

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23).....				
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX		
32. Less treasury stock, at cost:				
32.1..... shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2..... shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX		
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX		
DETAILS OF WRITE-INS				
2301.				
2303.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....										
2. Change in unearned premium reserves and reserve for rate credit.....										
3. Fee-for-service (net of \$..... medical expenses).....										XXX
4. Risk revenue.....										XXX
5. Aggregate write-ins for other health care related revenues.....										XXX
6. Aggregate write-ins for other non-health care related revenues.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6).....										
8. Hospital/medical benefits.....										XXX
9. Other professional services.....										XXX
10. Outside referrals.....										XXX
11. Emergency room and out-of-area.....										XXX
12. Prescription drugs.....										XXX
13. Aggregate write-ins for other hospital and medical.....										XXX
14. Incentive pool, withhold adjustments and bonus amounts.....										XXX
15. Subtotal (Lines 8 to 14).....										XXX
16. Net reinsurance recoveries.....										XXX
17. Total hospital and medical (Lines 15 minus 16).....										XXX
18. Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses.....										
20. General administrative expenses.....										
21. Increase in reserves for accident and health contracts.....										XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....										
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....										
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above).....										XXX

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical).....
2. Medicare Supplement.....
3. Dental only.....
4. Vision only.....
5. Federal Employees Health Benefits Plan.....
6. Title XVIII – Medicare.....
7. Title XIX – Medicaid.....
8. Other health.....
9. Health subtotal (Lines 1 through 8).....
10. Life.....
11. Property/casualty.....
12. Totals (Lines 9 to 11)

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct										
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net										
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$..... loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct
1.2 Reinsurance assumed
1.3 Reinsurance ceded
1.4 Net
2. Incurred but Unreported:										
2.1 Direct
2.2 Reinsurance assumed
2.3 Reinsurance ceded
2.4 Net
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct
3.2 Reinsurance assumed
3.3 Reinsurance ceded
3.4 Net
4. TOTALS:										
4.1 Direct
4.2 Reinsurance assumed
4.3 Reinsurance ceded
4.4 Net

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)
2. Medicare Supplement
3. Dental Only
4. Vision Only
5. Federal Employees Health Benefits Plan
6. Title XVIII – Medicare
7. Title XIX – Medicaid
8. Other health
9. Health subtotal (Lines 1 to 8)
10. Health care receivables (a)
11. Other non-health
12. Medical incentive pools and bonus amounts
13. Totals (Lines 9-10+11+12)

(a) Excludes \$..... loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)**

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves
2. Additional policy reserves (a)
3. Reserve for future contingent benefits.....
4. Reserve for rate credits or experience rating refunds (including \$..... for investment income)
5. Aggregate write-ins for other policy reserves
6. Totals (gross)
7. Reinsurance ceded
8. Totals (Net) (Page 3, Line 4)
9. Present value of amounts not yet due on claims.....
10. Reserve for future contingent benefits.....
11. Aggregate write-ins for other claim reserves.....
12. Totals (gross)
13. Reinsurance ceded.....
14. Totals (Net) (Page 3, Line 7)
DETAILS OF WRITE-INS									
0501.
0502.
0503.
0598. Summary of remaining write-ins for Line 5 from overflow page
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)

(a) Includes \$..... premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$..... for occupancy of own building).....
2. Salaries, wages and other benefits
3. Commissions (less \$ ceded plus \$ assumed)
4. Legal fees and expenses.....
5. Certifications and accreditation fees
6. Auditing, actuarial and other consulting services.....
7. Traveling expenses.....
8. Marketing and advertising
9. Postage, express and telephone.....
10. Printing and office supplies
11. Occupancy, depreciation and amortization.....
12. Equipment
13. Cost or depreciation of EDP equipment and software
14. Outsourced services including EDP, claims, and other services.....
15. Boards, bureaus and association fees.....
16. Insurance, except on real estate
17. Collection and bank service charges.....
18. Group service and administration fees.....
19. Reimbursements by uninsured plans
20. Reimbursements from fiscal intermediaries
21. Real estate expenses.....
22. Real estate taxes
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....
23.2 State premium taxes.....
23.3 Regulatory authority licenses and fees.....
23.4 Payroll taxes
23.5 Other (excluding federal income and real estate taxes)
24. Investment expenses not included elsewhere
25. Aggregate write-ins for expenses
26. Total expenses incurred (Lines 1 to 25).....	(a)
27. Less expenses unpaid December 31, current year
28. Add expenses unpaid December 31, prior year
29. Amounts receivable relating to uninsured plans, prior year
30. Amounts receivable relating to uninsured plans, current year.....
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)
DETAILS OF WRITE-INS					
2501.
2502.
2503.
2598. Summary of remaining write-ins for Line 25 from overflow page
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above)

(a) Includes management fees of \$..... to affiliates and \$..... to non-affiliates.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
 For The Year Ended December 31, 2013
 (To Be Filled by April 1)

NAIC Group Code.....

NAIC Company Code.....

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves.....
1.2 Without Contract Reserves
1.3 Subtotal
2. Short-Term Medical							
2.1 With Contract Reserves.....
2.2 Without Contract Reserves
2.3 Subtotal
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves.....
3.2 Without Contract Reserves
3.3 Subtotal
4. Specified/Named Disease							
4.1 With Contract Reserves.....
4.2 Without Contract Reserves
4.3 Subtotal
5. Limited Benefit							
5.1 With Contract Reserves.....
5.2 Without Contract Reserves
5.3 Subtotal
6. Student							
6.1 With Contract Reserves.....
6.2 Without Contract Reserves
6.3 Subtotal
7. Accident Only or AD&D							
7.1 With Contract Reserves.....
7.2 Without Contract Reserves
7.3 Subtotal
8. Disability Income – Short-Term							
8.1 With Contract Reserves.....
8.2 Without Contract Reserves
8.3 Subtotal

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income – Long-Term							
9.1 With Contract Reserves.....
9.2 Without Contract Reserves.....
9.3 Subtotal
10. Long-Term Care							
10.1 With Contract Reserves.....
10.2 Without Contract Reserves.....
10.3 Subtotal
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves.....
11.2 Without Contract Reserves.....
11.3 Subtotal
12. Dental							
12.1 With Contract Reserves.....
12.2 Without Contract Reserves.....
12.3 Subtotal
13. State Children’s Health Insurance Program							
13.1 With Contract Reserves.....
13.2 Without Contract Reserves.....
13.3 Subtotal
14. Medicare							
14.1 With Contract Reserves.....
14.2 Without Contract Reserves.....
14.3 Subtotal
15. Medicaid							
15.1 With Contract Reserves.....
15.2 Without Contract Reserves.....
15.3 Subtotal
16. Medicare Part D – Stand-Alone							
16.1 With Contract Reserves.....
16.2 Without Contract Reserves.....
16.3 Subtotal
17. Other Individual Business							
17.1 With Contract Reserves.....
17.2 Without Contract Reserves.....
17.3 Subtotal
18. Total Individual Business							
18.1 With Contract Reserves.....
18.2 Without Contract Reserves.....
19. Grand Total Individual

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer.....							
1.2 Other Employer.....							
1.3 Single Employer Subtotal.....							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D.....							
10. Disability Income – Short-term							
11. Disability Income – Long-term							
12. Long-Term Care.....							
13. Medicare Supplement (Medigap).....							
14. Federal Employees Health Benefits Plan.....							
15. Tricare.....							
16. Dental.....							
17. Medicare							
18. Medicare Part D – Stand-Alone.....							
19. Other Group Care							
20. Grand Total Group Business							
C. OTHER BUSINESS							
1. Credit (Individual and Group).....							
2. Stop Loss/Excess Loss.....							
3. Administrative Services Only.....	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX			
5. Grand Total Other Business							
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, **2013**

(To Be Filed by March 1)

FOR THE STATE OF _____

NAIC Group Code _____

NAIC Company Code _____

Address (City, State and Zip Code) _____

Person Completing This Exhibit _____

Title _____

Telephone Number _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			14 Number of Covered Lives	Policies Issued in 2011, 2012, 2013			
										11 Incurred Claims		13 Percent of Premiums Earned		15 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
										12 Premiums Earned	16 Amount			16 Amount	17 Percent of Premiums Earned		
.....
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES									
.....
0299999 TOTAL EXPERIENCE ON GROUP POLICIES									

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:.....
 - 2.2 Contact Person and Phone Number:.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:.....
 - 3.2 Contact Person and Phone Number:.....
4. Explain any policies identified above as policy type "O".....

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code.....

NAIC Company Code.....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	.....
1.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	.....
1.13 Risk-Corridor Payment Adjustments.....	.....	XXX	.....	XXX	.....
1.2 Supplemental Benefits.....	.....	XXX	.....	XXX	.....
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
2.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
2.2 Supplemental Benefits.....	.....	XXX	.....	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
3.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
3.2 Supplemental Benefits.....	.....	XXX	.....	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....	.....	XXX	.....	XXX	XXX
4.2 Payable .....	.....	XXX	.....	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
5.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	.....	XXX	.....	XXX	XXX
5.2 Supplemental Benefits.....	.....	XXX	.....	XXX	XXX
6. Total Premiums .....	.....	XXX	.....	XXX	.....
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	.....
7.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	.....
7.2 Supplemental Benefits.....	.....	XXX	.....	XXX	.....
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
8.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
8.2 Supplemental Benefits.....	.....	XXX	.....	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
9.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
9.2 Supplemental Benefits.....	.....	XXX	.....	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
10.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
10.2 Supplemental Benefits.....	.....	XXX	.....	XXX	XXX
11. Total Claims.....	.....	XXX	.....	XXX	.....
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied	XXX	.....	XXX	.....	.....
12.2 Reimbursements Received but Not Applied-change	XXX	.....	XXX	.....	.....
12.3 Reimbursements Receivable-change.....	XXX	.....	XXX	.....	XXX
12.4 Health Care Receivables-change	XXX	.....	XXX	.....	XXX
13. Aggregate Policy Reserves-change .....	.....	.....	.....	.....	XXX
14. Expenses Paid.....	.....	XXX	.....	XXX	.....
15. Expenses Incurred .....	.....	XXX	.....	XXX	XXX
16. Underwriting Gain/Loss .....	.....	XXX	.....	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	.....

LONG-TERM CARE EXPERIENCE REPORTING FORM 1 ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY

REPORTING YEAR 20__

(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives In Force End of Year	8 Expected Lives In Force End of Year	9 Actual to Expected Lives In Force
A. Individual									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Group									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Summary									
1. Form Inception-to-Date									
2. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX

**LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR**

REPORTING YEAR 20____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

Reporting Year	1 Policy Form	2 First Year Issue	3 Last Year Issue	4 Earned Premiums	5 Incurred Claims	6 Loss Ratio	7 Annual Net/Annual Gross Premiums	8 Current Year Net Premiums	9 In Force Count Beginning of Year	10 New Issues Current Year	11 In Force Count End of Year	12 Persistency Rate	13 Experience Policy Reserves	14 Reported Policy Reserves	15 Experience/Reported Ratio
A. Individual															
1. Current
2. Prior
3. 2nd Prior
1. Current
2. Prior
3. 2nd Prior
B. Group															
1. Current
2. Prior
3. 2nd Prior
1. Current
2. Prior
3. 2nd Prior
C. SUMMARY															
1. Total Current-Individual	xxx	xxx	.....	.....	.....	.....	xxx	.....	.....	xxx
2. Total Prior-Individual	xxx	xxx	.....	.....	.....	.....	xxx	.....	.....	xxx
3. Total 2nd Prior-Individual	xxx	xxx	.....	.....	.....	.....	xxx	.....	.....	xxx
4. Total Current-Group	xxx	xxx	.....	.....	.....	.....	xxx	.....	.....	xxx
5. Total Prior-Group	xxx	xxx	.....	.....	.....	.....	xxx	.....	.....	xxx
6. Total 2nd Prior-Group	xxx	xxx	.....	.....	.....	.....	xxx	.....	.....	xxx
7. Current Year Total	xxx	xxx	.....	.....	.....	.....	xxx	.....	.....	xxx

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)
 REPORTING YEAR 20____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

Incurred Year	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013
A. Individual								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2006 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2007	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2008	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2009	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2010	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2011	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2006 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2007	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2008	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2009	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2010	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2011	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 3 – Transferred Reserves								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2006 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2007	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2008	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2009	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2010	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2011	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 4 – Present Value of Incurred Claims								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2006 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2007	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2008	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2009	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2010	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2011	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

**LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

Incurred Year	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013
B. Group								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 3 – Transferred Reserves								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 4 – Present Value of Incurred Claims								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

Incurred Year	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 3 – Transferred Reserves								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 4 – Present Value of Incurred Claims								
1. Prior								
2. 2006								
3. 2007	xxx							
4. 2008	xxx	xxx						
5. 2009	xxx	xxx	xxx					
6. 2010	xxx	xxx	xxx	xxx				
7. 2011	xxx	xxx	xxx	xxx	xxx			
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS
 REPORTING YEAR 20____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

Incurred Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
A. Individual					
1. Current.....
2. Prior.....
3. 2nd Prior
B. Group					
1. Current.....
2. Prior.....
3. 2nd Prior
C. Summary					
1. Total Inception-to-Date					

Total Reserves are reserves for these particular life products with LTC accelerated benefits.

Incurred claims are only the policies that claims have been triggered due to acceleration.

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF _____

REPORTING YEAR 20_____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Earned Premiums	2 Incurred Claims	3 In Force Count End of Year	4 Lives In Force End of Year
1. Individual
2. Group
3. Total
4. Actual total reported experience through prior year	xxx	xxx
5. Actual total reported experience through statement year	xxx	xxx

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1
(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION _____ 2. _____
(LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

		Business Subject to MLR										10 Government Business (excluded by statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Subtotal (Cols 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans								
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group									
1.	Premium:																	
	1.1 Health premiums earned (From Part 2, Line 1.11)																XXX	
	1.2 Federal high risk pools																XXX	
	1.3 State high risk pools																XXX	
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)																XXX	
	1.5 Federal taxes and federal assessments																	
	1.6 State insurance, premium and other taxes (Similar local taxes of \$ _____)																	
	1.6a Community Benefit Expenditures (informational only)																	
	1.7 Regulatory authority licenses and fees																	
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)																XXX	
	1.9 Net assumed less ceded reinsurance premiums earned																XXX	
	1.10 Other adjustments due to MLR calculations – Premiums																XXX	
	1.11 Risk revenue																XXX	
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)																XXX	
2.	Claims:																	
	2.1 Incurred claims excluding prescription drugs																XXX	
	2.2 Prescription drugs																XXX	
	2.3 Pharmaceutical rebates																XXX	
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only)																XXX	
3.	Incurred medical incentive pools and bonuses																	XXX
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)																	
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)																	XXX
	5.1 Net assumed less ceded reinsurance claims incurred																	XXX
	5.2 Other adjustments due to MLR calculations – Claims																	XXX
	5.3 Rebates paid																	XXX
	5.4 Estimated rebates unpaid prior year											XXX	XXX	XXX				XXX
	5.5 Estimated rebates unpaid current year											XXX	XXX	XXX				XXX
	5.6 Fee for service and co-pay revenue											XXX	XXX	XXX				XXX
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)																	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1 (Continued)
(To Be Filed By April 1 – Not for Rebate Purposes)

		Business Subject to MLR									10 Government Business (excluded by statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Subtotal (Cols 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
6.	Improving Health Care Quality Expenses Incurred:															
	6.1 Improve Health Outcomes.....															
	6.2 Activities to prevent hospital readmissions.....															
	6.3 Improve patient safety and reduce medical errors.....															
	6.4 Wellness and health promotion activities.....															
	6.5 Health Information Technology expenses related to health improvement.....															
	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)															
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8										XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6.....															
	8.2 All other claims adjustment expenses.....															
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits.....															
	10.2 Agents and brokers fees and commissions.....															
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....															
	10.4 Other general and administrative expenses.....															
	10.4a Community Benefit Expenditures (informational only).....															
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)															
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)															
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5).....															
	16a ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
	OTHER INDICATORS:															
1.	Number of Certificates/Policies															
2.	Number of Covered Lives															
3.	Number of Groups	XXX			XXX											
4.	Member Months															

Is run-off business reported in Columns 1 through 9? Yes [] No []

If yes, show the amount of premiums and claims included: Premiums \$ Claims \$