

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Jacob W. Garn</u> TITLE: <u>Chair, Blanks Working Group</u> AFFILIATION: _____ ADDRESS: _____	DATE: <u>11/30/2020</u>	FOR NAIC USE ONLY	
	Agenda Item # <u>2020-38BWG MOD</u> Year <u>2021</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [X] New Reporting Requirement <input type="checkbox"/> []		
	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT		
	No Impact <input checked="" type="checkbox"/> [X] Modifies Required Disclosure <input type="checkbox"/> []		
	DISPOSITION <input type="checkbox"/> [] Rejected For Public Comment <input type="checkbox"/> [] Referred To Another NAIC Group <input type="checkbox"/> [] Received For Public Comment <input checked="" type="checkbox"/> [X] Adopted Date <u>03/16/2021</u> <input type="checkbox"/> [] Rejected Date _____ <input type="checkbox"/> [] Deferred Date _____ <input type="checkbox"/> [] Other (Specify) _____		

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> [X] ANNUAL STATEMENT | <input checked="" type="checkbox"/> [X] INSTRUCTIONS | <input checked="" type="checkbox"/> [X] CROSSCHECKS |
| <input type="checkbox"/> [] QUARTERLY STATEMENT | <input checked="" type="checkbox"/> [X] BLANK | |
| <input checked="" type="checkbox"/> [X] Life, Accident & Health/Fraternal | <input type="checkbox"/> [] Separate Accounts | <input type="checkbox"/> [] Title |
| <input checked="" type="checkbox"/> [X] Property/Casualty | <input type="checkbox"/> [] Protected Cell | <input type="checkbox"/> [] Other _____ |
| <input checked="" type="checkbox"/> [X] Health | <input type="checkbox"/> [] Health (Life Supplement) | |

Anticipated Effective Date: Annual 2021 except state level detailed which will be effective Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Make changes to the Accident and Health Policy Experience Exhibit by adding new columns, removing lines distinguishing with and without contract reserves, add some new product lines, eliminate summary tables, change the date that the exhibit is due and have it reported by state. See next page for details.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of the proposal is to provide regulators additional health data and greater consistency across the blanks. The proposal also gives state level detail which has been asked for in the past.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

IDENTIFICATION OF ITEM(S) TO CHANGE

Make the following modifications to the Accident and Health Policy Experience Exhibit:

- Remove lines reporting individual business by “With Contract Reserves” and “Without Contract Reserves”. Report just the total of those lines.
- Add additional Columns to the Exhibit.
 - ❖ Direct Premiums Written
 - ❖ Assumed Premiums Earned
 - ❖ Ceded Premiums Earned
 - ❖ Net Premiums Earned
 - ❖ Assumed Incurred Claims Amount
 - ❖ Ceded Incurred Claims Amount
 - ❖ Net Incurred Claims Amount
- Split reporting of Short-Term Medical into “6 Months or Less” and “Over 6 Months”
- Add line for “Vision” in the group and individual sections
- Eliminate the summary tables (Parts 1 through 4) as reinsurance information captures in the main exhibit
- Report Exhibit by State
- Change due date of exhibit from April 1 to March 1
- Make the instructions uniform so just on set of instructions needs to be maintained

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This exhibit is required to be filed no later than ~~April~~ ~~March~~ ~~April~~ 1.

A schedule must be prepared and submitted to the state of domicile for each jurisdiction in which the company has Written Premium (Direct), Earned Premium (Direct, Assumed and Ceded) or Incurred Claims (Direct, Assumed and Ceded). In addition, a schedule must be prepared and submitted that contains the grand total (GT) for the company.

1. The name of the company must be clearly shown at the top of each page or pages.
2. The Exhibit will show information concerning direct business ~~written~~ on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit.

The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within the individual category are required for all columns.

~~3. A Summary Page shows a reconciliation with Schedule H for Individual, Group and Credit policies separately and in total for companies filing the Life, Accident and Health Companies/Fraternal Benefit Societies and Property/Casualty Annual Statement, and a reconciliation of these policies in total only with the specified exhibits of the Health Annual Statement for companies filing that statement.~~

- ~~43.~~ This Exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.
- ~~54.~~ Include membership charges, modal loadings, and policy fees, if any, with premiums earned (Column 1).

DEFINITIONS

Accident Only or AD&D

Policies that provide 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 accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

↓ **====** **Detail Eliminated to Conserve Space** **====** ↓

Credit

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

Dental

Policies providing for dental only coverage (dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employee's health benefits plans (FEHBP), or Medicare and Medicaid programs.

Disability Income – Long-Term

Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. Does not include credit disability.



Detail Eliminated to Conserve Space

TRICARE

Policies issued in association with the Department of Defense’s health care program for active-duty military, active-duty service families, retirees and their families, and other beneficiaries.

CROSS REFERENCES AND OTHER INSTRUCTIONS

The Exhibit

Column 1 – Direct Premiums Written

The grand total reported should equal:

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Health Underwriting and Investment Exhibit, Part 1, Line 9, Column 1.

Property Exhibit of Premiums and Losses, Column 1 sum of Lines 13 through 15.

Column 42 – Direct Premiums Earned

Fractional premium loadings and policy fees must be included ~~in the Earned Premiums.~~

~~The Policy Experience Exhibit requires that the Premiums Earned should be on a direct basis such that the grand total reported should equal:~~

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Plus Exhibit 1, Part 1, Lines (3.1+13.1), Columns (8+9+10).

Minus Exhibit 6, Line 1, Column 1 CY.

Plus Exhibit 6, Line 1, Column 1 PY.

Minus Exhibit 1, Part 1, Lines (4+14), Columns (8+9+10).

Minus Exhibit 6, Line 5, Column 1 CY.

Plus Exhibit 6, Line 5, Column 1 PY.

Health Underwriting and Investment Exhibit, Part 1, Line 9, Column 1

Less Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 CY

Less Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 CY

Plus Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 PY

Plus Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 PY

Property Exhibit of Premiums and Losses, Column 2 sum of Lines 13 through 15.

~~A. — Premiums Collected During the Year~~

~~Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).~~

~~B. — Plus the Change in Deferred and Uncollected~~

~~Exhibit 1, Part 1, Lines (3.1+13.1), Columns (8+9+10).~~

~~C. — Minus the Increase in Premium Reserves on Direct Business Only Included in:~~

~~1. — Unearned Premium Reserve~~

~~Exhibit 6, Line 1, Column 1.~~

~~2. — Advance Premiums~~

~~Exhibit 1, Part 1, Lines (4+14), Columns (8+9+10).~~

~~3. — Reserves for Rate Credits~~

~~Exhibit 6, Line 5, Column 1.~~

Column 5 — Net Premiums Earned

The grand total reported should equal:

Property Schedule H, Part 1, Column 1, Line 2

Column 26 — Direct Incurred Claims Amount

This column does not include the “Increase in Policy Reserves.”

~~The Policy Experience Exhibit requires that the Incurred Claims should be on a direct basis such that the grand total reported should equal:~~

Life\Fraternal Exhibit 8, Part 2, Line 6.1, Columns (9+10+11).

Plus Exhibit 6, Line 14, Column 1.

Health Underwriting and Investment Exhibit, Part 2, Line 12.1, Column 1 minus Column 10.

NOTE: This excludes payments for any administrative costs.

Property Exhibit of Premiums and Losses, Column 6 sum of Lines 13 through 15.

~~A. — Incurred Claims~~

~~Exhibit 8, Part 2, Line 6.1, Columns (9+10+11).~~

~~B. — Plus the Change in Claim Reserves on Direct Business Only Included in:~~

~~Exhibit 6, Line 14, Column 1.~~

Column 7 – Assumed Incurred Claims Amount

The grand total reported should equal:

Health Underwriting and Investment Exhibit, Part 2, Line 12.2, Column 1 minus Column 10.

Property Underwriting and Investment Exhibit, Part 2, Column 2 sum of Lines 13 through 15.

Plus Underwriting and Investment Exhibit, Part 2A, Column 2 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 2 sum of Lines 13 through 15 – Prior Year.

Plus Underwriting and Investment Exhibit, Part 2A, Column 6 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 6 sum of Lines 13 through 15 – Prior Year.

Column 8 – Ceded Incurred Claims Amount

The grand total reported should equal:

Health Underwriting and Investment Exhibit, Part 2, Line 12.3, Column 1 minus Column 10.

Property Underwriting and Investment Exhibit, Part 2, Column 3 sum of Lines 13 through 15.

Plus Underwriting and Investment Exhibit, Part 2A, Column 3 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 3 sum of Lines 13 through 15 – Prior Year.

Plus Underwriting and Investment Exhibit, Part 2A, Column 7 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 7 sum of Lines 13 through 15 – Prior Year.

Column 9 – Net Incurred Claims Amount

The grand total reported should equal:

Life\Fraternal Schedule H, Part 1, Column 1, Line 3

Health Underwriting and Investment Exhibit, Part 2, Line 12.4, Column 1 minus Column 10.

Property Schedule H, Part 1, Column 1, Line 3

Column 10 – Change in Contract Reserves

The Policy Experience Exhibit requires that the change in contract reserves should be on a direct basis. This is the direct basis included in the sum of:

Line 2, Grand Total Individual, Group and Other Business of “D” Total Business should equal:

A. The Change in Additional Reserves

Life\Fraternal: Exhibit 6, Lines 2 + 3, Column 1. Current year minus prior year.

Health: Underwriting and Investment Exhibit, Part 2D, Line 2, Column 1. Current year minus prior year.

B. Plus the Change in the Reserve for Future Contingent Benefits

Life\Fraternal: Exhibit 6, Line 4, Column 1. Current year minus prior year.

Health: Underwriting and Investment Exhibit, Part 2D, Line 3, Column 1. Current year minus prior year.

C. Less the Change in the Premium Deficiency Reserve

Life\Fraternal and Property: Footnote (a) Schedule H Part 2. Current year minus prior year.

Health: Footnote (a) Underwriting and Investment Exhibit Part 2D. Current year minus prior year.

Column ~~4~~11 – Loss Ratio

This is the ratio of the Direct Incurred Claims (Column ~~2~~6) plus the Change in Contract Reserves (Column ~~3~~10) to Direct Premiums Earned ~~Premiums~~ (Column ~~4~~2).

Column ~~5~~12 – Number of Policies or Certificates as of Dec. 31

This is the number of individual policies or group certificates issued to individuals covered under a group policy in force as of Dec. 31 of the reporting year. It is not the number of persons covered under individual policies or group certificates. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include the number of persons covered. See *SSAP No. 47—Uninsured Plans*.

Column ~~6~~13 – Number of Covered Lives

This is the total number of lives insured, including dependents, under individual policies and group certificates as of Dec. 31 of the reporting year. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include the number of lives covered. See *SSAP No. 47—Uninsured Plans*.

Column ~~7~~14 – Member Months

The sum of total number of lives insured on a pre-specified day of each month of the reported year. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include the number of lives covered for each month of the reported year. See *SSAP No. 47—Uninsured Plans*.

SUMMARY

Part 1

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 1 minus the sum of Columns 3 and 5, Lines 2 and 3, respectively.~~

Part 2

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 3, Lines 2 and 3, respectively.~~

~~**Not applicable to Fraternal Benefit Societies.**~~

Part 3

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 5, Lines 2 and 3, respectively.~~

~~**Not applicable to Fraternal Benefit Societies.**~~

Part 4

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 1, Lines 2 and 3, respectively. Column 3 should agree to Schedule H—Part 1 Line 6 less the change in premium deficiency reserve Footnote (a) Schedule H Part 2 current year minus prior year.~~

~~**Not applicable to Fraternal Benefit Societies.**~~

LINES OF BUSINESS – LIFE, ANNUITIES AND ACCIDENT AND HEALTH

DEFINITIONS OF LINES OF BUSINESS – LIFE



Detail Eliminated to Conserve Space



DEFINITIONS SPECIFICALLY RELATED TO ACCIDENT AND HEALTH

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same line of business as the base policy.

Comprehensive (Hospital and Medical):

Business that provides for medical coverage including hospital, surgical, and major medical. Includes State Children’s Health Insurance Program (SCHIP) Medicaid Program (Title XXI) risk contracts. Also includes medical only programs that provide medical only benefits without hospital coverage. Does not include self-insured business as well as federal employees health benefit programs (FEHBP), Medicare and Medicaid programs, dental only business, indemnity and limited benefit plans that are included in Other Health.

Medicare Supplement:

Business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statements. Does not include Medicare (Title XVIII) or Medicaid (Title XIX) risk contracts.

Dental-Only:

Policies providing for dental only coverage (dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employees health benefits plans (FEHBP), or Medicare and Medicaid programs.

Vision-Only:

Policies providing for vision only coverage issued as stand-alone vision or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. Does not include self-insured business, federal employees health benefit plans (FEHBP), or Medicare and Medicaid programs.



Detail Eliminated to Conserve Space



ANNUAL STATEMENT INSTRUCTIONS – HEALTH

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This exhibit is required to be filed no later than ~~April~~ ~~March~~ ~~April~~ 1.

A schedule must be prepared and submitted to the state of domicile for each jurisdiction in which the company has Written Premium (Direct), Earned Premium (Direct, Assumed and Ceded) or Incurred Claims (Direct, Assumed and Ceded). In addition, a schedule must be prepared and submitted that contains the grand total (GT) for the company.

1. The name of the company must be clearly shown at the top of each page or pages.
2. The Exhibit will show information concerning direct business ~~written~~ on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit.

The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within the individual category are required for all columns.

~~3. A Summary Page shows a reconciliation with Schedule H for Individual, Group and Credit policies separately and in total for companies filing the Life, Accident and Health Companies/Fraternal Benefit Societies and Property/Casualty Annual Statement, and a reconciliation of these policies in total only with the specified exhibits of the Health Annual Statement for companies filing that statement.~~

- ~~43.~~ This Exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.
- ~~54.~~ Include membership charges, modal loadings, and policy fees, if any, with premiums earned (Column 1).

DEFINITIONS

Accident Only or AD&D

Policies that provide 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 accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

Administrative Services Only (ASO) and Administrative Services Contract (ASC)

An uninsured accident and health plan is where an administrator performs administrative services for a third party that is at risk, but has not issued an insurance policy. The health plan bears all of the insurance risk, and there is no possibility of loss or liability to the administrator caused by claims incurred related to the plan. Under an ASO plan, claims are paid from a bank account owned and funded directly by the uninsured plan sponsor; or, claims are paid from a bank account owned by the administrator, but only after receiving funds from the plan sponsor that are adequate to fully cover the claim payments. Under an ASC plan, the administrator pays claims from its own bank accounts, and only subsequently receives reimbursement from the plan sponsor.

Comprehensive/Major Medical

Policies that provide fully insured indemnity, HMO, PPO or Fee for Service coverage for hospital, medical, and surgical expenses. This category excludes Short Term Medical Insurance, the Federal Employees Health Benefit Program and non-comprehensive coverage such as basic hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as any other coverage described in the other categories of this exhibit.

Group business is further segmented under this category as follows (please note there is a separate category for Administrative Services Only/Administrative Services Contract business):

Single Employer:

Group policies issued to one employer for the benefit of its employees. This would include affiliated companies that have common ownership.

Small Employer: Group policies issued to single employers that are subject to the definition of Small Employer business, when so defined, in the group's state of situs.

Other Employer: Group policies issued to single employers that are not defined as Small Employer business.

Multiple Employer Associations and Trusts:

Group policies that are issued to an association or to a trust. This category also includes policies issued to one or more trustees of a fund established or adopted by two or more employers, or by one or more labor unions or similar employee organizations. The organizations include those that are exempt and also those that are non-exempt from statewide community rating. This category does not exclude policies providing coverage to employees of small employers, as defined in the employer's state of situs.

Other Associations and Discretionary Trusts:

~~Trusts:~~ Group policies issued to associations and trusts that are not included in the Small Employer, Other Employer or Multiple Employer Associations and Trusts group categories. This category does not exclude insurance providing coverage to employees of small employers, as defined in the employer's state of situs. This category does include blanket and franchise accident and sickness insurance, and insurance for any group that includes members other than employees, such as an association that has both employees of participating employers and also individuals as members.

Other Comprehensive/Major Medical:

Group policies providing comprehensive or major medical benefits that are not included in any of the categories listed above.

Contract Reserves

Reserves set up when, due to the gross premium structure, the future benefits exceed the future net premium. Contract reserves are in addition to claim and premium reserves.

Credit

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

Dental

Policies providing for dental only coverage (dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employee's health benefits plans (FEHBP), or Medicare and Medicaid programs.

Disability Income – Long-Term

Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. Does not include credit disability.



Detail Eliminated to Conserve Space

TRICARE

Policies issued in association with the Department of Defense’s health care program for active-duty military, active-duty service families, retirees and their families, and other beneficiaries.

CROSS REFERENCES AND OTHER INSTRUCTIONS

The Exhibit

Column 1 – Direct Premiums Written

The grand total reported should equal:

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Health Underwriting and Investment Exhibit, Part 1, Line 9, Column 1.

Property Exhibit of Premiums and Losses, Column 1 sum of Lines 13 through 15.

Column 42 – Direct Premiums Earned

Fractional premium loadings and policy fees must be included ~~in the Earned Premiums~~.

The Policy ~~Experience Exhibit requires that the Premiums Earned should be on a direct basis such that the grand total reported should equal:~~

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Plus Exhibit 1, Part 1, Lines (3.1+13.1), Columns (8+9+10).

Minus Exhibit 6, Line 1, Column 1 CY.

Plus Exhibit 6, Line 1, Column 1 PY.

Minus Exhibit 1, Part 1, Lines (4+14), Columns (8+9+10).

Minus Exhibit 6, Line 5, Column 1 CY.

Plus Exhibit 6, Line 5, Column 1 PY.

Health Underwriting and Investment Exhibit, Part 1, Line 9, Column 1

Less Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 CY

Plus Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 PY

Less Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 CY

Plus Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 PY

Property Exhibit of Premiums and Losses, Column 2 sum of Lines 13 through 15.

~~A. — Premiums Written During the Year~~

~~Underwriting and Investment Exhibit, Part 1, Line 9, Column 1.~~

~~B. — Minus the Increase in Premium Reserves on Direct Business Only Included in:~~

~~1. — Unearned Premium Reserve~~

~~Underwriting and Investment Exhibit Part 2D, Line 1, Column 1.~~

~~2. — Reserves for Rate Credits or Experience Rating Refunds~~

~~Underwriting and Investment Exhibit Part 2D, Line 4, Column 1.~~

Column 5 – Net Premiums Earned

The grand total reported should equal:

Property Schedule H, Part 1, Column 1, Line 2

Column 26 – Direct Incurred Claims Amount

This column does not include the “Increase in Policy Reserves.”

~~The Policy Experience Exhibit requires that the Incurred Claims should be on a direct basis such that the grand total reported should equal:~~

~~Life\Fraternal Exhibit 8, Part 2, Line 6.1, Columns (9+10+11).~~

~~Plus Exhibit 6, Line 14, Column 1.~~

~~Health Underwriting and Investment Exhibit, Part 2, Line 12.1, Column 1 minus Column 10.~~

~~NOTE: This excludes payments for any administrative costs.~~

~~Property Exhibit of Premiums and Losses, Column 6 sum of Lines 13 through 15.~~

~~A. — Incurred Claims~~

~~Underwriting and Investment Exhibit, Part 2, Line 12.1, Column 1 minus Column 10.~~

~~NOTE: This excludes payments for any administrative costs.~~

Column 7 – Assumed Incurred Claims Amount

The grand total reported should equal:

Health Underwriting and Investment Exhibit, Part 2, Line 12.2, Column 1 minus Column 10.

Property Underwriting and Investment Exhibit, Part 2, Column 2 sum of Lines 13 through 15.

Plus Underwriting and Investment Exhibit, Part 2A, Column 2 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 2 sum of Lines 13 through 15 – Prior Year.

Plus Underwriting and Investment Exhibit, Part 2A, Column 6 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 6 sum of Lines 13 through 15 – Prior Year.

Column 8 – Ceded Incurred Claims Amount

The grand total reported should equal:

Health Underwriting and Investment Exhibit, Part 2, Line 12.3, Column 1 minus Column 10.

Property Underwriting and Investment Exhibit, Part 2, Column 3 sum of Lines 13 through 15.

Plus Underwriting and Investment Exhibit, Part 2A, Column 3 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 3 sum of Lines 13 through 15 – Prior Year.

Plus Underwriting and Investment Exhibit, Part 2A, Column 7 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 7 sum of Lines 13 through 15 – Prior Year.

Column 9 – Net Incurred Claims Amount

The grand total reported should equal:

Life\Fraternal Schedule H, Part 1, Column 1, Line 3

Health Underwriting and Investment Exhibit, Part 2, Line 12.4, Column 1 minus Column 10.

Property Schedule H, Part 1, Column 1, Line 3

Column 310 – Change in Contract Reserves

The Policy Experience Exhibit requires that the change in contract reserves should be on a direct basis. This is the direct basis included in the sum of:

Line 2, Grand Total Individual, Group and Other Business of “D” Total Business should equal:

A. The Change in Additional Reserves

Life\Fraternal: Exhibit 6, Lines 2 + 3, Column 1. Current year minus prior year.

Health: Underwriting and Investment Exhibit, Part 2D, Line 2, Column 1. Current year minus prior year.

B. Plus the Change in the Reserve for Future Contingent Benefits

Life\Fraternal: Exhibit 6, Line 4, Column 1. Current year minus prior year.

Health: Underwriting and Investment Exhibit, Part 2D, Line 3, Column 1. Current year minus prior year.

C. Less the Change in the Premium Deficiency Reserve

Life\Fraternal and Property: Footnote (a) Schedule H Part 2. Current year minus prior year.

Health: Footnote (a) Underwriting and Investment Exhibit Part 2D. Current year minus prior year.

Column ~~4~~11 – Loss Ratio

This is the ratio of the Direct Incurred Claims (Column ~~2~~6) plus the Change in Contract Reserves (Column ~~3~~10) to Direct Premiums Earned ~~Premiums~~ (Column ~~4~~2).

Column ~~5~~12 – Number of Policies or Certificates as of Dec. 31

This is the number of individual policies or group certificates issued to individuals covered under a group policy in force as of Dec. 31 of the reporting year. It is not the number of persons covered under individual policies or group certificates. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include number of persons covered. See *SSAP No. 47—Uninsured Plans*.

Column ~~6~~13 – Number of Covered Lives

This is the total number of lives insured, including dependents, under individual policies and group certificates as of Dec. 31 of the reporting year. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include number of lives covered. See *SSAP No. 47—Uninsured Plans*.

Column ~~7~~14 – Member Months

The sum of total number of lives insured on a pre-specified day of each month of the reported year. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include number of lives covered for each month of the reported year. See *SSAP No. 47—Uninsured Plans*.

DEFINITIONS OF LINES OF BUSINESS

Detail Eliminated to Conserve Space

Medicare Supplement:

Business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statements. Does not include Medicare (Title XVIII) or Medicaid (Title XIX) risk contracts.

Dental-Only:

Policies providing for dental only coverage (dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through, premiums, deductibles or out-of-pocket limits. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employee's health benefits plans (FEHBP), or Medicare and Medicaid programs.

Vision-Only:

Policies providing for vision only coverage issued as stand-alone vision or as a rider to a medical policy that is not related to the medical policy through, premiums, deductibles or out-of-pocket limits. Does not include self-insured business, federal employee's health benefit plans (FEHBP), or Medicare and Medicaid programs.

Detail Eliminated to Conserve Space

ANNUAL STATEMENT INSTRUCTIONS –PROPERTY

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This exhibit is required to be filed no later than ~~April~~ ~~March~~ ~~April~~ 1.

A schedule must be prepared and submitted to the state of domicile for each jurisdiction in which the company has Written Premium (Direct), Earned Premium (Direct, Assumed and Ceded) or Incurred Claims (Direct, Assumed and Ceded). In addition, a schedule must be prepared and submitted that contains the grand total (GT) for the company.

1. The name of the company must be clearly shown at the top of each page or pages.
2. The Exhibit will show information concerning direct business ~~written~~ on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit.

The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within the individual category are required for all columns.

~~3. A Summary Page shows a reconciliation with Schedule H for Individual, Group and Credit policies separately and in total for companies filing the Life, Accident and Health Companies/Fraternal Benefit Societies and Property/Casualty Annual Statement, and a reconciliation of these policies in total only with the specified exhibits of the Health Annual Statement for companies filing that statement.~~

- ~~43.~~ This Exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.
- ~~54.~~ Include membership charges, modal loadings, and policy fees, if any, with premiums earned (Column 1).

DEFINITIONS

Accident Only or AD&D

Policies that provide 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 accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

↓ **====** **Detail Eliminated to Conserve Space** **====** ↓

Contract Reserves

Reserves set up when, due to the gross premium structure, the future benefits exceed the future net premium. Contract reserves are in addition to claim and premium reserves.

Credit

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

Dental

Policies providing for dental only coverage (dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employee’s health benefits plans (FEHBP), or Medicare and Medicaid programs.

Disability Income – Long-Term

Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. Does not include credit disability.



Detail Eliminated to Conserve Space

TRICARE

Policies issued in association with the Department of Defense’s health care program for active-duty military, active-duty service families, retirees and their families, and other beneficiaries.

CROSS REFERENCES AND OTHER INSTRUCTIONS

The Exhibit

Column 1 – Direct Premiums Written

The grand total reported should equal:

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Health Underwriting and Investment Exhibit, Part 1, Line 9, Column 1.

Property Exhibit of Premiums and Losses, Column 1 sum of Lines 13 through 15.

Column 2 – Direct Premiums Earned

~~Fractional premium loadings and policy fees must be included in the Earned Premiums.~~

~~The Policy Experience Exhibit requires that the Premiums Earned should be on a direct basis and total reported should equal:-~~

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Plus Exhibit 1, Part 1, Lines (3.1+13.1), Columns (8+9+10).

Minus Exhibit 6, Line 1, Column 1 CY.

Plus Exhibit 6, Line 1, Column 1 CY.

Minus Exhibit 1, Part 1, Lines (4+14), Columns (8+9+10).

Minus Exhibit 6, Line 5, Column 1 CY.

Plus Exhibit 6, Line 5, Column 1 CY.

Health Underwriting and Investment Exhibit, Part 1, Line 9, Column 1

Less Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 CY

Plus Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 PY

Less Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 CY

Plus Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 PY

Property Exhibit of Premiums and Losses, Column 2 sum of Lines 13 through 15.

Column 5 – Net Premiums Earned

The grand total reported should equal:

Property Schedule H, Part 1, Column 1, Line 2

Column 26 – Direct Incurred Claims Amount

This column does not include the “Increase in Policy Reserves.”

The Policy Experience Exhibit requires that the Incurred Claims should be on a direct basis grand total reported should equal:-

Life\Fraternal Exhibit 8, Part 2, Line 6.1, Columns (9+10+11).

Plus Exhibit 6, Line 14, Column 1.

Health Underwriting and Investment Exhibit, Part 2, Line 12.1, Column 1 minus Column 10.

NOTE: This excludes payments for any administrative costs.

Property Exhibit of Premiums and Losses, Column 6 sum of Lines 13 through 15.

Column 7 – Assumed Incurred Claims Amount

The grand total reported should equal:

Health Underwriting and Investment Exhibit, Part 2, Line 12.2, Column 1 minus Column 10.

Property Underwriting and Investment Exhibit, Part 2, Column 2 sum of Lines 13 through 15.

Plus Underwriting and Investment Exhibit, Part 2A, Column 2 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 2 sum of Lines 13 through 15 – Prior Year.

Plus Underwriting and Investment Exhibit, Part 2A, Column 6 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 6 sum of Lines 13 through 15 – Prior Year.

Column 8 – Ceded Incurred Claims Amount

The grand total reported should equal:

Health Underwriting and Investment Exhibit, Part 2, Line 12.3, Column 1 minus Column 10.

Property Underwriting and Investment Exhibit, Part 2, Column 3 sum of Lines 13 through 15.

Plus Underwriting and Investment Exhibit, Part 2A, Column 3 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 3 sum of Lines 13 through 15 – Prior Year.

Plus Underwriting and Investment Exhibit, Part 2A, Column 7 sum of Lines 13 through 15 – Current Year.

Minus Underwriting and Investment Exhibit, Part 2A, Column 7 sum of Lines 13 through 15 – Prior Year.

Column 9 – Net Incurred Claims Amount

The grand total reported should equal:

Life\Fraternal Schedule H, Part 1, Column 1, Line 3

Health Underwriting and Investment Exhibit, Part 2, Line 12.4, Column 1 minus
Column 10.

Property Schedule H, Part 1, Column 1, Line 3

Column 310 – Change in Contract Reserves

The Policy Experience Exhibit requires that the change in contract reserves should be on a direct basis.
This is the direct basis included in the sum of:

Line 2, Grand Total Individual, Group and Other Business of “D” Total Business should equal:

A. The Change in Additional Reserves

Life\Fraternal: Exhibit 6, Lines 2 + 3, Column 1. Current year minus prior year.

Health: Underwriting and Investment Exhibit, Part 2D, Line 2, Column 1. Current
year minus prior year.

B. Plus the Change in the Reserve for Future Contingent Benefits

Life\Fraternal: Exhibit 6, Line 4, Column 1. Current year minus prior year.

Health: Underwriting and Investment Exhibit, Part 2D, Line 3, Column 1. Current
year minus prior year.

C. Less the Change in the Premium Deficiency Reserve

Life\Fraternal
and Property: Footnote (a) Schedule H Part 2. Current year minus prior year.

Health: Footnote (a) Underwriting and Investment Exhibit Part 2D. Current year
minus prior year.

Column 411 – Loss Ratio

This is the ratio of the Direct Incurred Claims (Column 26) plus the Change in Contract Reserves
(Column 310) to Direct Premiums Earned ~~Premiums~~ (Column 42).

Column 512 – Number of Policies or Certificates as of Dec. 31

This is the number of individual policies or group certificates issued to individuals covered under a
group policy in force as of Dec. 31 of the reporting year. It is not the number of persons covered under
individual policies or group certificates. Reasonable approximations are allowed when exact
information is not administratively available to the reporting entity. For Administrative Services Only
or Administrative Services Contracts, include the number of persons covered. See *SSAP No. 47—
Uninsured Plans*.

| Column ~~6~~13 – Number of Covered Lives

This is the total number of lives insured, including dependents, under individual policies and group certificates as of Dec. 31 of the reporting year. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include the number of lives covered. See *SSAP No. 47—Uninsured Plans*.

| Column ~~7~~14 – Member Months

The sum of total number of lives insured on a pre-specified day of each month of the reported year. Reasonable approximations are allowed when exact information is not administratively available to the reporting entity. For Administrative Services Only or Administrative Services Contracts, include the number of lives covered for each month of the reported year. See *SSAP No. 47—Uninsured Plans*.

SUMMARY

~~Part 1~~

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 1 minus the sum of Columns 3 and 5, Lines 2 and 3, respectively.~~

~~Part 2~~

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 3, Lines 2 and 3, respectively.~~

~~Part 3~~

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 5, Lines 2 and 3, respectively.~~

~~Part 4~~

~~Columns 1 and 2 should agree to Schedule H—Part 1, Column 1, Lines 2 and 3, respectively. Column 3 should agree to Schedule H—Part 1 Line 6 less the change in premium deficiency reserve Footnote (a) Schedule H Part 2 current year minus prior year.~~

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL, HEALTH AND PROPERTY

Affix Bar Code Above

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms For The Year Ended December 31, 2021
(To Be Filed By March 1)

NAIC Group Code.....

Business in the State Of.....

NAIC Company Code.....

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Direct Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned (2+3-4)	Direct Incurred Claims Amount	Assumed Incurred Claims Amount	Ceded Incurred Claims Amount	Net Incurred Claims Amount (6+7-8)	Change in Contract Reserves	Loss Ratio (6+7-8)/24	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.....														
2.1 Short-Term Medical – 6 Months or Less.....														
2.2 Short-Term Medical – Over 6 Months.....														
2.3 Subtotal Short-Term Medical (2.1+2.2)														
3. Other Medical (Non-Comprehensive)														
4. Specified/Named Disease.....														
5. Limited Benefit.....														
6. Student.....														
7. Accident Only or AD&D.....														
8. Disability Income – Short-Term.....														
9. Disability Income – Long-Term.....														
10. Long-Term Care.....														
11. Medicare Supplement (Medigap).....														
12. Dental.....														
13. State Children's Health Insurance Program.....														
14. Medicare.....														
15. Medicaid.....														
16. Medicare Part D – Stand-Alone.....														
17. Vision.....														
18. Other Individual Business.....														
19. Total Individual Business.....														
20. Grand Total Individual.....														
B. GROUP BUSINESS														
Comprehensive Major Medical														
1.1 Single Employer – Small Employer.....														
1.2 Single Employer – 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. Vision.....														
20. Other Group Care.....														
21. Grand Total Group Business.....														
C. OTHER BUSINESS														
1. Credit (Individual and Group).....														
2. Stop Loss/Excess Loss.....														
3. Administrative Services Only.....														
4. Administrative Services Contracts.....														
5. Grand Total Other Business.....														
D. TOTAL BUSINESS														
1. Total Non-U.S. Policy Forms.....														
2. Grand Total Individual, Group and Other Business.....														

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
 For The Year Ended December 31, 2021
 (To Be Filed 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 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 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 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 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							

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR
PART 1 — INDIVIDUAL POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business
2. Other Forms Direct Business
3. Total Direct Business
4. Reinsurance Assumed
5. Less Reinsurance Ceded
6. Total

PART 2 — GROUP POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business
2. Other Forms Direct Business
3. Total Direct Business
4. Reinsurance Assumed
5. Less Reinsurance Ceded
6. Total

PART 3 — CREDIT POLICIES (Individual and Group)
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business
2. Other Forms Direct Business
3. Total Direct Business
4. Reinsurance Assumed
5. Less Reinsurance Ceded
6. Total

PART 4 — ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business
2. Other Forms Direct Business
3. Total Direct Business
4. Reinsurance Assumed
5. Less Reinsurance Ceded
6. Total