$0	0	1	0	1
<b>TOTAL</b>	<b>\$484</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>7</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNION SECURITY INSURANCE COMPANY

### NAIC Company Code

70408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Conversion	\$672	\$2,408	\$0	0	0	0	0
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,454,191	\$486,125	\$593,518	126	5,491	3,257	8,748
Dental	\$30,441,883	\$17,345,453	\$1,983,910	1,518	70,595	66,651	137,246
Vision	\$2,212,935	\$1,191,602	\$302,879	471	18,416	16,574	34,990
Disability Income	\$11,525,038	\$6,356,443	\$635,596	686	29,385	0	29,385
Limited Benefit	\$840,702	(\$45,366)	\$488,507	128	2,820	827	3,647
Long Term Care-Comprehensive	\$7,927,015	\$32,325,448	\$0	0	5,131	0	5,131
Long Term Care-Facility Only	\$205,715	\$838,880	\$0	0	204	0	204
<b>TOTAL</b>	<b>\$54,608,151</b>	<b>\$58,500,993</b>	<b>\$4,004,410</b>	<b>2,929</b>	<b>132,042</b>	<b>87,309</b>	<b>219,351</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED AMERICAN INSURANCE COMPANY

### NAIC Company Code

92916	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Guarantee Issue	\$5,329	\$138	\$0	0	1	0	1
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$1,347,346	\$1,523,510	\$0	0	1,223	405	1,628
Transitional (In-State and Out-of-State) 101+ Member Groups	\$5,477	\$420	\$0	1	2	0	2
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$18,248	(\$915)	\$4,050	0	1,612	0	1,612
Prescription Drug	\$1,535,030	\$1,803,673	\$28,638	0	1,158	0	1,158
Disability Income	\$282	\$0	\$0	0	5	0	5
Limited Benefit	\$1,003,546	\$922,672	\$45,638	0	2,805	1,096	3,901
Long Term Care-Comprehensive	\$107,261	\$336,507	\$0	0	62	0	62
Long Term Care-Facility Only	\$72,464	\$50,189	\$0	0	55	0	55
Medicare Supplement	\$105,040,018	\$66,486,016	\$15,102,056	0	50,397	0	50,397
Other	\$3,433,127	\$2,904,247	\$120,257	44	1,324	0	1,324
<b>TOTAL</b>	<b>\$112,568,128</b>	<b>\$74,026,457</b>	<b>\$15,300,639</b>	<b>45</b>	<b>58,644</b>	<b>1,501</b>	<b>60,145</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED CONCORDIA INSURANCE COMPANY

NAIC Company Code

85766

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$14,078,498	\$9,992,868	\$4,239,196	576	22,685	20,087	42,772
Vision	\$1,402	(\$105)	\$0	4	9	8	17
<b>TOTAL</b>	<b>\$14,079,900</b>	<b>\$9,992,763</b>	<b>\$4,239,196</b>	<b>580</b>	<b>22,694</b>	<b>20,095</b>	<b>42,789</b>

## UNITED HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code

63983

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$1,138	\$1,163	\$0	0	0	0	0
<b>TOTAL</b>	<b>\$1,138</b>	<b>\$1,163</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## UNITED HOME LIFE INSURANCE COMPANY

NAIC Company Code

69922

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	(\$54)	\$0	\$0	0	0	0	0
<b>TOTAL</b>	<b>(\$54)</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED INSURANCE COMPANY OF AMERICA

*NAIC Company Code*

69930

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$464,441	\$62,812	\$56,397	0	5,269	255	5,524
Disability Income	\$39,364	\$13,713	\$0	0	488	0	488
Limited Benefit	\$683,261	\$269,281	\$79,559	0	4,286	2,044	6,330
<b>TOTAL</b>	<b>\$1,187,066</b>	<b>\$345,806</b>	<b>\$135,956</b>	<b>0</b>	<b>10,043</b>	<b>2,299</b>	<b>12,342</b>

## UNITED LIFE INSURANCE COMPANY

*NAIC Company Code*

69973

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$3,361	\$0	\$453	0	5	0	5
<b>TOTAL</b>	<b>\$3,361</b>	<b>\$0</b>	<b>\$453</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### UNITED OF OMAHA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69868							
Administrative Services Only (ASO)	\$73,370	\$0	\$25,251	32	2,915	83	2,998
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,934,401	\$1,048,448	\$269,642	1,467	203,167	21,716	224,883
Dental	\$9,993,649	\$6,601,260	\$1,953,711	234	15,048	10,871	25,919
Disability Income	\$38,594,462	\$27,679,543	\$3,394,283	1,954	158,589	0	158,589
Limited Benefit	\$152,761	\$78,792	\$37,549	20	1,279	3,090	4,369
Long Term Care-Comprehensive	\$2,941,901	(\$152,087)	\$0	0	1,406	0	1,406
Medicare Supplement	\$6,683,365	\$3,930,824	\$0	0	2,219	0	2,219
<b>TOTAL</b>	<b>\$61,373,909</b>	<b>\$39,186,780</b>	<b>\$5,680,436</b>	<b>3,707</b>	<b>384,623</b>	<b>35,760</b>	<b>420,383</b>

### UNITED STATES FIRE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21113							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,580,078	\$2,442,748	\$0	0	217,718	4,854	222,572
Excess/Stop Loss	\$3,410,426	\$2,030,937	\$0	0	12,995	2,696	15,691
Limited Benefit	\$493,572	\$277,828	\$0	0	497	0	497
<b>TOTAL</b>	<b>\$9,484,075</b>	<b>\$4,751,513</b>	<b>\$0</b>	<b>0</b>	<b>231,210</b>	<b>7,550</b>	<b>238,760</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56456							
Disability Income	\$86,203	\$59,623	\$0	0	163	0	163
Limited Benefit	\$29,091	\$15,360	\$0	0	256	99	355
<b>TOTAL</b>	<b>\$115,294</b>	<b>\$74,983</b>	<b>\$0</b>	<b>0</b>	<b>419</b>	<b>99</b>	<b>518</b>

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70106							
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$3,672,876	\$3,901,931	\$0	31	4,800	2,861	7,661
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,428,184	\$663,751	\$0	18	16	22,583	22,599
Dental	\$702,394	\$341,671	\$0	9	2,298	2,068	4,366
Vision	(\$2,955)	\$1,468	\$0	0	0	0	0
Disability Income	\$4,406,446	\$4,661,322	\$0	13	5,528	0	5,528
Limited Benefit	\$44,666	\$27,703	\$0	15	242	205	447
Long Term Care-Comprehensive	\$93,915	\$140,189	\$0	27	27	5	32
<b>TOTAL</b>	<b>\$10,345,526</b>	<b>\$9,738,035</b>	<b>\$0</b>	<b>113</b>	<b>12,911</b>	<b>27,722</b>	<b>40,633</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED WORLD LIFE INSURANCE COMPANY

NAIC Company Code

72850

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Medicare Supplement	\$9,882,630	\$7,315,927	\$0	0	3,203	0	3,203
<b>TOTAL</b>	<b>\$9,882,630</b>	<b>\$7,315,927</b>	<b>\$0</b>	<b>0</b>	<b>3,203</b>	<b>0</b>	<b>3,203</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITEDHEALTHCARE INSURANCE COMPANY

### NAIC Company Code

79413	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange 2 - 50 Member Groups	\$195,824,788	\$160,099,986	\$11,344,436	4,267	19,319	11,615	30,934
ACA Off Exchange 51-100 Member Groups	\$244,930,410	\$200,778,797	\$11,653,133	2,605	31,387	18,870	50,257
ACA Off Exchange 101+ Member Groups	\$105,508,307	\$85,549,228	\$4,075,192	410	14,139	8,500	22,639
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$16,241,134	\$13,346,517	\$0	354	1,602	963	2,565
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$7,385,931	\$5,974,917	\$0	79	946	569	1,515
Grandfathered (In-State and Out-of-State) 101+ Member Groups	\$1,427,710	\$1,151,653	\$0	6	191	115	306
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$203,569,508	\$163,819,833	\$8,631,630	4,436	20,084	12,074	32,158
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$2,214,195	\$1,800,538	\$0	24	284	171	455
Transitional (In-State and Out-of-State) 101+ Member Groups	\$817,119,894	\$638,507,493	\$47,883,346	3,172	109,504	65,833	175,337
Transitional (In-State and Out-of-State) Conversion	\$15,755	\$13,412	\$0	0	1	1	2
Dental	\$94,140,307	\$71,488,871	\$9,134,640	11,395	162,369	125,258	287,627
Prescription Drug	\$483,501,190	\$369,918,185	\$24,131,230	482,962	482,962	0	482,962
Vision	\$24,147,424	\$18,524,005	\$3,252,063	7,405	236,140	160,770	396,910
Disability Income	\$3,921,082	\$3,137,112	\$15,390	649	38,779	0	38,779
Excess/Stop Loss	\$49,897,100	\$40,888,958	\$12,427,870	498	52,727	49,623	102,350

## CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

Limited Benefit	\$8,623,068	\$7,032,208	\$0	1	29,340	0	29,340
Medicare Supplement	\$1,119,249,640	\$912,315,273	\$86,194,697	1	466,464	0	466,464
Medicare Advantage (Medicare+Choice)	\$1,870,778,017	\$1,545,134,121	\$272,285,187	184,558	184,558	0	184,558
Other	\$52,605,952	\$41,046,592	\$15,323,649	27	34,176	0	34,176
Misc.	\$539,860,079	\$436,827,373	\$93,087	64,856	62,856	37,247	100,103
<b>TOTAL</b>	<b>\$5,840,961,491</b>	<b>\$4,717,355,072</b>	<b>\$506,445,550</b>	<b>767,705</b>	<b>1,947,828</b>	<b>491,609</b>	<b>2,439,437</b>

### UNITEDHEALTHCARE LIFE INSURANCE COMPANY

#### NAIC Company Code

97179

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange Guarantee Issue	\$68,846,892	\$81,636,492	\$17,296,814	0	6,396	3,620	10,016
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$4,309,924	\$3,320,741	\$0	0	296	200	496
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$291,650	\$46,133	\$265,912	1,180	1,180	511	1,691
Dental	\$5,612,273	\$2,325,846	\$3,245,222	8,134	8,134	3,363	11,497
Vision	\$195,234	\$161,079	\$186,657	1,630	1,630	778	2,408
Limited Benefit	\$203,670	\$64,436	\$184,845	414	414	118	532
<b>TOTAL</b>	<b>\$79,459,643</b>	<b>\$87,554,727</b>	<b>\$21,179,450</b>	<b>11,358</b>	<b>18,050</b>	<b>8,590</b>	<b>26,640</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITEDHEALTHCARE OF FLORIDA, INC.

### NAIC Company Code

95264	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$566,531,504	\$535,689,394	\$0	0	53,466	25,631	79,097
ACA On Exchange 2 - 50 Member Groups	\$2,527,153	\$1,580,488	\$942,603	0	433	132	565
ACA Off Exchange Guarantee Issue	\$543	\$0	\$543	0	2	0	2
ACA Off Exchange 2 - 50 Member Groups	\$128,799,843	\$100,403,511	\$26,066,406	3,956	24,488	11,766	36,254
ACA Off Exchange 51-100 Member Groups	\$136,071,927	\$109,054,859	\$7,793,728	921	18,795	9,443	28,238
ACA Off Exchange 101+ Member Groups	\$81,923,704	\$63,851,891	\$7,975,709	156	13,446	2,764	16,210
ACA Off Exchange Conversion	\$0	(\$21,673)	\$0	0	0	0	0
Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups	\$335,968	\$152,491	\$0	10	54	29	83
Grandfathered (In-State and Out-of-State) 51-100 Member Groups	\$140,205	\$67,496	\$0	1	10	1	11
Transitional (In-State and Out-of-State) 2 - 50 Member Groups	\$131,025,039	\$96,736,269	\$0	2,250	14,394	7,559	21,953
Transitional (In-State and Out-of-State) 51-100 Member Groups	\$181,959	\$1,397,812	\$0	0	0	0	0
Medicare Advantage (Medicare+Choice)	\$1,147,792	(\$7,655,354)	\$0	0	0	0	0
Misc.	\$1,956,549,004	\$1,709,988,029	\$332,476,170	2	302,368	0	302,368
<b>TOTAL</b>	<b>\$3,005,234,641</b>	<b>\$2,611,245,213</b>	<b>\$375,255,159</b>	<b>7,296</b>	<b>427,456</b>	<b>57,325</b>	<b>484,781</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNUM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62235							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$10,801,043	\$2,208,122	\$1,306,345	2,141	403,100	16,512	419,612
Disability Income	\$127,650,167	\$94,866,401	\$13,203,167	2,674	325,094	0	325,094
Limited Benefit	\$7,105,934	\$880,745	\$862,406	327	20,095	0	20,095
Long Term Care-Comprehensive	\$20,449,970	\$32,046,089	\$500,957	393	40,041	3,009	43,050
<b>TOTAL</b>	<b>\$166,007,114</b>	<b>\$130,001,357</b>	<b>\$15,872,875</b>	<b>5,535</b>	<b>788,330</b>	<b>19,521</b>	<b>807,851</b>

## USAA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69663							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$15,072	\$0	\$0	1	83	0	83
Disability Income	\$250,274	\$190,549	\$0	0	227	0	227
Limited Benefit	\$13,886	\$11,400	\$0	0	28	0	28
Medicare Supplement	\$31,225,473	\$22,353,073	\$2,179,420	0	10,701	0	10,701
<b>TOTAL</b>	<b>\$31,504,705</b>	<b>\$22,555,022</b>	<b>\$2,179,420</b>	<b>1</b>	<b>11,039</b>	<b>0</b>	<b>11,039</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## USABLE LIFE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
94358							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$2,507,267	\$567,191	\$765,733	88	11,825	0	11,825
Disability Income	\$6,950	\$395,928	\$0	1	26	0	26
Limited Benefit	\$1,709,910	\$557,220	\$395,829	126	7,175	1,929	9,104
<b>TOTAL</b>	<b>\$4,224,127</b>	<b>\$1,520,339</b>	<b>\$1,161,562</b>	<b>215</b>	<b>19,026</b>	<b>1,929</b>	<b>20,955</b>

## VISION SERVICE PLAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
32395							
Vision	\$57,140,345	\$44,058,806	\$626,601	959	530,860	491,098	1,021,958
<b>TOTAL</b>	<b>\$57,140,345</b>	<b>\$44,058,806</b>	<b>\$626,601</b>	<b>959</b>	<b>530,860</b>	<b>491,098</b>	<b>1,021,958</b>

## VOYA INSURANCE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80942							
Disability Income	\$0	\$989	\$0	0	0	0	0
Limited Benefit	\$1,237	\$214	\$0	0	128	0	128
<b>TOTAL</b>	<b>\$1,237</b>	<b>\$1,203</b>	<b>\$0</b>	<b>0</b>	<b>128</b>	<b>0</b>	<b>128</b>

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## VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86509							
Limited Benefit	\$336	\$918	\$0	0	1	0	1
Long Term Care-Comprehensive	\$11,930	\$16,053	\$0	0	16	0	16
Medicare Supplement	\$4,052	\$5,275	\$0	0	2	0	2
<b>TOTAL</b>	<b>\$16,318</b>	<b>\$22,246</b>	<b>\$0</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>19</b>

## WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70319							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$15,710	\$70,359	\$0	0	5	0	5
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$5,698,725	\$1,748,647	\$621,934	3	16,074	1,460	17,534
Disability Income	\$18,012	\$118,210	\$0	1	36	0	36
Limited Benefit	\$18,569,149	\$15,367,226	\$1,185,881	8	38,382	13,014	51,396
Long Term Care-Comprehensive	\$1,892,938	\$18,802,220	\$0	10	1,498	14	1,512
Long Term Care-Facility Only	\$38,746	\$77,465	\$0	0	31	0	31
Medicare Supplement	\$2,330,198	\$2,202,603	\$0	0	838	8	846
<b>TOTAL</b>	<b>\$28,563,478</b>	<b>\$38,386,730</b>	<b>\$1,807,815</b>	<b>22</b>	<b>56,864</b>	<b>14,496</b>	<b>71,360</b>

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## WELLCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95081							
Medicare Advantage (Medicare+Choice)	\$1,172,632,327	\$970,700,433	\$149,742,379	0	93,953	0	93,953
Misc.	\$2,507,091,339	\$2,079,723,139	\$0	0	780,169	0	780,169
<b>TOTAL</b>	<b>\$3,679,723,666</b>	<b>\$3,050,423,572</b>	<b>\$149,742,379</b>	<b>0</b>	<b>874,122</b>	<b>0</b>	<b>874,122</b>

## WELLCARE PRESCRIPTION INSURANCE, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10155							
Prescription Drug	\$23,134,832	\$15,148,942	\$5,763,216	0	28,216	0	28,216
<b>TOTAL</b>	<b>\$23,134,832</b>	<b>\$15,148,942</b>	<b>\$5,763,216</b>	<b>0</b>	<b>28,216</b>	<b>0</b>	<b>28,216</b>

## WEST COAST LIFE INSURANCE COMPANY

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

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70483							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$91,371	\$25,000	\$0	0	1,087	954	2,041
Limited Benefit	\$1,485,807	\$1,389,940	\$0	0	2,621	988	3,609
<b>TOTAL</b>	<b>\$1,577,178</b>	<b>\$1,414,940</b>	<b>\$0</b>	<b>0</b>	<b>3,708</b>	<b>1,942</b>	<b>5,650</b>

## WESTERN UNITED LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85189							
Limited Benefit	\$448	\$8,278	\$0	0	7	2	9
<b>TOTAL</b>	<b>\$448</b>	<b>\$8,278</b>	<b>\$0</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>9</b>

## WESTPORT INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
39845							
Excess/Stop Loss	\$15,396,449	\$12,080,772	\$0	239	19,989	18,234	38,223
<b>TOTAL</b>	<b>\$15,396,449</b>	<b>\$12,080,772</b>	<b>\$0</b>	<b>239</b>	<b>19,989</b>	<b>18,234</b>	<b>38,223</b>

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## WILCAC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62413							
ACA Off Exchange Conversion	\$29,158	\$28,781	\$0	0	6	0	6
Disability Income	\$11,385	\$48,509	\$0	0	13	0	13
<b>TOTAL</b>	<b>\$40,543</b>	<b>\$77,290</b>	<b>\$0</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>19</b>

## WILCO LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65900							
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$4,675	\$41,286	\$0	0	2	0	2
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$1,130	(\$40)	\$0	0	24	0	24
Disability Income	\$7,941	\$69,509	\$0	0	11	0	11
Limited Benefit	\$309,394	(\$35,960)	\$0	0	672	0	672
Long Term Care-Comprehensive	\$4,554	\$82,834	\$0	0	8	0	8
Medicare Supplement	\$147,565	\$292,329	\$0	0	75	0	75
<b>TOTAL</b>	<b>\$475,259</b>	<b>\$449,958</b>	<b>\$0</b>	<b>0</b>	<b>792</b>	<b>0</b>	<b>792</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## WILLIAM PENN ASSOCIATION

### NAIC Company Code

57010

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Individually Underwritten	\$104	\$0	\$0	0	2	1	3
<b>TOTAL</b>	<b>\$104</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>

## WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

### NAIC Company Code

66230

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$1,134	\$17,934	\$0	0	3	0	3
Limited Benefit	\$463	\$100	\$0	0	4	0	4
<b>TOTAL</b>	<b>\$1,597</b>	<b>\$18,034</b>	<b>\$0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>7</b>

## WILTON REASSURANCE LIFE COMPANY OF NEW YORK

### NAIC Company Code

60704

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered (In-State and Out-of-State) Conversion	\$2,809	\$1,616	\$0	0	9	0	9
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$113	\$0	\$0	0	3	0	3
Limited Benefit	\$307	\$1,988	\$0	0	4	0	4
<b>TOTAL</b>	<b>\$3,229</b>	<b>\$3,604</b>	<b>\$0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>16</b>

# CY2016 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY/OMAHA WOODMEN

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57320							
Disability Income	\$13,867	\$2,174	\$0	0	15	0	15
Limited Benefit	\$432,894	\$263,699	\$0	0	2,142	0	2,142
Long Term Care-Comprehensive	\$42,468	\$0	\$0	0	9	0	9
<b>TOTAL</b>	<b>\$489,229</b>	<b>\$265,873</b>	<b>\$0</b>	<b>0</b>	<b>2,166</b>	<b>0</b>	<b>2,166</b>

## ZURICH AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
16535							
Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness	\$6,279,251	\$1,702,259	\$400,227	255	541,703	1,066	542,769
Excess/Stop Loss	\$3,476,922	\$3,024,584	\$344,199	5	6,549	5,239	11,788
<b>TOTAL</b>	<b>\$9,756,173</b>	<b>\$4,726,843</b>	<b>\$744,426</b>	<b>260</b>	<b>548,252</b>	<b>6,305</b>	<b>554,557</b>

## ZURICH AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90557							
Disability Income	\$92,322	\$49,855	\$0	3	247	0	247
<b>TOTAL</b>	<b>\$92,322</b>	<b>\$49,855</b>	<b>\$0</b>	<b>3</b>	<b>247</b>	<b>0</b>	<b>247</b>

**CY2016 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity**

NAIC Company Code

1	ACCENDO INSURANCE COMPANY	63444
2	ACCREDITED SURETY AND CASUALTY COMPANY, INC.	26379
3	ACE FIRE UNDERWRITERS INSURANCE COMPANY	20702
4	ACE INSURANCE COMPANY OF THE MIDWEST	26417
5	ACE LIFE INSURANCE COMPANY	60348
6	ACE PROPERTY AND CASUALTY INSURANCE COMPANY	20699
7	AETNA HEALTH INSURANCE COMPANY	72052
8	AETNA INSURANCE COMPANY OF CONNECTICUT	36153
9	AIG PROPERTY CASUALTY COMPANY	19402
10	ALLIED INSURANCE COMPANY OF AMERICA	10127
11	ALLSTATE INSURANCE COMPANY	19232
12	ALTERRA AMERICA INSURANCE COMPANY	21296
13	AMERICAN AUTOMOBILE INSURANCE COMPANY	21849
14	AMERICAN COMMERCE INSURANCE COMPANY	19941
15	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY	26247
16	AMERICAN INSURANCE COMPANY (THE)	21857
17	AMERICAN RELIABLE INSURANCE COMPANY	19615
18	AMERICAN SECURITY INSURANCE COMPANY	42978
19	AMERICAN SENTINEL INSURANCE COMPANY	17965
20	AMERICAN SOUTHERN HOME INSURANCE COMPANY	41998
21	AMERICAN SOUTHERN INSURANCE COMPANY	10235
22	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	84697
23	AMERICAN ZURICH INSURANCE COMPANY	40142
24	ASSOCIATED INDEMNITY CORPORATION	21865
25	ATLANTA INTERNATIONAL INSURANCE COMPANY	20931
26	AURIGEN REINSURANCE COMPANY OF AMERICA	74900
27	AVEMCO INSURANCE COMPANY	10367
28	AXIS REINSURANCE COMPANY	20370
29	AXIS SPECIALTY INSURANCE COMPANY	15610
30	BALBOA INSURANCE COMPANY	24813
31	BANKERS FIDELITY ASSURANCE COMPANY	71919
32	BANKERS INSURANCE COMPANY	33162
33	BANKERS STANDARD INSURANCE COMPANY	18279
34	BENCHMARK INSURANCE COMPANY	41394
35	BERKLEY INSURANCE COMPANY	32603
36	BERKSHIRE HATHAWAY LIFE INSURANCE CO. OF NEBRASKA	62345
37	BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY	22276

**CY2016 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity**

	<i>NAIC Company Code</i>
38 BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
39 CAROLINA CASUALTY INSURANCE COMPANY	10510
40 CENTRE INSURANCE COMPANY	34649
41 CENTURION LIFE INSURANCE COMPANY	62383
42 CHEROKEE INSURANCE COMPANY	10642
43 CINCINNATI INDEMNITY COMPANY	23280
44 CINCINNATI INSURANCE COMPANY	10677
45 CITY NATIONAL INSURANCE COMPANY	41335
46 CLARENDON NATIONAL INSURANCE COMPANY	20532
47 CONTINENTAL INSURANCE COMPANY	35289
48 CORVESTA LIFE INSURANCE COMPANY	78301
49 CUMIS INSURANCE SOCIETY, INC.	10847
50 DAILY UNDERWRITERS OF AMERICA	35483
51 DIRECT GENERAL INSURANCE COMPANY	42781
52 DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY	36463
53 EDUCATORS HEALTH PLANS LIFE, ACCIDENT AND HEALTH, INC.	12515
54 EDUCATORS LIFE INSURANCE COMPANY OF AMERICA	62790
55 EMPIRE FIRE AND MARINE INSURANCE COMPANY	21326
56 EMPLOYERS FIRE INSURANCE COMPANY	20648
57 EMPLOYERS REASSURANCE CORPORATION	68276
58 EPIC LIFE INSURANCE COMPANY	64149
59 FEDERATED MUTUAL INSURANCE COMPANY	13935
60 FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.	25879
61 FINANCIAL AMERICAN LIFE INSURANCE COMPANY	71455
62 FINANCIAL AMERICAN PROPERTY AND CASUALTY INSURANCE COMPANY	21075
63 FIREMAN'S FUND INSURANCE COMPANY	21873
64 FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO	64696
65 FIRST LIBERTY INSURANCE CORPORATION (THE)	33588
66 FIRST PROFESSIONALS INSURANCE COMPANY, INC	33383
67 FLORIDA MHS, INC	14447
68 FMH AG RISK INSURANCE COMPANY	36781
69 GRANITE STATE INSURANCE COMPANY	23809
70 GREAT DIVIDE INSURANCE COMPANY	25224
71 GREENWICH INSURANCE COMPANY	22322
72 GUIDEONE MUTUAL INSURANCE COMPANY	15032
73 HAMILTON INSURANCE COMPANY	26611
74 HARKEN HEALTH INSURANCE COMPANY	79480

**CY2016 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity**

	<i>NAIC Company Code</i>
75 HARTFORD ACCIDENT AND INDEMNITY COMPANY	22357
76 HARTFORD CASUALTY INSURANCE COMPANY	29424
77 HARTFORD FIRE INSURANCE COMPANY	19682
78 HARTFORD UNDERWRITERS INSURANCE COMPANY	30104
79 HCSC INSURANCE SERVICES COMPANY	78611
80 HEALTH NET LIFE INSURANCE COMPANY	66141
81 HEALTHY PALM BEACHES, INC.	95827
82 HERITAGE LIFE INSURANCE COMPANY	64394
83 HISCOX INSURANCE COMPANY INC.	10200
84 HORACE MANN INSURANCE COMPANY	22578
85 HUDSON INSURANCE COMPANY	25054
86 IDS PROPERTY CASUALTY INSURANCE COMPANY	29068
87 IMPERIUM INSURANCE COMPANY	35408
88 INSURANCE COMPANY OF THE WEST	27847
89 LIBERTY INSURANCE UNDERWRITERS INC.	19917
90 LIBERTY MUTUAL INSURANCE COMPANY	23043
91 LM INSURANCE CORPORATION	33600
92 LYNDON SOUTHERN INSURANCE COMPANY	10051
93 MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.	
94 MARKEL AMERICAN INSURANCE COMPANY	28932
95 MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762
96 NATIONAL FIRE INSURANCE COMPANY OF HARTFORD	20478
97 NATIONAL INDEMNITY COMPANY	20087
98 NATIONAL SPECIALTY INSURANCE COMPANY	22608
99 NATIONAL SURETY CORPORATION	21881
100 NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	26093
101 NATIONWIDE MUTUAL INSURANCE COMPANY	23787
102 NEW HAMPSHIRE INSURANCE COMPANY	23841
103 NIPPON LIFE INSURANCE COMPANY OF AMERICA	81264
104 NORTH AMERICAN SPECIALTY INSURANCE COMPANY	29874
105 OHIO CASUALTY INSURANCE COMPANY	24074
106 OMAHA HEALTH INSURANCE COMPANY	88080
107 PACIFIC INDEMNITY COMPANY	20346
108 PAN-AMERICAN ASSURANCE COMPANY INTERNATIONAL, INC.	13602
109 PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.	12262
110 PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO	14990
111 PHILADELPHIA INDEMNITY INSURANCE COMPANY	18058

## **CY2016 Accident and Health Report of Gross Annual Premium and Enrollment Carriers Reporting No Activity**

		<i>NAIC Company Code</i>
112	PROTECTIVE INSURANCE COMPANY	12416
113	QBE REINSURANCE CORPORATION	10219
114	R.V.I. AMERICA INSURANCE COMPANY	23132
115	REGENT INSURANCE COMPANY	24449
116	RESOURCE LIFE INSURANCE COMPANY	61506
117	RGA REINSURANCE COMPANY	93572
118	RIVERPORT INSURANCE COMPANY	36684
119	RLI INSURANCE COMPANY	13056
120	SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY	64688
121	SEABRIGHT INSURANCE COMPANY	15563
122	SENTRY CASUALTY COMPANY	28460
123	SENTRY SELECT INSURANCE COMPANY	21180
124	SERB NATIONAL FEDERATION	56936
125	SHELTERPOINT INSURANCE COMPANY	89958
126	SILVERSCRIPT INSURANCE COMPANY	12575
127	SMART INSURANCE COMPANY	80055
128	SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	88323
129	SPARTA INSURANCE COMPANY	20613
130	ST. PAUL FIRE & MARINE INSURANCE COMPANY	24767
131	ST. PAUL MERCURY INSURANCE COMPANY	24791
132	STAR INSURANCE COMPANY	18023
133	SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC.	15927
134	SWISS RE LIFE & HEALTH AMERICA INC.	82627
135	THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT	19062
136	THE STANDARD FIRE INSURANCE COMPANY	19070
137	THE TRAVELERS CASUALTY COMPANY	41769
138	TIER ONE INSURANCE COMPANY	92908
139	TRANSPORTATION INSURANCE COMPANY	20494
140	TRAVELERS CASUALTY AND SURETY COMPANY	19038
141	TRAVELERS CASUALTY COMPANY OF CONNECTICUT	36170
142	TRAVELERS COMMERCIAL CASUALTY COMPANY	40282
143	TRAVELERS COMMERCIAL INSURANCE COMPANY	36137
144	U.S. SPECIALTY INSURANCE COMPANY	29599
145	UBS LIFE INSURANCE COMPANY USA	67423
146	UNITED STATES FIDELITY AND GUARANTY COMPANY	25887
147	VALLEY FORGE INSURANCE COMPANY	20508
148	VIGILANT INSURANCE COMPANY	20397

**CY2016 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity**

	<i>NAIC Company Code</i>
149 VIRGINIA SURETY COMPANY, INC.	40827
150 WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	83445
151 WESCO INSURANCE COMPANY	25011
152 ZALE LIFE INSURANCE COMPANY	71323
153 ZENITH INSURANCE COMPANY	13269

# 2016 Life & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes

Scope Period January 1, 2016 through December 31, 2016

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The Florida Office of Insurance Regulation (Office) is conducting an examination of the Florida Life, Accident & Health market pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes. This communication is being sent to your company's last GAP filer and the company financial statement contact.

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

**The items indicated below are to be submitted to the Office no later than 11:59 PM ET, April 3, 2017.**

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

- Your company's submission must contain a Notarized Affidavit, signed by a company officer, stating the information provided is true and correct. Downloadable "Word" version is available at <http://www.floir.com/siteDocuments/CertificationNotarizedAffidavitGAPDCAM.doc>

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

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

**The required data reporting template may be downloaded from within DCAM beginning January 1, 2017.**

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

## **Changes to this year's template:**

- *Tabs GAP\_1386 and GAP\_Supplemental have been removed.*
- *Added tab Life Annuity that collects information on life insurance and annuity business for the calendar year (see detailed instructions). If the company does not have Life & Annuity business, please enter zeroes.*
- *Tab GAP\_1094:*
  - *Combined In-State and Out-of-State for Grandfathered and Transitional Major Medical segments.*
  - *Combined lines 17-19 (Accident Only, Accidental Death & Dismemberment, and Blanket Accident/Sickness) from the previous year's template into one Line 9 under Other Accident & Health Coverages.*
  - *Line 23 from last year's template (Hospital Indemnity) has been merged into the Limited Benefit segment on Line 15 under Other Accident & Health Coverages.*
  - *Line 23 now includes as Other: Prepaid Health Services not listed above (including ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services), Champus/Tricare Supplement, Travel, and Student coverages*
  - *Line 24 now includes HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business. **Do Not Include:** credit (group and individual), or credit A&H (group and individual)*

## Required Filers and General Reporting Definitions

Section 624.316, F.S., authorizes the Office of Insurance Regulation (the "Office") to examine all insurers regarding "affairs, transactions, accounts, records, and assets." Section 627.9175, F.S., reads, in part, "Each health insurer, prepaid limited health services organization, and health maintenance organization shall submit, no later than April 1 of each year, to the office information concerning health and accident insurance coverage and medical plans being marketed and currently in force in this state."

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

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

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

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

The electronic filing via the Industry Portal (<https://iportal.fldfs.com>) of this information is required pursuant to Section 627.316, F.S., and Rules 690-137.004 and 690-154.112(3), Florida Administrative Code.

Specific instructions on the use of the Industry Portal's Data Reporting module are available upon request from [GAPReporting@flor.com](mailto:GAPReporting@flor.com)

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

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

**AND**

- **no life insurance policies or annuity contracts in force in the State of Florida as of December 31st of the calendar reporting year.**

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

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

**(2) *Report of Life Insurance and Annuity business in the State of Florida under the Life\_Annuity tab***

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

**[GAPReporting@flor.com](mailto:GAPReporting@flor.com)**

**Row Definitions: GAP\_1094**

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

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<b>Disability Income</b> (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) - A policy designed to compensate insureds for a portion of the income they lose because of a disabling injury or illness.	H11G H11I
<b>Excess/Stop Loss</b> (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan) - This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount. As defined in Section 627.6482 (14), F.S., "Stop-loss coverage" means an arrangement whereby an insurer insures against the risk that any one claim will exceed a specific dollar amount or that an entire self-insurance plan's losses will exceed a specific amount.	H12
<b>Hospital Indemnity</b> - An insurance contract that pays a fixed dollar amount without regard to the actual expense incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition.	H14G H14I
<b>Limited Benefit</b> (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease – Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)- (a) Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum. (b) Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day. (c) Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.	H07G H07I H08G H08I H09G H09I
<b>Long Term Care-Comprehensive</b> -- Coverage that provides both facility (nursing home) and non-facility (home health care) benefits. This includes products that offer one type of benefit through a base form and the second type through a rider. All extension of benefit riders providing comprehensive coverage are included.	LTC05G LTC05I
<b>Long Term Care-Facility Only</b> -- Coverage that provides only facility (nursing home) benefits. All extension of benefit riders providing facility only coverage are included.	LTC04G LTC04I
<b>Long Term Care-Non-Facility Only</b> -- Coverage that provides only non-facility (home health care) benefits. All extension of benefit riders providing non-facility only coverage are included.	LTC02G LTC02I
<b>Long Term Care-Accelerated Benefit Rider</b> -- Coverage that provides any type of long term care benefit paid from either a life or annuity product.	FLLTC06
<b>Short Term Care</b> (includes Home Health Care; Nursing Home; and Adult Day Care) - Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.	H13G H13I
<b>Medicare Supplement</b> - Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.	MS02G MS02I MS03G MS03I MS04G MS04I MS05G MS05I MS06

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<p><b>Medicare Advantage (Medicare+Choice)</b> - Also known as Medicare Part C, includes the private health plans through which beneficiaries have chosen to receive all of their Medicare benefits. It includes:</p> <p>(i) Coordinated care plans such as Health Maintenance Organizations (HMOs), provider-sponsored organizations (PSOs), regional or local preferred provider organizations (PPOs), and other network plans (other than private fee-for-service plans) [42 C.F.R.§422.4(a)(1)(iii).]</p> <p>(ii) Private Fee for Service Plans [42 C.F.R. §422.4(a)(3).] and</p> <p>(iii) Medical savings accounts which are comprised of an MA medical savings account plan that pays for a basic set of health benefits approved by CMS and an MSA trust or custodial account into which CMS will make deposits. [42 C.F.R. §422.4(a)(2).]</p>	N/A
<p><b>Champus/Tricare Supplement</b> - Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.</p>	H05
<p><b>Prescription Drug</b> - Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.</p>	H17G H17I
<p><b>Sickness</b> - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.</p>	H18G H18I
<p><b>Student</b> - A health insurance contract that covers a class of students not individually identified in the contract.</p>	H04.001
<p><b>Travel</b> - Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)</p>	H19G H19I
<p><b>Vision</b> - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.</p>	H20G H20I
<p><b>Other</b> - <b>includes</b> Prepaid Health Services not listed above ( including ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services), Champus/Tricare Supplement, Travel, Student coverages</p>	H21 Other
<p><b>Misc.</b> - <b>include the following:</b> HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business <b>Do Not Include:</b> credit (group and individual), or credit A&amp;H (group and individual)</p>	
<p><b>Accident and Health Insurance Premiums and Losses</b> - The Total Direct Premiums Earned and the Total Direct Losses Incurred from the company's Annual Statement are entered and compared to the premium and loss sums from lines 1 through 24. These amounts should equal or an explanatory letter will be required.</p>	

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

*Beginning January 1, 2013, the Office no longer requires that Discount Medical Plan Organization premium, loss, or enrollment information be reported on the 1094 template.*

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

**Column Definitions:**

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

<p><b>COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY</b></p>	<p>Provide the total number of individuals who are covered by the primary insured's plan (excluding the primary insured but including additional joint primary insureds) and who receive coverage due to his/her dependent relationship to the primary insured, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p>
<p><b>COVERED LIVES AT END OF REPORTING CY</b></p>	<p>This is an auto-calculation field. It adds [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY]</p>
<p><b>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</b></p>	<p>Provide a simple average ([the total number of days from the date of receipt to the date of payment for each claim received] divided by [the total of number of claims received]). The data provided should be specific to covered Florida residents and only include all paid, denied, or contested claims with original paid dates in the year being reported.</p> <p>Where claim is defined by Section 627.6131(2) and 641.3155(1), F.S.  Where date of receipt is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S.  Where date of payment is defined by Section 627.6131(7) and 641.3155(6), F.S.</p> <p>This cell should contain a positive, whole number or zero.</p>

## Column Definitions: Life\_Annuity

TYPE OF INSURANCE DESCRIPTION
<p><b>Annual Renewable Term</b> - Insurance coverage for one year that can continue at the option of the policy owner at the start of each future anniversary for one additional year until a final expiry age or date as long as premiums defined contractually are paid when due or within a grace period.</p>
<p><b>Level Premium Term</b> - insurance for coverage periods of more than one year such as ten, fifteen, twenty, or thirty years where premiums during the coverage period remain the same on each premium due date.</p>
<p><b>Credit Decreasing Term</b> - credit life insurance (as defined in 627.677, means insurance on the life of a debtor pursuant to or in connection with a specific loan or other credit transaction.) where coverage decreases from an initial amount, such as the amount at which purchase of an automobile was financed, at either constant amounts each period (usually monthly) or according to a formula such as an amortization schedule.</p>
<p><b>Group Term</b> - term insurance sold to a group that provides coverage to members of the group and often includes optional dependent coverage with amounts specified in certificates issued to each covered member.</p>
<p><b>Fixed UL</b> - universal life insurance with fixed premiums.</p>
<p><b>Indexed UL</b> - universal life insurance where interest credited to the fund balance is based upon the increase in an external index such as the Standard and Poors 500.</p>
<p><b>Variable UL</b> - a variable contract form of universal life insurance, as defined in 627.8015, where increases or decreases to the fund balance (and under a common option, if elected, the death benefit) are based on the performance of assets held in a separate account.</p>
<p><b>Whole Life</b> - a contract where coverage continues for the life of the insured as long as premiums are paid when due.</p>
<p><b>Variable Life</b> - a variable contract form of whole life insurance, as defined in 627.8015, where increases or decreases to contract values are based on the performance of assets held in a separate account.</p>
<p><b>Industrial Policies</b> - as defined in 627.502, that form of life insurance written under policies under which premiums are payable monthly or more often, bearing the words "industrial policy" or "weekly premium policy" or words of similar import imprinted upon the policies as part of the descriptive matter, and issued by an insurer which, as to such industrial life insurance, is operating under a system of collecting a debit by its agent.</p>
<p><b>Fixed Deferred Non-Qualified Annuity</b> - a fixed deferred annuity not used to fund a tax-advantaged retirement plan or IRA.</p>
<p><b>Fixed Deferred Qualified Annuity</b> - a fixed deferred annuity used to fund a tax-advantaged retirement plan or IRA.</p>
<p><b>Fixed Immediate Annuity</b> - a fixed annuity that pays a guaranteed income that starts almost immediately.</p>
<p><b>Variable Deferred Non-Qualified Annuity</b> - a variable contract form of Deferred Non-Qualified Annuity, as defined in 627.8015, where increases or decreases to fund values are based on the performance of assets held in a separate account.</p>
<p><b>Variable Deferred Qualified Annuity</b> - a variable contract form of Deferred Qualified Annuity, as defined in 627.8015, where increases or decreases to fund values are based on the performance of assets held in a separate account.</p>
<p><b>Variable Immediate Annuity</b> - a variable contract form of Immediate Annuity, as defined in 627.8015, where increases or decreases to periodic payments to an annuitant are based on the performance of assets held in a separate account.</p>

For each of the life and annuity coverage types listed above, the following information is required:

**Row Definitions:**

<b>NAIC Line Numbers 1-15 and 20-23</b>	Definitions for these rows can be found in the NAIC instructions for the exhibits Life Insurance Part 1 and Life Insurance Part 2.
<b>New Issue Single Premium (Amount)</b>	Face amount of New Issue Single Premium Life Insurance collected during the year.
<b>New Issue Single Premium (Number of Policies)</b>	Number of single premium Life Insurance Policies issued during the year.
<b>New Issue Resulting from Replacements (Amount)</b>	Face amount of New Issue Life Insurance issued during the year where a previous in force policy was cancelled and replaced by a new one.
<b>New Issue Resulting from Replacements (Number of Policies)</b>	Number of policies issued during the year which replaced a previous in force policy which was cancelled.
<b>New Issue Resulting from Conversions (Amount)</b>	Face amount of policies issued during the year where coverage (group or individual) was replaced by a conversion policy. Two common examples are coverage under a group term Certificate converted to an individual policy and individual term insurance converted to whole life.
<b>New Issue Resulting from Conversions (Number of Policies)</b>	Number of policies issued during the year where coverage (group or individual) was replaced by a conversion policy.
<b>Lapses During the Year (Amount)</b>	Face amount of policies cancelled from in force insurance for non payment of a required premium following the grace period permitted for late payment.
<b>Lapses During the Year (Number of Policies)</b>	Number of policies cancelled from in force insurance for non payment of a required premium following the grace period permitted for late payment.
<b>Expired During the Year (Amount)</b>	Face amount of policies cancelled from in force insurance due to reaching the end of the period of coverage.
<b>Expired During the Year (Number of Policies)</b>	Number of policies cancelled from in force insurance due to reaching the end of the period of coverage.
<b>Surrenders Paid During the Year (Amount)</b>	Benefits paid on policies terminated from in force insurance at the request of the policy owner.
<b>Surrenders Paid During the Year (Number of Policies)</b>	Number of policies where benefits were paid on policies terminated from in force insurance at the request of the policy owner.
<b>Number of Policies where Insurance was Increased During the Year</b>	Number of policies where the amount of insurance was increased at the request of the policy owner.
<b>Number of Policies where Insurance was Decreased During the Year</b>	Number of policies where the amount of insurance was decreased at the request of the policy owner.
<b>Total Covered Lives (including riders)</b>	Total number of persons covered under base policy coverage and those whose coverage is provided by policy riders

## Data Submission Validation Process

### Computerized Validations:

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

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

The second stage of computerized validations is performed at the time you submit your data template. These validations are performed "behind the scenes" by the Office's computer system. These checks notify you by email if you have missed a required cell or made a similar type of data entry error on the data template. At the time your email notification is sent, your data template is returned to your Industry Portal workbench area so that corrections can be made. If you feel you need assistance with the corrections, please contact the Office via email at:

[GAPReporting@floir.com](mailto:GAPReporting@floir.com)

### Reviewer Validations:

Once your data submission reaches the Office, a staff member rechecks your data for reasonability. This can include comparing your submitted data to other sources and previous data submission received from your company.

If the reviewer has a question or needs clarification, he/she will contact you by email or phone. This clarification letter will reference the "file log number" assigned to your data submission by the Office. This tracking number will be used on all communication from the Office about your data.

Once the reviewer is satisfied with your data submission, you will receive a final disposition letter by email which closes your data submission filing. Final disposition you will see in these letters include:

- 1. FILING NOT REQUIRED:** This means your company is not required to report this data. No further action will be needed on your part.
- 2. SUBMISSION ERROR:** This means your submission does not meet the filings standards for this specific reporting requirement. Depending on the type of error your submission contained, you may or may not need to resubmit your data under another Office tracking number.
- 3. EXEMPT:** This final disposition means your submission of "NO DATA" meets the reporting requirement for this reporting period. No further action will be needed on your part for the reporting period covered by your data submission. Please note: Receiving an exemption letter does not preclude the necessity of filing additional data or no data filings in the future. In most cases, your company will need to continue to file each reporting period.
- 4. WITHDRAWN:** This means your company requested your submission under the assigned file log number be closed by the Office. In most cases, this is done so that you can "start from scratch" and re-file your data under a new file log number.
- 5. ACCEPTED:** A final disposition letter of acceptance means that the reviewer has completed his/her reasonability checks and feels your data submission is valid. No further action is required at this time.
- 6. REFERRED:** This type of letter means that based on the data submitted and any additional information provided, your data submission will be referred to the Office's Market Investigation Unit for additional follow up.

# CY2016 Life & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes

Scope Period: January 1, 2016 through December 31, 2016

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

[GAPReporting@flair.com](mailto:GAPReporting@flair.com)



FLORIDA OFFICE OF  
INSURANCE REGULATION

*Reports are due no later than Monday, April 3, 2017 at 11:59pm*

# 2016 Life & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes

Scope Period January 1, 2016 through December 31, 2016

The Florida Office of Insurance Regulation (Office) is conducting an examination of the Florida Life, Accident & Health market pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes. This communication is being sent to your company's last GAP filer and the company financial statement contact.

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

**The items indicated below are to be submitted to the Office no later than 11:59 PM ET, April 3, 2017.**

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

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

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

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

**The required data reporting template may be downloaded from within DCAM beginning, January 1, 2017.**

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

## Changes to this year's template:

- Tabs *GAP\_1386* and *GAP\_Supplemental* have been removed.
- Added tab *Life Annuity* that collects information on life insurance and annuity business for the calendar year (see detailed instructions).
- Tab *GAP\_1094*:
  - Combined *In-State* and *Out-of-State* for *Grandfathered* and *Transitional Major Medical* segments.
  - Combined lines 17-19 (*Accident Only, Accidental Death & Dismemberment, and Blanket Accident/Sickness*) from the previous year's template into one line (2) under *Other Accident & Health Coverages*.
  - Line 23 from last year's template (*Hospital Indemnity*) has been merged into the *Limited Benefit* segment on line 8 under *Other Accident & Health Coverages*.
  - Line 17 now includes as *Other: Prepaid Health Services* not listed above (including *ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services*), *Champus/Tricare Supplement, Travel, and Student coverages*
  - Line 18 now includes *HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business. Do Not Include: credit (group and individual), or credit A&H (group and individual)*

## Required Filers and General Reporting Definitions

Section 624.316, F.S., authorizes the Office of Insurance Regulation (the "Office") to examine all insurers regarding "affairs, transactions, accounts, records, and assets." Section 627.9175, F.S., reads, in part, "Each health insurer, prepaid limited health services organization, and health maintenance organization shall submit, no later than April 1 of each year, to the office information concerning health and accident insurance coverage and medical plans being marketed and currently in force in this state."

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

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

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

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

The electronic filing via the Industry Portal (<https://iportal.fldfs.com>) of this information is required pursuant to Section 627.316, F.S., and Rules 690-137.004 and 690-154.112(3), Florida Administrative Code.

Specific instructions on the use of the Industry Portal's Data Reporting module are available upon request from

[GAPReporting@flor.com](mailto:GAPReporting@flor.com)

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

- no direct Florida health premiums (written or earned) during the calendar reporting year
- AND
- no direct Florida health losses incurred during the calendar reporting year
- AND
- no enrolled Florida resident groups or primary insureds as of December 31st of the calendar reporting year.
- AND
- no life insurance policies or annuity contracts in force in the State of Florida as of December 31st of the calendar reporting year.

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

- (1) Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents, OIR-B2-1094
- (2) Report of Life Insurance and Annuity business in the State of Florida under the Life Annuity tab

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

[GAPReporting@flor.com](mailto:GAPReporting@flor.com)

Section A: Contact Information Please provide company and individual contact information on this worksheet		VALIDATION CHECKS
		Required Data Field Complete?
Reporting Period - Year	CY2016	TRUE
Please provide the name of the individual responsible for the coordination and submission of the requested Premium and Enrollment information		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC Code? (Enter five zeroes if none)		FALSE
What is the Florida Company Code?		FALSE
What is the Company's FEIN?		FALSE
What is the State of domicile?		FALSE
Consumer Information Website		FALSE

Section B: To be completed by all carriers		TOTAL DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED	RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED (AUTO-CALCULATION)	WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS (AUTO-CALCULATION)	EMPLOYERS/ GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY	PRIMARY ENROLLEES AT END OF REPORTING CY	COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSURED AT END OF REPORTING CY	COVERED LIVES AT END OF REPORTING CY (AUTO-CALCULATION)	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS	VALIDATION CHECKS
<b>ACA Major Medical and/or Hospital/Surgical/Medical Expense -- On Exchange Only</b>													
1.A	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
3.A	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.A	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.A	51-100 Member Groups										0		FALSE
6.A	101+ Member Groups (FS 627.652)										0		FALSE
7.A	Conversion										0		FALSE
<b>ACA Major Medical and/or Hospital/Surgical/Medical Expense -- Off Exchange</b>													
1.B	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
3.B	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.B	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.B	51-100 Member Groups										0		FALSE
6.B	101+ Member Groups (FS 627.652)										0		FALSE
7.B	Conversion										0		FALSE
<b>Grandfathered Major Medical and/or Hospital/Surgical/Medical Expense (In-State and Out-of-State)</b>													
1.G	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
2.G	Individually Underwritten										0		FALSE
3.G	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.G	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.G	51-100 Member Groups										0		FALSE
6.G	101+ Member Groups (FS 627.652)										0		FALSE
7.G	Conversion										0		FALSE
<b>Transitional Major Medical and/or Hospital/Surgical/Medical Expense (In-State and Out-of-State)</b>													
1.T	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
2.T	Individually Underwritten										0		FALSE
3.T	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.T	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.T	51-100 Member Groups										0		FALSE
6.T	101+ Member Groups (FS 627.652)										0		FALSE
7.T	Conversion										0		FALSE
<b>Total Major Medical</b>		\$0	\$0			\$0		0	0	0	0	0	
<b>OTHER ACCIDENT and HEALTH COVERAGES</b>													
8	Administrative Services Only (ASO) (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only"; report lives in categories shown)										0		FALSE
9	Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness										0		FALSE
10	Dental										0		FALSE
11	Prescription Drug										0		FALSE
12	Vision										0		FALSE
13	Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term)										0		FALSE

Section B: To be completed by all carriers		TOTAL DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED	RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED (AUTO-CALCULATION)	WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS (AUTO-CALCULATION)	EMPLOYERS/ GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY	PRIMARY ENROLLEES AT END OF REPORTING CY	COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY	COVERED LIVES AT END OF REPORTING CY (AUTO-CALCULATION)	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS	VALIDATION CHECKS
14	Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan)										0		FALSE
15	Limited Benefit (includes Hospital Indemnity, Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)										0		FALSE
<b>Long-Term Care</b>													
16	Long Term Care-Comprehensive (includes all forms that may be made comprehensive through rider selection and any extension of benefit riders providing comprehensive benefits)										0		FALSE
17	Long Term Care-Facility Only (includes any extension of benefit riders providing facility only benefits)										0		FALSE
18	Long Term Care-Non-Facility Only (includes any extension of benefit riders providing non-facility only benefits)										0		FALSE
<b>Total Long-Term Care (auto-calculation)</b>		\$0	\$0 Not Applicable			\$0 Not Applicable		0	0	0	0		TRUE
19	Long Term Care-Accelerated Benefit Rider (includes all those attached to life or annuity products)										0		FALSE
20	Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care)										0		FALSE
21	<b>Medicare Supplement</b>										0		FALSE
22	<b>Medicare Advantage (Medicare+Choice)</b>										0		FALSE
23	Other - <b>Includes</b> Prepaid Health Services not listed above (including ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services), Champus/Tricare Supplement, Travel, Student coverages										0		FALSE
24	Misc. - On this line <b>include</b> the following: HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business <b>Do Not Include:</b> credit (group and individual), or credit A&H (group and individual)										0		FALSE
<b>RECONCILIATION</b>													
25	Accident and Health Insurance Premiums and Losses, Including Policy Membership and Other Fees as reported to the Office in Annual Financial Statement										0		FALSE
26	<b>Auto Calculation</b> of Total of lines 1-24 (If "Total Direct Premiums Earned" and/or "Direct Losses Incurred" are different from line 25, address this issue by uploading an explanatory letter addressed to the Office via the "Explanatory Information" function in "Filing Component List" section)	\$0	\$0 Not Applicable						0	0	0		TRUE

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Life Insurance & Annuities		Life Insurance										Annuities						Totals(Life and Annuity) (Auto-Calculated)	Validation Checks Required Data Fields Complete?
		Term Life				Universal Life			Whole Life & Other			Fixed Annuities			Variable Annuities				
		Annual Renewable Term	Level Premium Term	Credit/Decreasing Term	Group Term	Fixed UL	Indexed UL	Variable UL	Whole Life	Variable Life	Industrial Policies	Total (Auto-Calculated)	Fixed Deferred Non-Qualified Annuity	Fixed Deferred Qualified Annuity	Fixed Immediate Annuity	Variable Deferred Non-Qualified Annuity	Variable Deferred Qualified Annuity		
NAIC Line Number	Line Description																		
<b>From Life Insurance Part 1:</b>																			
1	Life insurance										0						0	False	
2	Annuity considerations										0						0	False	
3	Deposit-type contract funds										0						0	False	
4	Other considerations										0						0	False	
5	Totals (direct premiums and annuity considerations)										0						0	False	
6.1	Paid in cash or left on deposit (direct dividends to policyholders - life insurance)										0						0	False	
6.2	Applied to pay renewal premiums (direct dividends to policyholders - life insurance)										0						0	False	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period (direct dividends to policyholders)										0						0	False	
6.4	Other life insurance (direct dividends to policyholders)										0						0	False	
6.5	Totals (direct dividends to policyholders)										0						0	False	
7.1	Paid in cash or left on deposit (annuities)										0						0	False	
7.2	Applied to provide paid-up annuities (annuities)										0						0	False	
7.3	Other (annuities - direct dividends to policyholders)										0						0	False	
7.4	Totals (annuities - direct dividends to policyholders)										0						0	False	
8	Grand totals (direct dividends to policyholders)										0						0	False	
9	Death benefits (direct claims and benefits paid)										0						0	False	
10	Matured endowments (direct claims and benefits paid)										0						0	False	
11	Annuity benefits (direct claims and benefits paid)										0						0	False	
12	Surrender values and withdrawals for life contracts (direct claims and benefits paid)										0						0	False	
13	Aggregate write-ins for miscellaneous direct claims and benefits paid (direct claims and benefits paid)										0						0	False	
14	All other benefits, except accident and health (direct claims and benefits paid)										0						0	False	
15	Totals (direct claims and benefits paid)										0						0	False	
<b>From Life Insurance Part 2: (The following eight lines are broken down by (a) being the amount and (b) being the number of policies)</b>																			
20	In force December 31, prior year (Amount)										0						0	False	
20.1	In force December 31, prior year (Number of Policies)										0						0	False	
21	Issued during year (Amount)										0						0	False	
21.1	Issued during year (Number of Policies)										0						0	False	
22	Other changes to in-force (Net) (Amount)										0						0	False	
22.1	Other changes to in-force (Net) (Number of Policies)										0						0	False	
23	In force December 31 of current year (Amount)										0						0	False	
23.1	In force December 31 of current year (Number of Policies)										0						0	False	
<b>Line Numbers below do not map to the NAIC Blanks</b>																			
100	New Issue Single Premium (Amount)										0						0	False	
101	New Issue Single Premium (Number of Policies)										0						0	False	
102	New Issue Resulting from Replacements (Amount)										0						0	False	
103	New Issue Resulting from Replacements (Number of Policies)										0						0	False	
104	New Issue Resulting from Conversions (Amount)										0						0	False	
105	New Issue Resulting from Conversions (Number of Policies)										0						0	False	
106	Lapses During the Year (Amount)										0						0	False	
107	Lapses During the Year (Number of Policies)										0						0	False	
108	Expired During the Year (Amount)										0						0	False	
109	Expired During the Year (Number of Policies)										0						0	False	
110	Surrenders Paid During the Year (Amount)										0						0	False	
111	Surrenders Paid During the Year (Number of Policies)										0						0	False	
112	Number of Policies where Insurance was Increased During the Year										0						0	False	
113	Number of Policies where Insurance was Decreased During the Year										0						0	False	
114	Total Covered Lives (including riders)										0						0	False	



## Florida Office of Insurance Regulation

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