

**STATE OF NEW YORK
INSURANCE DEPARTMENT**

**SUPPLEMENT TO THE
HEALTH BLANK
ANNUAL STATEMENT
FOR ACCIDENT & HEALTH INSURERS SUBJECT
TO ARTICLE 42 OF THE NEW YORK INSURANCE LAW**

**To be filed with the
Annual Statement – December 31, 2010
of the**

Name of Insurer

2010

ARTICLE 42 A&H

INSTRUCTIONS

**For completing the Health Blank Annual Statement Supplement
For Article 42 Accident and Health Insurers**

GENERAL

- One copy of the Supplement, completed according to these instructions, should be filed by ALL Accident and Health Insurers licensed in New York State and filing the NAIC Health Blank.
The Supplement must be filed with pages that are 8 1/2" wide x 14" long, and must be filed in the same sequence as presented by the Department in the electronic prototypes available to each insurer through the Department's web site.
All pages of the Supplement Must be bound or stapled together along the left margin and MUST have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
- All forms are to be filed by March 1. Address all forms to: Health Bureau, New York State Insurance Department, 25 Beaver Street, New York City, New York 10004.**
- Pages 2 and 3 of this Supplement are intended to identify those adjustments necessary to modify the insurer's Annual Statement filed on a Home State basis to reflect New York Law, Rules, Regulations and reporting requirements. Domestic insurers must complete the Annual Statement pursuant to New York Law, Rules, Regulations and reporting requirements and, accordingly, shall not complete pages 2 and 3.
- The format of the Supplement has been designed to facilitate data capture. Therefore, do not change the captions for pre-printed items, lines or columns. An entry for which there is no specific pre-printed line or item must be reported with an identifying caption in the "Details" section on the appropriate page. These write-in lines should be reported in descending order. If there is not sufficient room in a "Details" section to accommodate all write-ins, report the additional "Details" section on the Overflow Page, Page 33.
The page numbers designated in the blank should not be changed. If additional pages are needed use decimals after the page number, for example, 27.1, 27.2, etc.
- Supplemental Exhibits and Schedules Interrogatories, Page 6**
This section refers to Accident and Health Policy Experience Exhibit, Exhibit of Participants in Accident and Health Contracts, Exhibit of Grievances and Utilization Review Appeals, Health Insurance Claims Payable and Report of Premiums. If there is nothing to report on any of these Exhibits and Schedules, companies should complete the Supplemental Exhibits and Schedules Interrogatories on page 6 of this Supplement and not print the Exhibits and/or Schedules on which there is nothing to report.
Certain Exhibits and Schedules require the use of bar codes. For any Supplemental Interrogatory to which an insurer responds that it is not required to submit the form in question and the form requires the use of a bar code, the insurer is required to affix the appropriate bar code in the space indicated. Note that it is only the Supplemental Interrogatories to which the insurer has responded "NO" that it does not have to file a particular exhibit or form, and for which the physical page or form is marked "NONE" that the appropriate bar code be affixed. In all other instances no bar code should be affixed.
Some interrogatories require that a bar code be affixed in addition to indicating "NO". The appropriate bar code **must be affixed** at any Supplemental Interrogatory where the bar code is required and the insurer responds that it is not required to submit the form. A bar code should not be affixed to any interrogatory: 1) that does not indicate that the bar code be affixed 2) where the response is "YES".
- In many instances items reported on Pages 2 and 3 in the Home State Annual Statement are not readily reconcilable with Page 4, and supporting Exhibits and Schedules. When an item reported in the Annual Statement is derived from a number of accounts, or parts thereof, **a reconciling analysis must be attached to this Supplement.**
- The following worksheet shows the pages, Exhibits and Schedules in this Supplement that must be filed by each type of insurer. Each domestic and foreign company is required to file the pages, Exhibits or Schedules, as applicable, where an X appears under the appropriate description.

WORKSHEET OF SUPPLEMENT PAGES TO BE FILED

SUPPLEMENT PAGE NO.	TITLE	DOMESTIC	FOREIGN
1	Jurat	X	X
2	New York Adjustments to Home State Balance Sheet		X
3	New York Adjustments to Summary of Operations and Capital and Surplus Account		X
4	New York General Interrogatories	X	X
5	New York Notes to Financial Statements	X	X
6	Supplemental Exhibits and Schedules Interrogatories	X	X
7	Certificate of Compliance	X	X
9	Schedule G (New York)	X	X
10	Schedule J (New York)	X	X
10	Schedule K (New York)	X	X
11	Schedule L	X	X
12	Schedule S-Part 4 (New York)		X
13	Schedule SR	X	X
17	Accident and Health Policy Experience Exhibit	X	X
26	Exhibit of Participants in Accident and Health Contracts	X	X
28	New York Direct Business for Credit Life and A&H Insurance	X	X
29	Countrywide Business Page for Credit Life and A&H Insurance	X	X
30	Exhibit of Grievances and Utilization Review Appeals	X	X
34	Report of Premiums	X	X
38	Computation of Section 332 Premium Base X		
39	Health Insurance Claims Payable	X	X
43	Enrollment by New York County	X	X
45	Gross Premiums by New York County	X	X

JURAT PAGE-PAGE 1

The jurats in both copies of the NAIC Annual Statement and the New York Supplement must be signed by the same officers and notarized. Photocopies will NOT be accepted.

NEW YORK ADJUSTMENTS TO THE NAIC BLANK FILED ON A HOME STATE BASIS-PAGES 2 AND 3

Both of these pages contain "Details" sections. The totals of these sections are carried forward to summary line; for example, on Page 2 the total of "Details of Admitted Asset Adjustments" from Line 0299 is carried forward to Line 2.
Each item reported in the Annual Statement completed on a Home State Basis that requires an adjustment in order to be reported in accordance with New York requirements should be listed separately in the appropriate "Details" section, unless a printed line has been provided in the Supplement, such as Page 2, Line 5, "Liability for Reinsurance in Unauthorized Companies". Any adjustment on these pages which is not self explanatory should be described in an attachment to this Supplement.
When reporting an adjustment to an aggregate write-in line, the item number reported in the Supplement should be the NAIC blank aggregate write-in item number and the caption should be reported in the "Details" section for that aggregate write-in item; for example, adjustments to Page 2, Item 25 of the NAIC blank would be listed in the "Details of Admitted Asset Adjustments" on Page 2 in this Supplement as follows:

Pg 2, Item No., Home State A.S.	Caption	
0201 25	Descriptive caption from "Details of Write-ins Aggregated at Item 23 For Other Than Invested Assets"	XXXX
0202 25	Descriptive caption from "Details of Write-ins Aggregated at Item 23 For Other Than Invested Assets"	XXXX

ASSETS-PAGE 2

Line 2-Total New York Admitted Asset Adjustments
An insurance company owning stock of another insurance company **MUST NOT** use a value greater than the value permitted by Section 1414(c) of the New York Insurance Law.
The total of all adjustments to the assets reported in the Annual Statement filed on a Home State basis should be reported on Page 2, Line 2 of this Supplement. Each adjustment should be listed in the "Details of Admitted Asset Adjustments", identified by item number, caption and amount.
When the asset adjustments include changes in assets that are individually listed in one of the invested asset schedules, attach a statement to this Supplement providing a full description and the amount of change for each individual item.

LIABILITIES, SURPLUS AND OTHER FUNDS-PAGE 2

Line 5-Adjustment to Home State A.S., Page 3 Item 20, Liability for Reinsurance in Unauthorized Companies
The amount reported at this line must equal:
Schedule S-Part 4 (New York), Column 8, Grand Total
Less: Schedule S-Part 4 (New York) Column 14, Grand Total
Liability for reinsurance in companies unauthorized in New York
Less: Home State A.S., Page 3, Item 18, Column 3.
Adjustment to liability for reinsurance in unauthorized companies
Line 6-All Other Liability Adjustments
Include any adjustment necessary to reflect an additional liability or amount of liability that is required pursuant to New York Law, or to reclassify liabilities established on a Home State basis for reporting to New York. Each adjustment should be listed in the "Details of All Other Liability Adjustments", identified by item number, caption and amount.
Line 11 Adjustment to Homestate A.S., Page 3, Item 25, Aggregate Write-ins for Special Surplus Funds. Each adjustment should be listed in the "Details of Aggregate Write-ins for Special Surplus Funds Adjustments"
Line 12-Adjustment to Home State A.S., Page 3, Item 30, Other Than Special Surplus Funds Each adjustment should be listed in the "Details of Other Than Special Surplus Funds Adjustments"
Line 13-Adjustment to Home State A.S., Page 3, Item 31, Unassigned Funds
The total adjustment on Line 13 should represent the net effect of all other adjustments reported on Lines 2, 5 and 6.

SUMMARY OF OPERATIONS-PAGE 3

Line 2-New York Adjustments to Net Income
This line develops income on a New York basis. Include adjustments to assets and for liabilities affecting income. Amounts reported should be the change between years.

CAPITAL AND SURPLUS ACCOUNT-PAGE 3

Lines 6, 7, 8, 9 and 10-General Instruction
The amount reported at these lines should be the current year's adjustment. **DO NOT REPORT CHANGE BETWEEN YEARS.**
Line 6-Current year adjustment to assets and/or liabilities affecting net income.
Include the actual difference between the amounts reported in the Home State Annual Statement and assets and/or liabilities reported in the New York Supplement.
Line 7-Current year adjustment to net unrealized capital gains or (losses)
Include any changes in unrealized capital gains or losses resulting from adjustments in invested values that are reported on Page 2, Line 2 of this Supplement.
Line 8-Current year adjustment to non admitted assets and related items
Include any New York changes in admitted asset values resulting from adjustments in admitted assets that are reported on Page 2, Line 2 of this Supplement.
Do not include adjustments in invested assets. These are reported at Line 2.
Line 9-Current year adjustment to liability for reinsurance in unauthorized companies.
The amount reported should equal Page 2, Line 5, Column 1.
Line 10-All other capital and surplus adjustments.
Exclude any adjustments which do not result in an overall change in total capital and surplus.

NEW YORK NOTES TO FINANCIAL STATEMENTS

This Schedule provides specific formats for presenting certain information reported in the Notes to Financial Statements in the NAIC Annual Statement. All companies must complete this form.

CERTIFICATE OF COMPLIANCE

Companies must certify that all advertising by or on behalf of the insurer of accident and health and/or life insurance meets the requirements of Regulations 34 and/or 34-A.

SCHEDULE G

All companies are required to file Schedule G .

Report in Column 3 gross compensation attributable to the reporting insurer, including any amounts deferred pursuant to a deferred compensation plan and/or employee savings plan.

SCHEDULE J

All domestic and foreign Article 42 companies are required to file Schedule J .

SCHEDULE K

All domestic and foreign Article 42 companies are required to file Schedule K .

SCHEDULE L

All domestic and foreign Article 42 companies are required to file Schedule L. A copy of the official minutes to the annual meeting must be attached to the schedule.

SCHEDULE S - PART 4 (NEW YORK)

This Schedule is required to be completed by all non domestic licensed insurers.

If the Company has no reinsurance ceded to companies unauthorized in New York, indicate "NONE" across the face of the Schedule and enter "0" on the Grand Total line for Columns 5 through 14.

SCHEDULE SR

All companies authorized to do business pursuant to Article 63 of the Insurance Law (Special Risks) must complete this form.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This form is required to be filed by all companies with A & H business in force. The form is due by March 1.

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS

This form is required to be filed March 1 by all companies with Accident and Health business in force in New York State.

NEW YORK DIRECT BUSINESS PAGE FOR CREDIT LIFE AND ACCIDENT AND HEALTH INSURANCE

All companies writing credit business in New York State are required to file this form by March 1.

Note the instructions in the lower left corner of the Exhibit for correct reporting of columns 1 through 5 and columns 6 and 7.

COUNTRYWIDE DIRECT BUSINESS PAGE FOR CREDIT LIFE AND ACCIDENT AND HEALTH INSURANCE

This Exhibit is reported on a countrywide basis. All companies writing credit business are required to file this form by March 1.

Note the instructions in the lower left corner of the Exhibit for correct reporting of columns 1 through 5 and columns 6 and 7.

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS

This form is required to be filed March 1 by all companies with Accident and Health business in force in New York State. Medicare Part D business must be excluded

REPORT OF PREMIUMS

This form is required to be filed by all companies. The form is due by March 1.

Computation of 332 Premium Base

This form is required to be filed by all New York domiciled companies. This form is due March 1.

HEALTH INSURANCE CLAIMS PAYABLE

This form is required to be filed by all companies writing Accident and Health insurance in New York State. Medicare Part D business must be excluded. The form is due by March 1.

ENROLLMENT/GROSS PREMIUMS BY NEW YORK COUNTIES

These forms are required to be filed by all companies writing Accident and Health insurance in New York State. The forms are due by March 1. The location of residence is used for individual policies, the location of the employer is used for group policies. Lines of business that cannot be reported in columns 2 through 11 are to be reflected in column 12. Any amounts in column 12 will require the footnote to be completed. The gross premiums reflected on pages 45 and 46 are included in the Home State A.S., page 8, Part 1, Column 1.

**NEW YORK STATE INSURANCE DEPARTMENT
ANNUAL STATEMENT SUPPLEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2010
of the Condition of the

NAIC Group Code	_____	_____
	(Current period)	(Prior period)
NAIC Company Code	_____	
Employer's ID Number	_____	
Organized Under the Laws of the State of	_____	
Company Web Site Address	_____	
Annual Statement Contact Person and Phone Number	_____	
Annual Statement Contact E-Mail Address	_____	
Electronic Filing Contact Person and Phone Number	_____	
Electronic Filing Contact E-Mail Address	_____	
Vendor Name And Version Number	_____	

JURAT

)
State of)
)
County of)

Certification of the New York Annual Statement Supplement - The UNDERSIGNED, being duly sworn, do hereby certify that they are the below described officers of the said insurer, and that on the thirty-first day of December last, this Supplement together with the accompanying Annual Statement and related exhibits, schedules and explanations therein and herein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said insurer as of the thirty-first day of December last, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief respectively.

Certification of the New York Annual Statement Supplement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the New York Supplement electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specification, that the filing has been tested against the validations included in these specifications, and that information contained in this filing is identical to the information contained in the 2010 New York Annual Statement supplement blank filed with the New York State Insurance Department.

Certification of the NAIC Annual Statement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the NAIC Annual Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that annual statement information contained in this filing is identical to the information contained in the 2010 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, all filings submitted have been scanned through a virus detection software package and no viruses are present on the submissions.

Print Name	Signature
PRESIDENT _____	_____
SECRETARY _____	_____
TREASURER _____	_____

Subscribed and sworn to before me this

_____ day of _____, 2011

NEW YORK ADJUSTMENTS TO HOME STATE BALANCE SHEET

ASSETS		1	2
		Current Year	Prior Year
1.	Total Admitted Assets, Home State A.S., Page 2, Item 28.....	.....	.....
2.	Total New York Admitted Asset Adjustments (Line 0299).....	.....	.....
3.	Total Assets, N.Y. Basis (Line 1 - 2).....	.....	.....
DETAILS OF ADMITTED ASSET ADJUSTMENTS			
	Page 2, Line No., Home State A.S. _____ Caption _____		
0201.	.....	.....	.....
0202.	.....	.....	.....
0203.	.....	.....	.....
0298.	Summary of remaining write-ins for Line 2 from overflow page.....	.....	.....
0299.	Total N.Y. Admitted Asset Adjustments	.....	.....
LIABILITIES, SURPLUS AND OTHER FUNDS			
LIABILITIES			
4.	Total Liabilities, Home State A.S., Page 3, Item 24.....	.....	.....
New York Liability Adjustments			
5.	Adjustments to Home State A.S., Page 3, Line 20, Liability for Reinsurance in Unauthorized Companies.....	.....	.....
6.	All Other Liability Adjustments (Line 0699).....	.....	.....
7.	Total New York Liability Adjustments (Line 5 + 6).....	.....	.....
8.	Total Liabilities, N.Y. Basis (Line 4 + 7).....	.....	.....
SURPLUS AND OTHER FUNDS			
9.	Capital, Home State A.S., Page 3, Lines 26 + 27.....	.....	.....
10.	Surplus, Home State A.S., Page 3, Line 25 + 28 + 29 + 30 + 31 - 32.....	.....	.....
New York Surplus and Other Funds Adjustments			
11.	Adjustment to Home State A.S., Page 3, Line 25 Special Surplus Funds (Line 1199).....	.....	.....
12.	Adjustment to Home State A.S., Page 3, Line 30 Other Than Special Surplus Funds (Line 1299).....	.....	.....
13.	Adjustment to Home State A.S., Page 3, Line 31 Unassigned Funds.....	.....	.....
14.	All Other Surplus and Other Funds Adjustments (Line 1499).....	.....	.....
15.	Total N.Y. Surplus and Other Funds Adjustments (Line 11 + 12 + 13 + 14).....	.....	.....
16.	Surplus and Other Funds, N.Y. Basis, (Lines 10 - 15).....	.....	.....
17.	Capital and Surplus, N.Y. Basis, (Line 9 + 16).....	.....	.....
18.	Total of Lines 8 and 17	.....	.....
DETAILS OF ALL OTHER LIABILITY ADJUSTMENTS			
	Page 3, Line No., Home State A.S. _____ Caption _____		
0601.	.....	.....	.....
0602.	.....	.....	.....
0603.	.....	.....	.....
0698.	Summary of remaining write-ins for Line 6 from overflow page.....	.....	.....
0699.	Total, All Other Liability Adjustments (line 6)	.....	.....
DETAILS OF SPECIAL SURPLUS FUNDS ADJUSTMENTS			
	Page 3, Line No., Home State A.S. _____ Caption _____		
1101.	.....	.....	.....
1102.	.....	.....	.....
1103.	.....	.....	.....
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	.....	.....
1199.	Total, Special Surplus Funds Adjustments (Line 11)	.....	.....
DETAILS OF OTHER THAN SPECIAL SURPLUS FUNDS ADJUSTMENTS			
	Page 3, Line No., Home State A.S. _____ Caption _____		
1201.	.....	.....	.....
1202.	.....	.....	.....
1203.	.....	.....	.....
1298.	Summary of remaining write-ins for Line 12 from overflow page.....	.....	.....
1299.	Total, Other Than Special Surplus Funds Adjustments (Line 12)	.....	.....
DETAILS OF ALL OTHER SURPLUS AND OTHER FUNDS ADJUSTMENTS			
	Page 3, Line No., Home State A.S. _____ Caption _____		
1401.	.....	.....	.....
1402.	.....	.....	.....
1403.	.....	.....	.....
1498.	Summary of remaining write-ins for Line 14 from overflow page.....	.....	.....
1499.	Total, All Other Surplus and Other Funds Adjustments (Line 14)	.....	.....

**NEW YORK ADJUSTMENTS TO SUMMARY OF OPERATIONS AND
CAPITAL AND SURPLUS ACCOUNT**

SUMMARY OF OPERATIONS		1 Current Year	2 Prior Year
1.	Net Income, Home State A.S., Pg. 4, Line 32.....	.....	.....
2.	Total New York Adjustments to Net Income (Line 0299).....	.....	.....
3.	Net Income, N.Y. Basis (Line 1 + 2).....	.....	.....
CAPITAL AND SURPLUS ACCOUNT			
4.	Capital, Home State A.S., Pg. 3, Lines 26 + 27.....	.....	.....
5.	Surplus, Home State A.S., Pg. 3, Line 25 + 28 + 29 + 30 + 31 - 32.....	.....	.....
6.	Current year adjustment to assets and/or liabilities affecting net income.....	.....	.....
7.	Current year adjustment to net unrealized capital gains or (losses).....	.....	.....
8.	Current year adjustment to non admitted assets and related items.....	.....	.....
9.	Current year adjustment to liability for reinsurance in unauthorized companies.....	.....	.....
10.	All other surplus adjustments (Line 1099).....	.....	.....
11.	Total N.Y. Adjustments to Surplus (Line 6 + 7 + 8 + 9 + 10).....	.....	.....
12.	Surplus, N.Y. Basis, (Line 5 - 11) (Pg. 2, Line 16).....	.....	.....
13.	Capital and Surplus, N.Y. Basis, (Line 4 + 12) (Pg. 2, Line 17)	.....	.....
DETAILS OF ADJUSTMENTS TO NET INCOME			
	Page 4, Line No., <u>Home State A.S.</u> <u>Caption</u>		
0201.	.....	.....	.....
0202.	.....	.....	.....
0203.	.....	.....	.....
0204.	.....	.....	.....
0298.	Summary of remaining write-ins for Line 2 from overflow page.....	.....	.....
0299.	Total, Adjustments to Net Income (Line 2)	.....	.....
DETAILS OF ALL OTHER CAPITAL & SURPLUS ADJUSTMENTS			
	Page 4, Line No., <u>Home State A.S.</u> <u>Caption</u>		
1001.	.....	.....	.....
1002.	.....	.....	.....
1003.	.....	.....	.....
1004.	.....	.....	.....
1098.	Summary of remaining write-ins for Line 10 from overflow page.....	.....	.....
1099.	Total, All Other Capital and Surplus Adjustments (Line 10)	.....	.....

NEW YORK GENERAL INTERROGATORIES
To Be Answered By All Companies

- 1. Are any of the assets reported in this statement held pursuant to Section 1404(b) of the New York Insurance Law? Yes [] No []
If answer is yes, attach a statement providing full information.
- 2. State the largest amount invested in, or loaned upon, the securities of any one institution at any time during the year. \$.....
- 3. Do all reinsurance agreements to which this insurer and one or more other insurers, authorized to do business in New York, are parties, insofar as they are applicable to reinsurance made, ceded, renewed or otherwise becoming effective after January 1, 1940, provide, either by their original terms or by a supplemental contract binding on the assuming insurer or insurers, that the reinsurance shall be payable by the assuming insurer on the basis of the liability of the ceding insurer under the contract or contracts reinsured without diminution because of the insolvency of the ceding insurer, and that any payments to be made by the assuming insurer under reinsurance made, ceded, renewed or otherwise becoming effective after September 1, 1952 shall be made directly to the ceding insurer, or to its liquidator, receiver or other statutory successor, except as provided by Section 4118(a) of the Insurance Law or except where the contract specifically provides another payee of such reinsurance, in the event of the insolvency of the ceding insurer and where the assuming insurer, with the consent of the direct insured or insureds, has assumed such policy obligations of the ceding insurer as direct obligations of the assuming insurer to the payees under such policies and in substitution for the obligations of the ceding insurer to such payee:
 - 3.1. With respect to reinsurance agreements under which this insurer is the ceding insurer? Yes [] No []
 - 3.2. With respect to reinsurance agreements under which this insurer is the assuming insurer? Yes [] No []If answer is "No" under either 3.1 or 3.2, attach a schedule listing the names of all insurers authorized to do business in New York which are parties to the insurance agreement(s) to which each "No" applies.
- 4.1. Does your insurer share financial risk through a capitation agreement with health care providers? Yes [] No []
- 4.2. If so, has the agreement been submitted to this Department for approval pursuant to New York Regulation 164? Yes [] No []
If no, please review Regulation 164 for further filing requirements.

To Be Answered By Non Domestic Companies Only

- 5. Are there any amounts reported to the Home State at Page 4, Item 21 or Page 14, Part3 that conflict with New York Regulations 30 or 33 Yes [] No []
If yes, attach a statement detailing the differences.

NEW YORK NOTES TO FINANCIAL STATEMENTS

Refer to the Annual Statement Instruction Manual for the Health Blank for the basic instructions for completing Notes to Financial Statements. Provide the information for the below indicated items in the following format:

Corresponding
NAIC Note #

14. Contingencies

- 1. Has the Company indicated any contingencies at Note 14 in the Annual Statement? Yes [] No []
- 2. If yes, indicate the total amount of all contingencies. \$.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following Exhibits or Schedules are required to be filed. In the event that the company does not transact or have in force the type of business pertaining to any Exhibit or Schedule, in lieu of filing the form marked "None" or "NA", indicate "No" for the appropriate interrogatory; affix a bar code, if indicated; explain the reasons the form is not being filed; and tear out the form from this Supplement.

Refer to the instructions on the inside front cover of this Supplement.

Note: ALL below listed exhibits and schedules are due on March 1.

1.1. Will the Accident and Health Policy Experience Exhibit be filed with this Department? Yes [] No []
1.2. If answer is no, please explain:.....
.....
.....
Affix Bar Code Above

2.1. Will the Exhibit of Participants in Accident and Health Contracts be filed with this Department? Yes [] No []
2.2. If answer is no, please explain:.....
.....
.....
Affix Bar Code Above

3.1. Will the Exhibit of Grievances and Utilization Review Appeals be filed with this Department? Yes [] No []
3.2. If answer is no, please explain:.....
.....
.....
Affix Bar Code Above

4.1. Will the Report of Premiums be filed with this Department? Yes [] No []
4.2. If answer is no, please explain:.....
.....
.....
Affix Bar Code Above

5.1 Will the Computation of 332 Premium Base be filed with this Department? Yes [] No []
5.2 If answer is no, please explain:.....
.....
.....

6.1. Will the Health Insurance Claims Payable be filed with this Department? Yes [] No []
6.2. If answer is no, please explain:.....
.....
.....

7.1. Will the Enrollment Data by New York Counties be filed with this Department? Yes [] No []
7.2. If answer is no, please explain:.....
.....
.....

8.1. Will the Gross Premium by New York Counties be filed with this Department? Yes [] No []
8.2. If answer is no, please explain:.....
.....
.....

CERTIFICATE OF COMPLIANCE
(Filed pursuant to requirements of Regulations No. 34 and/or
34A of the New York Insurance Department)

STATE OF)
)
COUNTY OF) SS:

_____ being duly sworn
deposes and says that (he, she) is the _____ of the

_____ Company and hereby
certifies that, to the best of (his, her) knowledge, information and belief, advertisements disseminated by said insurer
during the past calendar year complied, or were made to comply, with the provisions of the Insurance Law of the State of
New York and the requirements of Regulations No. 34 and/or 34A promulgated pursuant to said law.

Subscribed and sworn to before me this
_____ day of _____ 20_____.

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.....
Affix Bar Code Above

SCHEDULE G

INCLUDE IN THIS SCHEDULE THE AGGREGATE AMOUNT RECEIVED BY THE PAYEE ATTRIBUTABLE TO SERVICES PERFORMED FOR, OR ON BEHALF OF, THE REPORTING INSURER, REGARDLESS OF WHETHER THE PAYEE IS EMPLOYED AND PAID BY THE INSURER OR A RELATED OR AFFILIATED COMPANY.

Showing any and all remuneration, including all wages, salaries, commissions, stock grants, gains from the exercise of stock options and other emoluments paid, in the current year, to or on behalf of (1) the chief executive officer (or equivalent title) and each of the four most highly paid other executive officers regardless of the amount thereof, and the next five highly paid employees whose individual total remuneration is in excess of \$100,000; (2) each director or trustee (other than those officers or employees who have been disclosed above and who also serve as directors) regardless of the amount thereof; and (3) any other officers or employees whose individual total remuneration is in excess of \$750,000. (Amounts reported for directors must include all payments for service on the board and committees, as well as any other payment for any other activity or service, such as consulting agreements.)

1	2	3
Title	Name of Payee	Amount Paid
<u>Directors or Trustees</u>		
0199999 - Sub-total	XXX	
<u>Chief Executive Officer (or equivalent title) and Four Highest Paid Other Executive Officers regardless of amount, and the Next Five Highest Paid Employees in excess of \$100,000</u>		
0299999 - Sub-total	XXX	
<u>Remaining Officers and Employees Paid in excess of \$750,000</u>		
	XXX	
0399999 - Sub-total	XXX	
9999999 - Total	XXX	

SCHEDULE S—PART 4 (NEW YORK)

Reinsurance Ceded to Unauthorized Companies

.....
Affix Bar Code Above

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	^(a) Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. 5+6+7	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols.9 +10+11+12+13 But not in Excess of Col. 8
0199999	General Account Life and Annuity, Affiliates												
0299999	General Account Life and Annuity, Non-Affiliates												
0399999	General Account Total Life and Annuity												
0499999	General Account Accident and Health Affiliates												
0599999	General Account Accident and Health Non-Affiliates												
0699999	General Account Total Accident and Health												
0799999	Total General Account												
0899999	Separate Accounts, Affiliates												
0999999	Separate Accounts, Non-Affiliates												
1099999	Totals Separate Accounts												
9999999	TOTAL												

NOTES: Securities held on deposit or held in a trust account should be valued at their fair market value.
 NAIC published market values must be used when available.
 Letters of credit and trust agreements are not to be included in assets or liabilities on Pages 2 or 3 or supporting pages and exhibits.
 (a) Including IBNR

SCHEDULE SR

Supplemental Schedule for Life & Accident and Health
Insurers Licensed Pursuant to Article 63 of the
New York Insurance Law

Gain and Loss Exhibit—Net as to Reinsurance

Business Pursuant to Article 63

	1 Total	Ordinary		Group		Accident & Health		8 Other
		2 Life	3 Annuity	4 Life	5 Annuity	6 Group	7 Individual	
1. Premiums and annuity considerations								
2. Net Investment Income								
3. Commissions and expense allowances on reinsurance ceded								
4. Reserve adjustments on reinsurance ceded								
5. Totals (Items 1 to 4)								
6. Death benefits								
7. Matured endowments								
8. Annuity benefits								
9. Disability benefits and benefits under accident and health policies								
10. Surrender benefits								
11. Group conversions								
12. Transfers on account of group package policies and contracts								
13. Interest on policy or contract funds								
14. Increase in aggregate reserves for life and accident and health policies and contracts								
15. Increase in reserve for supplementary contracts without life contingencies and for dividends								
16. Totals (Items 6 to 15)								
17. Commissions on premiums and annuity considerations (direct business only)								
18. Commissions and expense allowances on reinsurance assumed								
19. General insurance expenses								
20. Insurance taxes, licenses and fees, excluding federal income taxes								
21. Increase in loading on and cost of collection excess of loading on deferred and uncollected premiums								
22. Totals (Items 16 to 21)								
23. Net gain from operations before dividends to policyholders and federal income taxes (Item 5 minus Item 22)								
24. Dividends to policyholders								
25. Net gain from operations after dividends to policyholders and before federal income taxes (Item 23 minus Item 24)								
26. Federal income taxes incurred (excluding tax on capital gains)								
27. Net gain from operations after dividends to policyholders and federal income taxes (excluding tax on capital gains) (Item 25 minus Item 26)								
Note: Premium and Annuity Considerations—Dec. 31, Prior Year (All company Business—Net as to Reinsurance)								

SCHEDULE SR

Supplemental Schedule for Life & Accident and Health Insurers Licensed Pursuant to Article 63 of the New York Insurance Law

Exhibit of All Premiums and Losses under Article 63

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS (a)	1 Ordinary	2 Group	3 Other	4 Total
1. Life insurance				
2. Annuity considerations				
3. Totals				
DIRECT CLAIMS AND BENEFITS PAID (a)				
4. Death benefits				
5. Matured endowments				
6. Annuity benefits				
7. Surrender values				
8. All other benefits, except accident and health				
9. Totals				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED (a)	Ordinary		Group		Other		Total	
	1 No	2 Amount	3 No	4 Amount	5 No	6 Amount	7 No	8 Amount
10. Unpaid December 31, previous year								
11. Incurred during current year								
Settled during current year								
12.1. By payment in full								
12.2. By payment on compromised claims								
12.3. Totals paid								
12.4. Reduction by compromise								
12.5. Amount rejected								
12.6. Total settlements								
13. Unpaid Dec. 31, current year (10 + 11 - 12.6)								
POLICY EXHIBIT (a)								
14. In force December 31, previous year								
15. Issued during year								
16. Ceased to be in force during year (Net)								
17. In force December 31 of current year								

ACCIDENT AND HEALTH INSURANCE

	1 Direct (a) Premiums	2 Direct Premiums Earned	3 Dividends Pd or Cr. On Direct Bus.	4 Direct Losses Paid	5 Direct Losses Incurred
18. Group Policies					
19. Credit (Group and Individual)					
20. Collectively Renewable Policies					
Other Individual Policies					
21.1. Non-cancelable					
21.2. Guaranteed renewable					
21.3. Non-renewable for stated reasons only					
21.4. Other accident only					
21.5. All other					
21.6. Totals (sum of 21.1 to 21.5)					
22. Totals (Lines 18 + 19 + 20 + 21.6)					

(a) Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded

SCHEDULE SR

Supplemental Schedule for Life & Accident and Health Insurers Licensed Pursuant to Article 63 of the New York Insurance Law

Direct Business in the State of New York under Article 63

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS (a)	1 Ordinary	2 Group	3 Other	4 Total
1. Life insurance				
2. Annuity considerations				
3. Totals				
DIRECT CLAIMS AND BENEFITS PAID (a)				
4. Death benefits				
5. Matured endowments				
6. Annuity benefits				
7. Surrender values				
8. All other benefits, except accident and health				
9. Totals				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED (a)	Ordinary		Group		Other		Total	
	1 No	2 Amount	3 No	4 Amount	5 No	6 Amount	7 No	8 Amount
10. Unpaid December 31, previous year								
11. Incurred during current year								
Settled during current year								
12.1. By payment in full								
12.2. By payment on compromised claims								
12.3. Totals paid								
12.4. Reduction by compromise								
12.5. Amount rejected								
12.6. Total settlements								
13. Unpaid Dec. 31, current year (10 + 11 - 12.6)								
POLICY EXHIBIT (a)								
14. In force December 31, previous year								
15. Issued during year								
16. Ceased to be in force during year (Net)								
17. In force December 31 of current year								

ACCIDENT AND HEALTH INSURANCE

	1 Direct (a) Premiums	2 Direct Premiums Earned	3 Dividends Pd or Cr. On Direct Bus.	4 Direct Losses Paid	5 Direct Losses Incurred
18. Group Policies					
19. Credit (Group and Individual)					
20. Collectively Renewable Policies					
Other Individual Policies					
21.1. Non-cancelable					
21.2. Guaranteed renewable					
21.3. Non-renewable for stated reasons only					
21.4. Other accident only					
21.5. All other					
21.6. Totals (sum of 21.1 to 21.5)					
22. Totals (Lines 18 + 19 + 20 + 21.6)					

(a) Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS**This exhibit is required to be filed no later than March 1****This form has been restructured to be more consistent with the insurance categories and columns in the national version of the Accident and Health Policy Experience Exhibit. Please refer to the Instructions for that exhibit also when completing this exhibit.**

1. The name of the company must be clearly shown at the top of each page or pages.
2. Dollar amounts should be reported in whole dollars.
3. 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. If a group or individual form was ever issued in New York, its experience must be reported separately by policy form number, unless prior approval has been obtained from the Superintendent to combine experience. Insert as many lines under each classification as are needed. The form numbers should appear in alphanumeric form number order within each category. The experience for combinations of policy forms of the same category type with a premium volume less than 5% of the total for that category that were never issued in New York may be merged and reported on a single line. Such combinations should be identified as "Non-New York." Other policy forms never issued in New York whose experience is reported by policy form should be identified as a Non-New York form, by placing the designation (Z) to the left of the policy form number.
4. The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within each individual category are required for all columns, except Years Issued, Expected Lifetime Loss Ratio, and Rate of Commission And Expense. All Section Totals should agree with Section Totals in the national version of the Accident and Health Experience Exhibit.
5. 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, Fraternal 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.
6. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums, and other disability benefits embodied in life contracts.
7. Premiums Earned (Column 5) should not include the change in contract reserves, but both Premiums Written (Column 3) and Premiums Earned should include membership charges, modal loadings, and policy fees, if any.
8. "Years issued" should be presented as the first year the form was issued followed by a hyphen followed by the last year issued; e.g., 1998-2000.
9. The entries in Columns (11), (12), (17) and (19) should be expressed as **ratios**, not percents, and should be rounded to three places to the right of the decimal point.

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: 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 only 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. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category.

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.

Disability Income– Short Term

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

Federal Employees Health Benefits Program (FEHBP)

Coverage provided to Federal employees, retirees and their survivors and administered by the Office of Personnel Management.

Group Business

Health insurance where the policy issued to employers, associations, trusts, or other groups covering employees or members and/or their dependents, to whom a certificate of coverage may be provided.

Individual Business

Health insurance where the policy is issued to an individual covering the individual and/or their dependents. This includes conversions from group policies.

Limited Benefit

Policies that provide coverage for vision, prescription drug, and/or any other single service plan or program. Also include short-term care policies that provide coverage for less than one year for medical and other services provided in a setting other than an acute care unit of the hospital.

Long-Term Care

Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital, including policies that provide benefits for cognitive impairment or loss of functional capacity. This includes policies providing only nursing home care, home health care, community based care, or any combination. Do not include coverage provided under comprehensive/major medical policies, Medicare Advantage, or for accelerated death benefit-type products.

Medicaid

Policies issued in association with the Federal/State entitlement program created by Title XIX of the Social Security Act of 1965 that pays for medical assistance for certain individuals and families with low incomes and resources.

Medicare

Policies issued as Medicare Advantage Plans providing Medicare benefits to Medicare eligible beneficiaries created by Title XVIII of the Social Security Act of 1965. This includes Medicare Managed Care Plans (i.e. HMO and PPO) and Medicare Private Fee-for-Service Plans.

Medicare Part D – Stand Alone

Stand-alone Part D coverage written through individual contracts, stand-alone Part D coverage written through group contracts and certificates, and Part D coverage written on employer groups where the reporting entity is responsible for reporting claims to the Centers for Medicare & Medicaid Services (CMS).

Medicare Supplement

Policies that qualify as Medicare Supplement policy forms as defined in the NAIC Medicare Supplement Insurance Minimum Standards Model Act. This includes standardized plans, pre-standardized plans and Medicare select.

Other Business

Any business that is not included in the Individual Business or Group Business listed above, including credit insurance, stop loss/excess loss, administrative services only and administrative services contract.

Other Group Business

Group policies providing health insurance benefits that are not included in any other group business category of this exhibit should be reported as other group business.

Other Individual Business

Individual policies providing health insurance benefits that are not included in any other individual business category of this exhibit should be reported as other individual business.

Other Medical (Non-Comprehensive)

Policies such as hospital only, hospital confinement, surgical, outpatient indemnity, intensive care, mental health/substance abuse, and organ and tissue transplant (including scheduled type policies), etc. Expense reimbursement and indemnity plans should be included. This category does not include TRICARE/CHAMPUS Supplement, Medicare Supplement, or Federal Employee Health Benefit Program coverage.

Short Term Medical

Policies that provide major medical coverage for a short period of time, typically 30 to 180 days. These policies may be renewable for multiple periods.

Specified/Named Disease

Policies that provide benefits only for the diagnosis and/or treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem or as a principal sum.

State Children's Health Insurance Program

Policies issued in association with the Federal/State partnership created by title XXI of the Social Security Act.

Stop Loss/Excess Loss

Individual or group policies providing coverage to a health plan, a self-insured employer plan, or a medical provider providing coverage to insure against the risk that any one claim or an entire plan's losses will exceed a specified dollar amount.

Student

Policies that cover students for both accident and health benefits while they are enrolled and attending school or college. These can be either individual policies or group policies sponsored by the school or college.

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.

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2010**

ADDRESS(City, State and Zip Code) _____
 NAIC GROUP CODE _____ NAIC COMPANY CODE _____
 CONTACT PERSON _____ TITLE _____ TELEPHONE _____

(THIS EXHIBIT IS TO BE FILED NO LATER THAN MARCH 1, 2011)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
A. INDIVIDUAL BUSINESS																		
1. Comprehensive Major Medical																		
With Contract Reserves:																		
0119999	XXX															XXX		XXX
Without Contract Reserves:																		
0129999	XXX															XXX		XXX
0199999	XXX															XXX		XXX
2. Short Term Medical																		
With Contract Reserves:																		
0219999	XXX															XXX		XXX
Without Contract Reserves:																		
0229999	XXX															XXX		XXX
0299999	XXX															XXX		XXX
3. Other Medical (Non-Comprehensive)																		
With Contract Reserves:																		
0319999	XXX															XXX		XXX
Without Contract Reserves:																		
0329999	XXX															XXX		XXX
0399999	XXX															XXX		XXX
4. Specified / Named Disease																		
With Contract Reserves:																		
0419999	XXX															XXX		XXX
Without Contract Reserves:																		
0429999	XXX															XXX		XXX
0499999	XXX															XXX		XXX
5. Limited Benefit																		
With Contract Reserves:																		
0519999	XXX															XXX		XXX
Without Contract Reserves:																		
0529999	XXX															XXX		XXX
0599999	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8 + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
6. Student																		
With Contract Reserves:																		
0619999	XXX															XXX		XXX
Without Contract Reserves:																		
0629999	XXX															XXX		XXX
0699999 Subtotal	XXX															XXX		XXX
7. Accident Only or AD&D																		
With Contract Reserves:																		
0719999	XXX															XXX		XXX
Without Contract Reserves:																		
0729999	XXX															XXX		XXX
0799999 Subtotal	XXX															XXX		XXX
8. Disability Income – Short Term																		
With Contract Reserves:																		
0819999	XXX															XXX		XXX
Without Contract Reserves:																		
0829999	XXX															XXX		XXX
0899999 Subtotal	XXX															XXX		XXX
9. Disability Income – Long Term																		
With Contract Reserves:																		
0919999	XXX															XXX		XXX
Without Contract Reserves:																		
0929999	XXX															XXX		XXX
0999999 Subtotal	XXX															XXX		XXX
10. Long Term Care																		
With Contract Reserves:																		
1019999	XXX															XXX		XXX
Without Contract Reserves:																		
1029999	XXX															XXX		XXX
1099999 Subtotal	XXX															XXX		XXX
11. Medicare Supplement (Medigap)																		
With Contract Reserves:																		
1119999	XXX															XXX		XXX
Without Contract Reserves:																		
1129999	XXX															XXX		XXX
1199999 Subtotal	XXX															XXX		XXX

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2010 OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
12. Dental																		
With Contract Reserves:																		
1219999	XXX															XXX		XXX
Without Contract Reserves:																		
1229999	XXX															XXX		XXX
1299999 Subtotal	XXX															XXX		XXX
13. State Children's Health Insurance Program																		
With Contract Reserves:																		
1319999	XXX															XXX		XXX
Without Contract Reserves:																		
1329999	XXX															XXX		XXX
1399999 Subtotal	XXX															XXX		XXX
14. Medicare																		
With Contract Reserves:																		
1419999	XXX															XXX		XXX
Without Contract Reserves:																		
1429999	XXX															XXX		XXX
1499999 Subtotal	XXX															XXX		XXX
15. Medicaid																		
With Contract Reserves:																		
1519999	XXX															XXX		XXX
Without Contract Reserves:																		
1529999	XXX															XXX		XXX
1599999 Subtotal	XXX															XXX		XXX
16. Medicare Part D – Stand Alone																		
With Contract Reserves:																		
1619999	XXX															XXX		XXX
Without Contract Reserves:																		
1629999	XXX															XXX		XXX
1699999 Subtotal	XXX															XXX		XXX
17. Other Individual Business																		
With Contract Reserves:																		
1719999	XXX															XXX		XXX
Without Contract Reserves:																		
1729999	XXX															XXX		XXX
1799999 Subtotal	XXX															XXX		XXX
18. TOTAL INDIVIDUAL BUSINESS																		
1819999 With Contract Reserves:	XXX															XXX		XXX
1829999 Without Contract Reserves:	XXX															XXX		XXX
1899999 GRAND TOTAL INDIVIDUAL: (sum of 0199999 thru 1799999)	XXX															XXX		XXX

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2010 OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
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B. GROUP BUSINESS

Comprehensive Major Medical																		
30. Single Employer																		
Small Employer:																		
3019999	XXX															XXX		XXX
Other Employer:																		
3029999	XXX															XXX		XXX
3099999 Subtotal	XXX															XXX		XXX
31 Multiple Employer Assns & Trusts																		
3199999 Subtotal	XXX															XXX		XXX
32. Other Associations and Discretionary Trusts																		
3299999 Subtotal	XXX															XXX		XXX
33. Other Comprehensive Major Medical																		
3399999 Subtotal	XXX															XXX		XXX
3499999 Comprehensive Major Medical: (sum of 3099999 thru 3399999)	XXX															XXX		XXX
Other Medical (Non- Comprehensive)																		
40. Specified / Named Disease																		
4099999 Subtotal	XXX															XXX		XXX
41. Limited Benefit																		
4199999 Subtotal	XXX															XXX		XXX
42. Student																		
4299999 Subtotal	XXX															XXX		XXX
43. Accident Only or AD&D																		
4399999 Subtotal	XXX															XXX		XXX
44. Disability Income – Short Term																		
4499999 Subtotal	XXX															XXX		XXX

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
45. Disability Income – Long Term																		
4599999 Subtotal	XXX															XXX		XXX
46. Long Term Care																		
4699999 Subtotal	XXX															XXX		XXX
47. Medicare Supplement (Medigap)																		
4799999 Subtotal	XXX															XXX		XXX
48. Federal Employees Health Benefit Plans																		
4899999	XXX															XXX		XXX
49. Tricare																		
4999999	XXX															XXX		XXX
50. Dental																		
5099999 Subtotal	XXX															XXX		XXX
51. Medicare																		
5199999 Subtotal	XXX															XXX		XXX
52. Medicare Part D – Stand Alone																		
5299999 Subtotal	XXX															XXX		XXX
53. Other Group Care																		
5399999 Subtotal	XXX															XXX		XXX
5499999 Other Medical Subtotal: (sum of 4099999 thru 5399999)	XXX															XXX		XXX
5599999 GRAND TOTAL Group Business (sum of lines 3499999 and 5499999)	XXX															XXX		XXX
C. OTHER BUSINESS																		
7099999 Credit (Individual & Group)	XXX															XXX		XXX
7199999 Stop Loss / Excess Loss	XXX															XXX		XXX
7299999 Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX	XXX	XXX
7399999 Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
7499999 GRAND TOTAL Other Business	XXX															XXX		XXX
D. TOTAL BUSINESS																		
7599999 Total Non-US Policy Forms	XXX															XXX		XXX
7699999 GRAND TOTAL: Sum of lines 1899999, 5599999, 7499999 and 7599999	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR 2010

PART 1 INDIVIDUAL POLICIES SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio $\frac{(2) + (3)}{(1)}$
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 2 GROUP POLICIES SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio $\frac{(2) + (3)}{(1)}$
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 3 CREDIT POLICIES (Individual and Group) SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio $\frac{(2) + (3)}{(1)}$
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 4 All INDIVIDUAL, GROUP, AND CREDIT POLICIES SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio $\frac{(2) + (3)}{(1)}$
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

**EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS
INSURED OR ADMINISTERED BY THE COMPANY
(DIRECT BUSINESS IN THE STATE OF NEW YORK)**

INSTRUCTIONS

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

1. If there is no data to report in a cell, insert a zero (-0-). To avoid double counting of persons covered in part by another insurer, another policy issued by you, or who are self-insured in part, only report counts for policies which represent an insured's principal coverage (i.e., comprehensive policies). Do not include counts for persons who would be counted in another insurer's statement as principal insurer, or who are counted in your self-insured counts (i.e., do not include supplemental, wrap around type policies). However, premiums and counts for "Minimum Premium Plan" arrangements should be included in the Insured Business section, and Medicare Supplement policies should be included as insured counts, as well.
2. This exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.
3. Small Group Health Insurance and Individual Health Insurance are defined in New York Regulation 145.
4. Include in the section captioned, "Large Group", all policies other than those defined as Individual or Small Group or which are reported in another line of this exhibit (e.g., "Group Credit" policies are already reported in line 5 of this Exhibit and, therefore, should not be included in the lines captioned "Large Group").
5. Credit A & H shall not include business exceeding 120 months duration.
6. Columns 1 and 2, lines 3, 4, 5 and 7 should agree, respectively, with columns 1 and 2, lines 24, 24.1, 24.2 and 26 of the Accident and Health Insurance Section of the Annual Statement page entitled "Direct Business in the State of New York", and line 6.4 of columns 1 and 2 should equal the sum of lines 24.3, 24.4 and 25.6 of said Annual Statement exhibit.
7. The schedule of **Self-Insured Business** should only include contracts that are substantially self-insured. For example, in arrangements where an employer or association funds substantially all of its claims, with the insurer participating in the arrangement retaining only a nominal premium or retention for administrative services (e.g., Administrative Services Only (ASO) arrangements), the administering insurer should include the appropriate contracts/lives counts in its schedule of self-insured business reported in this exhibit. However, where an employer, association, or other entity is insured by a licensed carrier for a substantial portion of its coverage, such as where it purchases a hospital policy from a licensed insurer while self-insuring its surgical/medical coverage, the company administering the self-insured portion should not include these policies in its counts of self-insured business. These policies should be included in the insured counts of the insurer providing the hospital coverage, whether it is the same insurer that is administering the self-insured portion or another insurer.

**EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS
INSURED OR ADMINISTERED BY THE COMPANY
(DIRECT BUSINESS IN THE STATE OF NEW YORK)**

A. INSURED BUSINESS

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Number of Individual Policies or Certificates as of Dec. 31, Prior Year	4 Number of Covered Lives as of Dec. 31, Prior Year	5 Number of Individual Policies or Certificates as of Dec. 31, Current Year	6 Number of Covered Lives as of Dec. 31, Current Year
Group Policies:						
Small Group:						
1.1 Health Insurance (Non-Medicare Supplement)						
1.2 Medicare Supplement						
1.3 Other than Health Insurance						
1.4 Total Small Group (Sum of Lines 1.1 thru 1.3)						
Large Group:						
2.1 Health Insurance (Non-Medicare Supplement)						
2.2 Medicare Supplement						
2.3 Other than Health Insurance						
2.4 Total Large Group (Sum of Lines 2.1 thru 2.3)						
3. Total Group (Line 1.4 + 2.4)						
4. Federal Employee Health Benefit Program						
5. Credit A & H (Individual & Group)						
Individual Policies:						
6.1 Health Insurance (Non-Medicare Supplement)						
6.2 Medicare Supplement						
6.3 Other than Health Insurance						
6.4 Total Individual Policies (Sum of Lines 6.1 thru 6.3)						
7. Total (Lines 3 + 4 + 5 + 6.4)						

B. SELF-INSURED COVERAGE ADMINISTERED BY THE COMPANY

	1 Number of Employees as of Dec. 31, Prior Year	2 Number of Covered Lives as of Dec. 31, Prior Year	3 Number of Employees as of Dec. 31, Current Year	4 Number of Covered Lives as of Dec. 31, Current Year
1. Health Coverage (Non-Medicare Supplement)				
2. Medicare Supplement				
3. Other than Health Insurance				
4. Total Self-Insured Business (Sum of Lines 1 thru 3)				

NEW YORK DIRECT BUSINESS PAGE FOR CREDIT LIFE AND ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded)	2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited)	3 Dividends And Retrospective Rate Credits Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred	6 In Force December 31 Previous Year*	7 In Force December 31 Current Year*
1. Individual life policies.....							
2.1 Group life policies – loans of 60 or less months’ duration.....							
2.2 Group life policies – loans of greater than 60 months’ duration but not greater than 120 months.....							
2.3 Group life policies – loans of greater than 120 months duration.....							
3. Total (Lines 1 + 2.1 + 2.2 + 2.3).....							
4.1 Group A&H policies – loans of 60 or less months’ duration.....						XXX	XXX
4.2 Group A&H policies – loans of greater than 60 months’ duration but not greater than 120 months.....						XXX	XXX
4.3 Group A&H policies –loans of greater than 120 months duration.....						XXX	XXX
5. Other A&H policies.....						XXX	XXX
6. Totals (Lines 4.1 + 4.2 + 4.3 + 5).....						XXX	XXX
7. Totals (Lines 3 + 6).....						XXX	XXX

Amounts in Columns 1 through 5 should be reported to the nearest dollars.

*Amounts in Columns 6 and 7 should be reported to the nearest thousand dollars.

A & H
New York State

COUNTRYWIDE DIRECT BUSINESS PAGE FOR CREDIT LIFE AND A & H INSURANCE

NOTE: This exhibit is required to be filed with this Supplement not later than March 1.

	1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded)	2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited)	3 Dividends And Retrospective Rate Credits Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred	6 In Force December 31 Previous Year*	7 In Force December 31 Current Year*
1. Individual life policies.....							
2.1 Group life policies – loans of 60 or less months’ duration.....							
2.2 Group life policies – loans of greater than 60 months’ duration but not greater than 120 months.....							
2.3 Group life policies – loans of greater than 120 months duration.....							
3. Total (Lines 1 + 2.1 + 2.2 + 2.3).....							
4.1 Group A&H policies – loans of 60 or less months’ duration.....						XXX	XXX
4.2 Group A&H policies – loans of greater than 60 months’ duration but not greater than 120 months.....						XXX	XXX
4.3 Group A&H policies –loans of greater than 120 months duration.....						XXX	XXX
5. Other A&H policies.....						XXX	XXX
6. Totals (Lines 4.1 + 4.2 + 4.3 + 5).....						XXX	XXX
7. Totals (Lines 3 + 6).....						XXX	XXX

Amounts in Columns 1 through 5 should be reported to the nearest dollars.

*Amounts in Columns 6 and 7 should be reported to the nearest thousand dollars.

**EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS
ACCIDENT & HEALTH INSURANCE CONTRACTS^(a): NEW YORK STATE BUSINESS**

.....
Affix Bar Code Above

PART ONE

Type of Health Insurance Contract	Approximate Number of Persons Covered by Such Contracts in the State of New York		(3) Direct Premiums Written ^(b) Jan. 1 through Dec. 31, Current Year
	(1) June 30, Current Year	(2) December 31, Current Year	
1. Nonmanaged Care Contracts without Utilization Review Provisions			
2. Nonmanaged Care Contracts with Utilization Review Provisions			
3. Total Nonmanaged Care Contracts ^(c) (line 1 + line 2)			
4. Managed Care Contracts per Section 4801(c) of the New York State Insurance Law			
5. All Health Contracts (line 3 + line 4)			

(a) As defined in Section 1113(a) of the New York State Insurance Law.

(b) Direct Premium Written in Part One, column 3, line 5 should equal Home State A.S., Page 8, Underwriting and Investment Exhibit, Part 1, Column 1, Line 12.

(c) The term “nonmanaged care contracts” refers to health insurance contracts other than managed care contracts as defined in Section 4801(c) of the NYS Insurance Law.

Note: Insurers offering a contract that meets the definition of a managed care health insurance contract in Section 4801(c) of the New York Insurance Law should report in Part Two, line 2, the number of initial grievances filed in the current reporting year. Insurers should not report grievance information in Part Two if they do not have a product meeting the Section 4801(c) definition. Circular Letter No. 5, dated February 19, 1999, states in part, “Those insurers that have voluntarily implemented a grievance procedure not subject to the provisions of Chapter 705 of the Laws of 1996 are encouraged to report grievance information; be certain, however, to note that such information comes from a voluntary program.” Filers of voluntary program data should file a separate report to the Department and not comingle voluntary program data with statutorily required data used to complete this Supplement.

NEW YORK SUPPLEMENT FOR THE YEAR 2010 OF THE

**EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS
ACCIDENT & HEALTH INSURANCE CONTRACTS: NEW YORK STATE BUSINESS**

PART TWO

Number of Grievances, Utilization Review Appeals, and External Appeals	MANAGED CARE CONTRACTS (as defined in Section 4801(c) of the New York Insurance Law)		(3) NONMANAGED CARE CONTRACTS: Utilization Review Appeals per Section 4904 (i.e., for contracts included in Part 1, line 2)	(4) EXTERNAL APPEALS Per Section 4910 of the NYS Insurance Law ^(b)
	(1) Number of Grievances per Section 4802 ^(a)	(2) Utilization Review Appeals per Section 4904 ^(a)		
1. Number Pending on December 31, Prior Year				
2. Number Filed in Current Year				
3. Number Closed in Current Year, Resulting in Reversal (in whole or part) of Insurer's Original Determination				
4. Number Closed in Current Year in which the Insurer's Original Determination was Upheld				
5. Total Number Closed in Current Year (line 3 + line 4)				
6. External Appeals Closed in Current Year by Agreement of Insurer and Member, Prior to Decision of External Review Agent	XXX	XXX	XXX	
7. Number Pending on December 31, Current Year (lines 1+ 2 - 5 - 6)				

(a) Sections 4802 and 4904 of the New York Insurance Law were effective April 1, 1997 and apply to all contracts issued, renewed, modified, altered, or amended on or after that date.

(b) Section 4910 of the New York Insurance Law was effective July, 1, 1999.

Note: Section 4802 of the Insurance Law provides for two levels of internal review of grievances, an initial (first level) grievance review and an appeal of that initial determination. A first level grievance should be considered closed, for purposes of Part Two, if the subscriber does not appeal the grievance determination within the calendar year in which the first level grievance determination was rendered. If the subscriber appeals the first level grievance determination in the subsequent calendar year, in a timely manner, the disposition of that appeal should be reported in Part Three. For example, a first level grievance closed in 2009 and appealed in a timely manner in 2010 would be reported in this Supplement in Part Three. If a subscriber files a grievance appeal within the same calendar year as the initial first level grievance determination is made, and the appeal is pending when the calendar year ends, the grievance should be reported as pending in Part Two.

Article 49 of the Insurance Law provides for expedited and non-expedited utilization review appeals. A non-expedited utilization review appeal should be considered closed when the utilization review agent notifies a subscriber of the appeal determination. An expedited utilization review appeal should be considered closed, for purposes of Part Two, when the utilization review agent notifies the subscriber of the expedited appeal determination and the subscriber does not further appeal the determination within the calendar year in which the expedited appeal determination was rendered. If the subscriber appealed the expedited appeal in the subsequent calendar year, in a timely manner, the disposition of the appeal should be reported in Part Three. For example, expedited utilization review appeals closed in 2009 and appealed in a timely manner in 2010 would be reported in this Supplement in Part Three. If a subscriber files a utilization review appeal, and the appeal is pending when the calendar year ends, the utilization review appeal should be reported as pending in Part Two.

**EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS
ACCIDENT & HEALTH INSURANCE CONTRACTS: NEW YORK STATE BUSINESS**

PART THREE

Number of Appeals of Prior Years Grievances and Expedited UR Appeals (SHOULD NOT BE REPORTED IN PART TWO)	MANAGED CARE CONTRACTS (as defined in Section 4801(c) of the New York Insurance Law)		(3) NONMANAGED CARE CONTRACTS:
	(1) Prior year first level grievances reported as closed in Part Two <i>of</i> <i>prior year</i> but appealed in current year	(2) Prior year expedited U.R. Appeals reported as closed in Part Two <i>of prior year</i> but appealed in current year	Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two <i>of</i> <i>prior year</i> but appealed in current year
1. Number pending on December 31, prior year			
2. Number reported as closed in the previous year's Exhibit of Grievances and Utilization which were appealed in a timely manner in current year			
3. Number resulting in a reversal (in the current year) of the insurer's original determination			
4. Number in which the insurer's original determination was upheld (in the current year)			
5. Number still pending on December 31, Current Year (lines 1 + 2 - 3 - 4)			

Note: Include appeals of initial grievance determinations and appeals of expedited utilization review determinations made in a calendar year subsequent to the calendar year within which the corresponding first level grievance determination or expedited appeal determination was made.

Exhibit of Grievances and Utilization Contact Person and Phone Number

OVERFLOW PAGE FOR WRITE-INS

REPORT OF PREMIUMS

Affix Bar Code Here

A&H COMPANIES

NEW YORK STATE
CALENDAR YEAR 2010
(Art. 91 Insurance Law and Art. 33 Tax Law)

Employer Identification Number
NAIC Number

(EXACT CORPORATE TITLE)

(MAIL ADDRESS)

Domiciliary State Organized Licensed in New York
(Date) (Date)

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

(SIGNATURE OF OFFICER) (TITLE) (TELEPHONE NO.) (DATE)

GENERAL INSTRUCTIONS

- 1. This report is required to be filed electronically along with this Supplement to the Health Annual Statement, by March 1.
2. Two additional copies of this report are required to be filed by March 1, one copy each to:
a. Insurance Department, Taxes and Accounts Bureau, One Commerce Plaza, Albany, NY 12257
b. Department of Taxation and Finance, Corporation Tax Bureau, State Campus, Washington Avenue, Albany, NY 12227
3. Exclude employer and employee contributions from premiums, subject to the following conditions:
a. The insurance contract is issued by your company
b. The benefit plan is calculated on a non-profit basis
c. The exclusion is limited to employees and agents (and dependents) of your company, and should not include employees and agents of affiliated companies
d. If the state of domicile taxes employees and/or employer contributions, report this portion of the premium exclusion on a rider
4. If the New York direct business in Column 1 is not in agreement with Schedule T and the New York Business Page of the Annual Statement, explain fully on a rider.
5. If the net taxable premiums Column 7, Lines 4 and 10 are not in agreement with Schedule H, lines 92, 93 and 94 respectively, of the New York State Corporation Franchise Tax Return (CT33), explain fully on a rider.
6. Credit claimed by domestic companies in Schedule A of the CT33, line 12 should be fully documented with copies of retaliatory statements and canceled checks in payment.
7. Foreign companies subject to retaliation under Section 1112 of the New York Insurance Law should submit all documentation to support any payments to be claimed for this purpose.
8. Credit Adjustments included in Schedule A, Line 12 (CT33) are to be documented, or otherwise fully explained.
9. File a copy of CT 33 New York State Franchise Tax Return with the Taxes and Accounts Bureau, One Commerce Plaza, Albany, New York 12257.

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2010 OF THE

**BUSINESS IN THE STATE OF NEW YORK DURING
GROSS PREMIUMS LESS RETURN**

Line #	Line of Business	GROSS PREMIUMS LESS RETURN	
		1 Direct Business	2 Reinsurance Assumed Unauthorized Companies
SECTION A: LIFE			
1	Life		
2	Unauthorized States and Countries		
3	Aggregate Write-ins for Life (Line 0399)		
4	TOTAL Life		
SECTION B: ACCIDENT & HEALTH			
5	Accident & Health		
6	Non-Cancelable A&H		
7	Unauthorized States and Countries		
8	Aggregate Write-ins for A&H (Line 0899)		
9	TOTAL Accident & Health		
10	TOTALS (Lines 4 + 9)		
SECTION C: LINES EXEMPTED FROM PREMIUM TAX			
11	Annuity Considerations		
11a	Annuity and Fund Deposits		
12	Aggregate Write-ins for Exempted Lines (Line 1299)		
13	TOTAL EXEMPTED LINES		
14	GRAND TOTAL (Lines 10 + 13)		
DETAILS OF WRITE-INS AT LINE 3 FOR LIFE			
0301			
0302			
0303			
0304			
0305			
0398	Summary of remaining Write-Ins		
0399	Totals		
DETAILS OF WRITE-INS AT LINE 8 FOR A&H			
0801			
0802			
0803			
0804			
0805			
0898	Summary of remaining Write-Ins		
0899	Totals		
DETAILS OF WRITE-INS AT LINE 12 FOR EXEMPTED LINES			
1201			
1202			
1203			
1204			
1205			
1298	Summary of remaining Write-Ins		
1299	Totals		

SUPPLEMENTARY SCHEDULE I

Life/A&H Dividend Deductions	1 Dividends Paid or Credited	2 Less Dividend Adjustments	3 Net Dividends
1. Paid in cash or left on deposit.....			
2. Applied to pay renewal premiums.....			
3. Applied to provide paid-up additions.....			
4. Other.....			
5. TOTAL			

COMPUTATION OF 332 PREMIUM BASE
New York Domiciled Companies Only
(Section 332-NYS Insurance Law)

This schedule is to be completed by New York domiciled companies only and is for the purpose of determining the premium base that will be used to compute the final Section 332 Assessment under NY Insurance Law.

Instructions

1. Line 1, Beginning Premium Base of this schedule, is taken from the NAIC Annual Statement, Schedule T, Line 33, columns 2 (Accident & Health), 6 (Life & Annuity & Other Considerations) and 7 (Property & Casualty).
2. Lines 2.1 – 2.4. Additions should be those premiums that are not already included in the Beginning Premium Base on Line 1.
3. Lines 3.1 – 3.8. Deductions should be those premiums that are already included in the Premium Base on Line 1, but are not subject to assessment.

NOTE: Adjustments to Line 1 above are subject to review. Supporting documentation should be available, if requested by the Department.

NAIC# _____

1. Beginning Premium Base.....		.....
<u>ADJUSTMENTS:</u>		
2. Additions:		
2.1 Unauthorized reinsurance premiums assumed (less return premiums).....	.....
2.2. Unauthorized states (states in which company is not licensed).....	.....
2.3. Other ^(a).....	.....
2.4. Total Additions (Lines 2.1 through 2.3).....		.....
3. Deductions:		
3.1. Employer/Employee contributions.....	.....
3.2. Disability premiums assessed by Workers' Comp. Board under WC Law Article 9, Sect. 228.....	.....
3.3. FEBHA premiums.....	.....
3.4. CHIP/Child Health Plus premiums.....	.....
3.5 Family Health Plus premiums.....	.....
3.6. Medicare, including Part D, and/or Medicaid premiums.....	.....
3.7. Other ^(b).....	.....
3.8. Total Deductions (Lines 3.1 through 3.7).....		.....
4. Adjusted Premium Base. (Line 1 + 2.4 – 3.8).....		.....

- (a) Specify line 2.3 addition(s).....
- (b) Specify line 3.7 deduction(s).....

 (Prepared by)

 (Title)

 (Phone Number)

 (E-Mail Address)

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS

Individually list in Section 1 write-in boxes all health care creditors of \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. Group the total of all other payables and enter on line titled, "Aggregate Accounts Not Individually Listed." For both Sections 1 and 2, age reported claims payable from date of receipt by Company or, in the case of capitation and other non-fee-for-service claim expenses, from the date payment is required under contract or from the date bill is received by Company.

Section 1 - Aging Analysis of Claims Unpaid

Account	1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	
	1 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
1. Reserve for Reported Claims Due and Unpaid^a												
1.1 Aggregate write-ins for Individually Listed Claims Payable (line 1.199)												
1.2 Aggregate Accounts Not Individually Listed												
1.3 Subtotal (Lines 1.1 plus 1.2)												
2. Reserve for Reported Claims in Course of Settlement^b												
2.1 Aggregate write-ins for Individually Listed Claims Payable (line 2.199)												
2.2 Aggregate Accounts Not Individually Listed												
2.3 Subtotal (Lines 2.1 plus 2.2)												
3. Reserve for Reported Resisted Claims^c												
3.1 Aggregate write-ins for Individually Listed Claims Payable (line 3.199)												
3.2 Aggregate Accounts Not Individually Listed												
3.3 Subtotal (Lines 3.1 plus 3.2)												
4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3)												
5. Unreported Claims and Other Claim Reserves^d	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
6. Total Amounts Withheld	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
7. Total Claims Unpaid (Lines 4 through 6)	xxx	xxx	xxx	xxx								
8. Accrued Medical Incentive Pool	xxx	xxx	xxx	xxx								

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DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE												
1.101												
1.102												
1.103												
1.198 (Summary of remaining write-ins for 1.1 from overflow page)												
1.199 Totals (Lines 01.101 through 01.103 plus 1.198)(Line 1.1 above)												
DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE												
2.101												
2.102												
2.103												
2.198 (Summary of remaining write-ins for 2.1 from overflow page)												
2.199 Totals (Lines 2.101 through 2.103 plus 2.198)(Line 2.1 above)												
DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE												
3.101												
3.102												
3.103												
3.198 (Summary of remaining write-ins for 3.1 from overflow page)												
3.199 Totals (Lines 3.101 through 3.103 plus 3.198)(Line 3.1 above)												

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. See further notes after Section 3 of this Schedule.

**HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS
Section 2 - Statutory Aging Analysis**

Account	1-45 days		Over 45 days		Total	
	1	2	3	4	5	6
	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value
1. Reserves for Reported Claims Due and Unpaid^a						
1.11 Payable to Physicians (capitated) ^e	xxx		xxx		xxx	
1.12 Payable to Physicians (other than capitated)						
1.21 Payable to Hospitals (capitated)	xxx		xxx		xxx	
1.22 Payable to Hospitals (other than capitated)						
1.3 Payable to Subscribers						
1.41 Payable to Others (capitated) ^f	xxx		xxx		xxx	
1.42 Payable to Others (other than capitated) ^f						
1.5 Subtotal (Lines 1.11 through 1.42)						
2. Reserves for Reported Claims in Course of Settlement^b						
2.1 Payable to Physicians (including capitation)						
2.2 Payable to Hospitals (including capitation)						
2.3 Payable to Subscribers						
2.4 Payable to Others (including capitation) ^f						
2.5 Subtotal (Lines 2.1 through 2.4)						
3. Reserves for Reported Resisted Claims^c						
3.1 Payable to Physicians (including capitation)						
3.2 Payable to Hospitals (including capitation)						
3.3 Payable to Subscribers						
3.4 Payable to Others (including capitation) ^f						
3.5 Subtotal (Lines 3.1 through 3.4)						
4. Total Reported Claims Unpaid (lines 1 through 3)						
4.1 Payable to Physicians (including capitation)(Line 1.11+1.12.+2.1+3.1)						
4.2 Payable to Hospitals (including capitation)(Line 1.21+1.22+2.2+3.2)						
4.3 Payable to Subscribers (Line 1.3+2.3+3.3)						
4.4 Payable to Others (including capitation) ^f (Line1.41+1.42+2.4+3.4)						
4.5 Subtotal (Lines 4.1 through 4.4)						
5. Unreported Claims and Other Claim Reserves^d	xxx	xxx	xxx	xxx	xxx	
6. Total Amounts Withheld	xxx	xxx	xxx	xxx	xxx	
7. Total Claims Unpaid (Lines 4.5 through 6)	xxx	xxx	xxx	xxx	xxx	
8. Accrued Medical Incentive Pool	xxx	xxx	xxx	xxx	xxx	

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8.
See further notes after Section 3 of this Schedule.

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS
Section 3 - Claims and Interest Penalties Paid During Year

Account	Claims Paid During Year		N.Y.I.L. Section 3224-a Interest	
	1 Claim Count	2 Dollar Value	3 Claim Count ⁱ	4 Interest Paid During Year
1.1. Paid to Physicians (capitated) ^e	xxx		xxx	xxx
1.2. Paid to Physicians (other than capitated)				
2.1. Paid to Hospitals (capitated)	xxx		xxx	xxx
2.2. Paid to Hospitals (other than capitated)				
3. Paid to Subscribers				
4.1. Paid to Others (Benefits) (capitated)	xxx		xxx	xxx
4.2. Paid to Others (Benefits) (other than capitated) ^f				
5.1. Total Capitated (Lines 1.1 + 2.1 + 4.1) ^f	xxx		xxx	xxx
5.2. Total Other than Capitated (Lines 1.2 + 2.2 + 3 + 4.2)				
5.3. Paid to Others (Miscellaneous. ^g)	xxx		xxx	xxx
6. Grand Total (Lines 5.1 + 5.2 + 5.3) ^h	xxx			

Footnotes:

- a- Reserves for Reported Claims Due and Unpaid: A reserve for due and unpaid claims is established to pay claims which have been approved, but for which payment checks have not been sent.
- b- Reserves for Reported Claims in Course of Settlement: Reserves for claims in the course of settlement are established for claims that are on file in the company at the time the valuation is done, but have not yet been approved or paid.
- c- Reserves for Reported Resisted Claims: Reserves for resisted claims are established for those claims in dispute and/or where the obligation to pay such claim is not reasonably clear as of the statement date.
- d- Unreported Claims and Other Claim Reserves: Include reserves for IBNR claims and other claim reserves. Other Claim Reserves include non-benefit-related liabilities required to be reported as claims, e.g. Regulation No. 146 pool liabilities.
- e- Line 1.11 should include Doctors and IPA corporations reimbursed on a capitated basis.
- f- Payable to Others: Include all claim-related payments to intermediaries (other than those to IPA corporations, which are to be accounted for as "Payable to Physicians") and other vendors, such as suppliers of durable medical equipment. Include reported claims payable not classified as payable to physicians, hospitals, or subscribers.
- g- Includes Regulation 146 pool payments, payments to bad debt and charity pools, prompt payment claim interest penalties, etc.
- h- Grand total Dollar Value (line 6, col. 2) should agree with NAIC Annual Statement, page 11, Part 2B, Unpaid Claims Development Schedule, line 9, Col. 1 + Col. 2.
- i- Line 6, col. 3, grand total Claim Count pertains to the number of claims upon which N.Y.I.L. Section 3224-a interest penalties have been paid.

Name of Contact Person for for this Report: _____

Telephone Number: _____

E-mail Address: _____

NEW YORK SUPPLEMENT FOR THE YEAR 2010 OF THE
(Name)

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS

OVERFLOW PAGE FOR WRITE-INS FROM SECTION 1

Creditor Name	1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	
	1 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
1. Reserves for Reported Claims Due and Unpaid - Companies individually listed (continued from Section 1)												
Totals overflow for line 1.1 (enter also on page 1, line 1.198)												
2. Reserves for Reported Claims in Course of Settlement - Companies individually listed (continued from Section 1)												
Totals overflow for line 2.1 (enter also on page 1, line 2.198)												
3. Reserves for Reported Resisted Claims - Companies individually listed (continued from Section 1)												
Totals overflow for line 3.1 (enter also on page 1, line 3.198)												

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Health care creditors should be individually listed only if the claim is for \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page NY39, above Section 1 heading.

Enrollment Data by New York Counties
For the Year Ended December 31, 2010

County	1 Total	2 Individual Comprehensive Health	3 Small Group Comp. Health	4 Large Group Comp. Health	5 Health Savings Accounts	6 Long Term Care	7 Medicare Supplemen t	8 Medicare Part D Prescription	9 Dental	10 Disability	11 Vision	12 Out of Network – HMO POS	13 ^(a) Other
1. Albany													
2. Allegany													
3. Bronx													
4. Broome													
5. Cattaraugus													
6. Cayuga													
7. Chautauqua													
8. Chemung													
9. Chenango													
10. Clinton													
11. Columbia													
12. Cortland													
13. Delaware													
14. Dutchess													
15. Erie													
16. Essex													
17. Franklin													
18. Fulton													
19. Genesee													
20. Greene													
21. Hamilton													
22. Herkimer													
23. Jefferson													
24. Kings													
25. Lewis													
26. Livingston													
27. Madison													
28. Monroe													
29. Montgomery													
30. Nassau													
31. New York													
32. Niagara													
33. Oneida													
34. Onondaga													

Enrollment Data by New York Counties (Continued)
For the Year Ended December 31, 2010

County	1 Total	2 Individual Comprehensive Health	3 Small Group Comp. Health	4 Large Group Comp. Health	5 Health Savings Accounts	6 Long Term Care	7 Medicare Supplement	8 Medicare Part D Prescription	9 Dental	10 Disability	11 Vision	12 Out of Network – HMO POS	13 ^(a) Other
35. Ontario													
36. Orange													
37. Orleans													
38. Oswego													
39. Otsego													
40. Putnam													
41. Queens													
42. Rensselaer													
43. Richmond													
44. Rockland													
45. Saratoga													
46. Schenectady													
47. Schoharie													
48. Schuyler													
49. Seneca													
50. Steuben													
51. St. Lawrence													
52. Suffolk													
53. Sullivan													
54. Tioga													
55. Tompkins													
56. Ulster													
57. Warren													
58. Washington													
59. Wayne													
60. Westchester													
61. Wyoming													
62. Yates													
63. NY Total													

Location of residence should be used for individual policies. Location of employer should be used for group policies.

(a) For "Other" Column, please indicate Line Of Business (LOB) and Enrollment (Enroll) for the eight largest "Other" Lines of Business.

(1)(LOB) _____	(Enroll) _____	(2) (LOB) _____	(Enroll) _____
(3)(LOB) _____	(Enroll) _____	(4) (LOB) _____	(Enroll) _____
(5)(LOB) _____	(Enroll) _____	(6) (LOB) _____	(Enroll) _____
(7)(LOB) _____	(Enroll) _____	(8) (LOB) _____	(Enroll) _____

Gross Premium by New York Counties
For the Year Ended December 31, 2010

County	1 Total	2 Individual Comprehensive Health	3 Small Group Comp. Health	4 Large Group Comp. Health	5 Health Savings Accounts	6 Long Term Care	7 Medicare Supplement	8 Medicare Part D Prescription	9 Dental	10 Disability	11 Vision	12 Out of Network – HMO POS	13 ^(a) Other
1. Albany													
2. Allegany													
3. Bronx													
4. Broome													
5. Cattaraugus													
6. Cayuga													
7. Chautauqua													
8. Chemung													
9. Chenango													
10. Clinton													
11. Columbia													
12. Cortland													
13. Delaware													
14. Dutchess													
15. Erie													
16. Essex													
17. Franklin													
18. Fulton													
19. Genesee													
20. Greene													
21. Hamilton													
22. Herkimer													
23. Jefferson													
24. Kings													
25. Lewis													
26. Livingston													
27. Madison													
28. Monroe													
29. Montgomery													
30. Nassau													
31. New York													
32. Niagara													
33. Oneida													
34. Onondaga													

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2010 OF THE.....

Gross Premium by New York Counties (Continued)
For the Year Ended December 31, 2010

County	1 Total	2 Individual Comprehensive Health	3 Small Group Comp. Health	4 Large Group Comp. Health	5 Health Savings Accounts	6 Long Term Care	7 Medicare Supplement	8 Medicare Part D Prescription	9 Dental	10 Disability	11 Vision	12 Out of Network – HMO POS	13 ^(a) Other
35. Ontario													
36. Orange													
37. Orleans													
38. Oswego													
39. Otsego													
40. Putnam													
41. Queens													
42. Rensselaer													
43. Richmond													
44. Rockland													
45. Saratoga													
46. Schenectady													
47. Schoharie													
48. Schuyler													
49. Seneca													
50. Steuben													
51. St. Lawrence													
52. Suffolk													
53. Sullivan													
54. Tioga													
55. Tompkins													
56. Ulster													
57. Warren													
58. Washington													
59. Wayne													
60. Westchester													
61. Wyoming													
62. Yates													
63. NY Total													

Location of residence should be used for individual policies. Location of employer should be used for group policies.

(a) For "Other" Column, please indicate Line Of Business (LOB) and Total Premium (Prem) for the eight largest "Other" Lines of Business.

(1)(LOB) _____	(Prem) _____	(2) (LOB) _____	(Prem) _____
(3)(LOB) _____	(Prem) _____	(4) (LOB) _____	(Prem) _____
(5)(LOB) _____	(Prem) _____	(6) (LOB) _____	(Prem) _____
(7)(LOB) _____	(Prem) _____	(8) (LOB) _____	(Prem) _____

SPECIAL INSTRUCTIONS

YS2008JURAT1

COMPANY INFORMATION

Column 1 = Current Period Group Code
Column 2 = Prior Period Group Code
Column 3 = NAIC Company Code
Column 4 = FEIN
Column 5 = State of Domicile

YS2008JURAT2

COMPANY NAME INFORMATION

YS2008JURAT3

COMPANY ADDRESS INFORMATION

Column 1 = Street Address
Column 2 = City
Column 3 = State
Column 4 = Zip Code
Column 5 = Internet Website Address (applies to Line 1 only) If a company does not have an Internet Website Address, enter N/A in this field.

Line 01 = Statutory Home Office
Line 02 = Main Administrative Office
Line 03 = Mail Address
Line 04 = Primary Location of Books and Records
Line 05 = Electronic Contact Address

YS2008JURAT4

COMPANY CONTACT INFORMATION

Column 1 = Contact Last Name
Column 2 = Contact First Name
Column 3 = Contact Middle Name
Column 4 = Phone Number
Column 5 = E-Mail Address

Line 1 = Annual Statement Contact
Line 2 = Electronic Filing Contact

YS2008JURAT5

Table Length: Variable

COMPANY OFFICERS/DIRECTORS/TRUSTEES

Column 1 = Last Name
Column 2 = First Name
Column 3 = Middle Name
Column 4 = Suffix
Column 5 = New Officer Indicator

Value of Column 5 is YES if New Officer

Line 1 = President
Line 2 = Secretary
Line 3 = Treasurer

YS2008JURAT6

VENDOR INFORMATION

Column 1 = Vendor Name
Column 2 = Vendor Version Number
Column 3 = Vendor Code

YS2008INTER

NEW YORK INTERROGATORIES

Column 1 = Yes/No Response
Column 2 = Numerical Response
Column 3 = Text/Description

YS2008NOTES

NEW YORK NOTES TO FINANCIAL STATEMENT

Column 1 = Yes/No Response
Column 2 = Numerical Response

YS2008SPEXSCINT

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Column 1 = Yes/No Response
Column 2 = Explanation

YS2008SCG

Table Length: Variable

SCHEDULE G

0100001-0199996 Total Directors or Trustees
0200001-0299996 Total CEO plus 4 highest paid Executive officers plus 5 highest paid employees over \$100,000.
0300001-0399996 Total Officers and Employees paid in excess of \$750,000.
9999999 Grand Total

YS2008SCJ

Table Length: Variable

SCHEDULE J

Column 1 = Name
Column 2A = City
Column 2B = State Abbreviation
Column 3 = Date
Column 4 = Amount Paid
Format for Column 3 = MMDDYYYY

Column 5 = By whom Authorized

Lines 0100001-0199996 = Items \$500 or more as needed

YS2008SCK

Table Length: Variable

SCHEDULE K

Column 1 = Name
Column 2A = City
Column 2B = State Abbreviation
Column 3 = Date Format for Column 3 = MMDDYYYY
Column 4 = Amount Paid
Column 5 = Measure of Proceeding
Column 6 = Interest of the Corporation Therein

Lines 0100001-0199996 = Items of \$100 or more as needed

YS2008SCL

Table Length: Variable

SCHEDULE L

Lines 0000001-9999996 = Number of Candidates for Director or Trustee as needed
Column 1A = Last Name
Column 1B = First Name
Column 1C = Middle Name

YS2008SCSPT4

Table Length: Variable

SCHEDULE S - PART 4 - LIFE, ANNUITY AND A&H REINSURANCE IN UNAUTHORIZED COMPANIES

Column 1 = NAIC Cocode
Column 2 = FEIN
Column 3 = Effective Date (MMDDYYYY)
Column 4 = Reinsurer

Lines 0100001-0199996 = General Account Life and Annuities, Affiliates
Lines 0200001-0299996 = General Account Life and Annuities, Non-Affiliates
Lines 0400001-0499996 = General Account Accident and Health, Affiliates
Lines 0500001-0599996 = General Account Accident and Health, Non-Affiliates
Lines 0800001-0899996 = Separate Accounts, Affiliates
Lines 0900001-0999996 = Separate Accounts, Non-Affiliates

YS2008SCSRPT2

SCHEDULE SR - PART 2 - REINSURANCE SCHEDULE

Column 1 = Reinsurer
Lines 0000001-9999996 = Reinsurer

YS2008AHPEE

Table Length: Variable

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

Column 1A = Non-New York Business Code
Column 1 = Policy Form Number
Column 2A = Beginning Year Issued (YYYY)
Column 2B = Ending Year Issued (YYYY)
Columns 11, 12, 17, & 19 should be reported as ratios (13,3)

Valid Values:

Column 1A Non-New York Business = Z

Section A INDIVIDUAL BUSINESS

Lines 0110001 - 0119996 = Comprehensive Major Medical With Contract Reserves
Lines 0120001 - 0129996 = Comprehensive Major Medical Without Contract Reserves
Lines 0210001 - 0219996 = Short Term Medical With Contract Reserves
Lines 0220001 - 0229996 = Short Term Medical Without Contract Reserves
Lines 0310001 - 0319996 = Other Medical (Non-Comprehensive)With Contract Reserves
Lines 0320001 - 0329996 = Other Medical (Non-Comprehensive)Without Contract Reserves
Lines 0410001 - 0419996 = Specified / Named Disease With Contract Reserves
Lines 0420001 - 0429996 = Specified / Named Disease Without Contract Reserves
Lines 0510001 - 0519996 = Limited Benefit With Contract Reserves
Lines 0520001 - 0529996 = Limited Benefit Without Contract Reserves
Lines 0610001 - 0619996 = Student With Contract Reserves
Lines 0620001 - 0629996 = Student Without Contract Reserves
Lines 0710001 - 0719996 = Accident Only or AD&D With Contract Reserves
Lines 0720001 - 0729996 = Accident Only or AD&D Without Contract Reserves
Lines 0810001 - 0819996 = Disability Income – Short Term With Contract Reserves
Lines 0820001 - 0829996 = Disability Income – Short Term Without Contract Reserves
Lines 0910001 - 0919996 = Disability Income – Long Term With Contract Reserves
Lines 0920001 - 0929996 = Disability Income – Long Term Without Contract Reserves
Lines 1010001 - 1019996 = Long Term Care With Contract Reserves
Lines 1020001 - 1029996 = Long Term Care Without Contract Reserves
Lines 1110001 - 1119996 = Medicare Supplement (Medigap) With Contract Reserves
Lines 1120001 - 1129996 = Medicare Supplement (Medigap) Without Contract Reserves
Lines 1210001 - 1219996 = Dental With Contract Reserves
Lines 1220001 - 1229996 = Dental Without Contract Reserves
Lines 1310001 - 1319996 = State Children’s Health Insurance Program With Contract Reserves
Lines 1320001 - 1329996 = State Children’s Health Insurance Program Without Contract Reserves
Lines 1410001 - 1419996 = Medicare With Contract Reserves
Lines 1420001 - 1429996 = Medicare Without Contract Reserves
Lines 1510001 - 1519996 = Medicaid With Contract Reserves

Lines 1520001 - 1529996 = Medicaid Without Contract Reserves
Lines 1610001 - 1619996 = Other Individual Business With Contract Reserves
Lines 1620001 - 1629996 = Other Individual Business Without Contract Reserves

Section B GROUP BUSINESS

Comprehensive Major Medical

Lines 1810001 - 1819996 = Single Employer – Small Employer
Lines 1820001 - 1829996 = Single Employer – Other Employer
Lines 1900001 - 1999996 = Multiple Employer Assns & Trusts
Lines 2000001 - 2099996 = Other Associations and Discretionary Trusts
Lines 2100001 - 2199996 = Other Comprehensive Major Medical

Other Medical (Non-Comprehensive)

Lines 2300001 - 2399996 = Specified / Named Disease
Lines 2400001 - 2499996 = Limited Benefit
Lines 2500001 - 2599996 = Student
Lines 2600001 - 2699996 = Accident Only or AD&D
Lines 2700001 - 2799996 = Disability Income – Short Term
Lines 2800001 - 2899996 = Disability Income – Long Term
Lines 2900001 - 2999996 = Long Term Care
Lines 3000001 - 3099996 = Medicare Supplement (Medigap)
Lines 3300001 - 3399996 = Dental
Lines 3400001 - 3499996 = Other Group Care

YS2008AHPEESUM PT1, PT2, PT3, & PT4

Columns 4 should be reported as ratios (13,3)

YS2009PREMTAXI COMPUTATION of 332 PREMIUM BASE

Line 02.3, Column 1 = Description of Other Addition on line 2.3
Line 03.7, Column 1 = Description of Other Deduction on line 3.7

YS2009JURAT10 COMPUTATION of 332 PREMIUM BASE

Line 01 = Column 1 = Schedule Contact Last Name
Column 2 = Schedule Contact First Name
Column 3 = Schedule Contact Middle Name
Column 4 = Phone Number
Column 5 = E-Mail Address
Column 6 = Schedule Contact Title