

Record Layout

2022 Data in 2022 PC Format - Product Code IP

File Name: X2022092

SCHEDULE NAME: GENERAL INTERROGATORIES - PART 2

PAGE NUMBER: 028

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	YES_NO_RESPONSE	ALPHA	3
4	NUMERIC_RESPONSE	NUMERIC	14
5	NM_OF_SERVICE_AREA	ALPHA	300
6	CURR_YR	NUMERIC	13.3
7	PR_YR	NUMERIC	13.3
8	COMPANY_NM	ALPHA	40
9	NAIC_COMPANY_CODE	NUMERIC	10
10	DOM_JURIS	ALPHA	3
11	RES_CRED	NUMERIC	14
12	LTRS_OF_CRED	NUMERIC	14
13	TRUST_AGREEMENTS	NUMERIC	14
14	OTH	NUMERIC	14
15	EXPLANATION	ALPHA	300

The following column/row intersections either do not exist or do not have values on the Annual Statement.

COLUMN	LINE NUMBER
YES_NO_RESPONSE	01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.2 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.2 08.1 08.2 09.21 09.22 10.21 10.22 10.23 10.24 11.3 11.4 11.6 1200001 13.2 13.4 14.2001 15.1 15.2 15.3
NUMERIC_RESPONSE	01.1 01.31 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 06 07.1 07.2 09.1 10.1 11.12 11.13 11.14 11.2 11.3 11.5 11.6 1200001 13.1 13.3 14.1 14.2001 16 16.1
NM_OF_SERVICE_AREA	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 13.1 13.2 13.3 13.4 14.1 14.2001 15.1 15.2 15.3 16 16.1
CURR_YR	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 14.2001 15.1 15.2 15.3 16 16.1
PR_YR	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 14.2001 15.1 15.2 15.3 16 16.1

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COMPANY_NM	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 15.1 15.2 15.3 16 16.1
NAIC_COMPANY_CODE	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 15.1 15.2 15.3 16 16.1
DOM_JURIS	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 15.1 15.2 15.3 16 16.1
RES_CRED	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 15.1 15.2 15.3 16 16.1
LTRS_OF_CRED	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 15.1 15.2 15.3 16 16.1
TRUST_AGREEMENTS	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 15.1 15.2 15.3 16 16.1
OTH	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 04.1 04.2 05.1 05.2 05.31 05.32 05.33 05.34 05.35 05.36 06 07.1 07.2 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.3 11.4 11.5 11.6 1200001 13.1 13.2 13.3 13.4 14.1 15.1 15.2 15.3 16 16.1
EXPLANATION	01.1 01.2 01.3 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 04.1 04.2 05.1 05.31 05.32 05.33 05.34 05.35 05.36 07.1 08.1 08.2 09.1 09.21 09.22 10.1 10.21 10.22 10.23 10.24 11.12 11.13 11.14 11.2 11.4 11.5 1200001 13.1 13.2 13.3 13.4 14.1 14.2001 15.1 15.2 15.3 16 16.1

VALID LINE NUMBERS

LINE NUMBER

LINE DESCRIPTION

01.1 Does the reporting entity have any direct Medicare Supplement insurance in force
 01.2 If yes, indicate premium earned on U.S. business only

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01.3	What portion of item 1.2 is not reported on the Medicare Supplement Insurance Experience Exhibit
01.31	Reason for excluding
01.4	Indicate amount of earned premium attributable to Canadian and/or other alien not included in item 1.2 above
01.5	Indicate total incurred claims on all Medicare Supplement insurance
01.61	Total premium earned (individual policies) (most current 3 years)
01.62	Total incurred claims (individual policies) (most current 3 years)
01.63	Number of covered lives (individual policies) (most current 3 years)
01.64	Total premium earned (individual policies) (all years prior to most current 3 years)
01.65	Total incurred claims (individual policies) (all years prior to most current 3 years)
01.66	Number of covered lives (individual policies) (all years prior to most current 3 years)
01.71	Total premium earned (group policies) (most current 3 years)
01.72	Total incurred claims (group policies) (most current 3 years)
01.73	Number of covered lives (group policies) (most current 3 years)
01.74	Total premium earned (group policies) (all years prior to most current 3 years)
01.75	Total incurred claims (group policies) (all years prior to most current 3 years)
01.76	Number of covered lives (group policies) (all years prior to most current 3 years)
02.1	Premium numerator
02.2	Premium denominator
02.3	Premium ratio (2.1/2.2)
02.4	Reserve numerator
02.5	Reserve denominator
02.6	Reserve ratio (2.4/2.5)
03.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits
03.2	If yes, give particulars
04.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and departments been filed with the appropriate regulatory agency
04.2	If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered
05.1	Does the reporting entity have stop-loss reinsurance
05.2	If no, explain
05.31	Comprehensive medical (maximum retained risk)
05.32	Medical only (maximum retained risk)
05.33	Medicare Supplement (maximum retained risk)
05.34	Dental and vision (maximum retained risk)
05.35	Other limited benefit plan (maximum retained risk)
05.36	Other (maximum retained risk)
06	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements
07.1	Does the reporting entity set up its claim liability for provider services on a service date basis
07.2	If no, give details
08.1	Number of providers at start of reporting year
08.2	Number of providers at end of reporting year
09.1	Does the reporting entity have business subject to premium rate guarantees
09.21	If yes, direct premium earned, business with rate guarantees between 15 - 36 months
09.22	If yes, direct premium earned, business with rate guarantees over 36 months

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10.1	Does the reporting entity have incentive pool, withhold or bonus arrangements in its provider contracts
10.21	If yes, maximum amount payable bonuses
10.22	If yes, amount actually paid for year bonuses
10.23	If yes, maximum amount payable withholds
10.24	If yes, amount actually paid for year withholds
11.12	Is the reporting entity organized as a medical group/staff model,
11.13	Is the reporting entity organized as an Individual Practice Association (IPA), or,
11.14	Is the reporting entity organized as a mixed model (combination of above)
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?
11.3	If yes, show the name of the state requiring such minimum capital and surplus
11.4	If yes, show the amount required
11.5	Is this amount included as part of the contingency reserve in stockholder's equity
11.6	If the amount is calculated, show the calculation
1200001	List service areas in which reporting entity is licensed to operate
13.1	Do you act as a custodian for health savings accounts?
13.2	If yes, please provide the amount of custodial funds held as of the reporting date.
13.3	Do you act as an administrator for health saving accounts?
13.4	If yes, please provide the balance of the funds administered as of the reporting date.
14.1	Are any of the captive affiliates reported on Schedule S - Part 3 as authorized reinsurers?
14.2001	If the answer to 14.1 is yes, please provide the following:
15.1	Direct premium written (prior to reinsurance ceded)
15.2	Total incurred claims
15.3	Number of covered lives
16	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least 2 states?
16.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?