

**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.....				
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. Payable for securities.....				
17. Funds held under reinsurance treaties (with \$..... authorized reinsurers and \$..... unauthorized reinsurers).....				
18. Reinsurance in unauthorized companies.....				
19. Net adjustments in assets and liabilities due to foreign exchange rates.....				
20. Liability for amounts held under uninsured plans.....				
21. Aggregate write-ins for other liabilities (including \$..... current).....				
22. Total liabilities (Lines 1 to 21).....				
23. Aggregate write-ins for special surplus funds.....	XXX	XXX		
24. Common capital stock.....	XXX	XXX		
25. Preferred capital stock.....	XXX	XXX		
26. Gross paid in and contributed surplus.....	XXX	XXX		
27. Surplus notes.....	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds.....	XXX	XXX		
29. Unassigned funds (surplus).....	XXX	XXX		
30. Less treasury stock, at cost:				
30.1 ..... shares common (value included in Line 24 \$.....)	XXX	XXX		
30.2 ..... shares preferred (value included in Line 25 \$.....)	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30).....	XXX	XXX		
32. Total liabilities, capital and surplus (Lines 22 and 31).....	XXX	XXX		
<b>DETAILS OF WRITE-INS</b>				
2101. ....				
2102. ....				
2103. ....				
2198. Summary of remaining write-ins for Line 21 from overflow page.....				
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above).....				
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page.....	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	XXX	XXX		
2801. ....	XXX	XXX		
2802. ....	XXX	XXX		
2803. ....	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	XXX	XXX		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above).....	XXX	XXX		

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	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	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	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	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....													
24. Net underwriting gain or (loss) (Line 7 minus Line 23)													
<b>DETAILS OF WRITE-INS</b>													
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	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	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	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	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. Stop loss .....	.....	.....	.....	.....
9. Disability income .....	.....	.....	.....	.....
10. Long-term care .....	.....	.....	.....	.....
11. Other health .....	.....	.....	.....	.....
12. Health subtotal (Lines 1 through 11) .....	.....	.....	.....	.....
13. Life .....	.....	.....	.....	.....
14. Property/casualty .....	.....	.....	.....	.....
15. Totals (Lines 12 to 14)	.....	.....	.....	.....

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	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 healthcare 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	11	12	13
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	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. Healthcare 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 2002	2 2003	3 2004	4 2005	5 2006
1. Prior .....					
2. 2002 .....					
3. 2003 .....	XXX				
4. 2004 .....	XXX	XXX			
5. 2005 .....	XXX	XXX	XXX		
6. 2006 .....	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 2002	2 2003	3 2004	4 2005	5 2006
1. Prior .....					
2. 2002 .....					
3. 2003 .....	XXX				
4. 2004 .....	XXX	XXX			
5. 2005 .....	XXX	XXX	XXX		
6. 2006 .....	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. 2002 .....										
2. 2003 .....										
3. 2004 .....										
4. 2005 .....										
5. 2006 .....										

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

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	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)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>												
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)					
<b>DETAIL OF WRITE-INS</b>					
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.

**LONG-TERM CARE (LTC) EXPERIENCE REPORTING FORM-A  
NATIONWIDE EXPERIENCE  
CLAIM EXPERIENCE BY CALENDAR DURATION**

(To Be Filed By April 1)

NAIC Group Code.....

NAIC Company Code .....

.....  
Affix bar code above

**PART 1 – LTC INSURANCE EXPERIENCE BY CALENDAR DURATION**

Calendar Duration	1 Policy Form	2 First Year Issued	3 Earned Premiums By Duration	4 Incurred and Paid	5 Reserve for Incurred but Unpaid	6 Total Incurred Claims	7 Change in Policy (Active Life)Reserves Over the Experience Period	8 Anticipated Calendar Duration Loss Percentage	9 Number of Insured Lives
0	.....	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>Total Calendar Year</b>								XXX	

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form A Item 9) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

Calendar Duration	1	2	3	4	5	6	7	8	9
0	.....	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>Total Calendar Year</b>								XXX	

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form A Item 9) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

Calendar Duration	1	2	3	4	5	6	7	8	9
0	.....	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>Total Calendar Year</b>								XXX	

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form A Item 9) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

**LONG – TERM CARE (LTC) EXPERIENCE REPORTING FORM-A (continued)**

**PART 2 – LTC INSURANCE EXPERIENCE BY LINE OF BUSINESS**

	1 Earned Premiums by Duration	2 Incurred and Paid	3 Reserve for Incurred but Unpaid	4 Total Incurred Claims
1. Individual .....				
2. Group direct response .....				
3. Other group .....				
4. Total (sum Lines 1 to 3)				

**PART 3 – EXPERIENCE FOR PRODUCTS PROVIDING LTC INSURANCE OTHER THAN ON A STAND-ALONE BASIS**

	Premiums and Annuity Considerations		Benefits	
	1 Total	2 Long-Term Care Benefit Component	3 Total	4 Applied to Provide Long-Term Care Benefits
<b>A. Products Providing LTC Benefits With Distinct LTC Premiums</b>				
1. Individual -- Life .....				
2. Individual -- Annuity .....				
3. Individual -- Disability .....				
4. Individual -- Other .....				
5. Group -- Life .....				
6. Group -- Annuity .....				
7. Group -- Disability .....				
8. Group -- Other .....				
<b>B. Products Providing LTC Benefits Without Distinct LTC Premiums</b>				
1. Individual -- Life .....				
2. Individual -- Annuity .....				
3. Individual -- Disability .....				
4. Individual -- Other .....				
5. Group -- Life .....				
6. Group -- Annuity .....				
7. Group -- Disability .....				
8. Group -- Other .....				

**LONG-TERM CARE EXPERIENCE REPORTING FORM-B  
NATIONWIDE EXPERIENCE  
CUMULATIVE CLAIM EXPERIENCE**

NAIC Group Code.....

(To Be Filed By April 1)

NAIC Company Code .....

.....  
Affix bar code above

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives
0								
1								
2								
3								
4								
5-9								
10+								
<b>Cumulative Total</b>					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

	1	2	3	4	5	6	7	8
0								
1								
2								
3								
4								
5-9								
10+								
<b>Cumulative Total</b>					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

	1	2	3	4	5	6	7	8
0								
1								
2								
3								
4								
5-9								
10+								
<b>Cumulative Total</b>					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

	3	4	5	6	7	8
1. Individual .....			XXX	XXX	XXX	XXX
2. Group direct response .....			XXX	XXX	XXX	XXX
3. Other group .....			XXX	XXX	XXX	XXX
4. Total (sum Lines 1 to 3).....			XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year .....			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year .....			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)			XXX	XXX	XXX	XXX

Note: a. Was experience prior to 1991 used in preparing this form? Yes ( ) No ( ).  
b. If yes, indicate the calendar years that were included: \_\_\_\_\_

**LONG – TERM CARE EXPERIENCE REPORTING FORM – C**  
**EXPERIENCE IN THE STATE OF .....**  
**CUMULATIVE CLAIM EXPERIENCE**

NAIC Group Code.....

(To Be Filed By April 1)

NAIC Company Code .....

Affix bar code above

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....
<b>Cumulative Total</b>					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

	1	2	3	4	5	6	7	8
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....
<b>Cumulative Total</b>					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

	1	2	3	4	5	6	7	8
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....
<b>Cumulative Total</b>					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10) \_\_\_\_\_; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

	3	4	5	6	7	8
1. Individual.....	.....	.....	XXX	XXX	XXX	XXX
2. Group direct response.....	.....	.....	XXX	XXX	XXX	XXX
3. Other group.....	.....	.....	XXX	XXX	XXX	XXX
4. Total (sum Lines 1 to 3).....	.....	.....	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year.....	.....	.....	XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year.....	.....	.....	XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	.....	.....	XXX	XXX	XXX	XXX

Note: a. Was experience prior to 1991 used in preparing this form? Yes ( ) No ( ).  
 b. If yes, indicate the calendar years that were included: \_\_\_\_\_

