NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

SUPPLEMENT TO BOTH THE HEALTH BLANK AND THE LIFE BLANK QUARTERLY STATEMENT

FOR ACCIDENT & HEALTH INSURERS SUBJECT TO ARTICLE 42 OF THE NEW YORK INSURANCE LAW

To be filed with the
Quarterly Statement – AS OF_____
of the

_____

Name of Insurer

Quarterly Supplements are to be filed at the New York City office of the New York State Department of Financial Services. Completed Supplements should be addressed to the New York State Department of Financial Services, Health Bureau, One State Street, New York, NY 10004-1511. All pages of the Supplement must be bound along the left margin and must have a cover sheet that precedes the Jurat page. Supplements submitted as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.

The March 31 Supplement is to be filed on or before May 15.

The June 30 Supplement is to be filed on or before August 15.

The September 30 Supplement is to be filed on or before November 15.

ARTICLE 42 A&H

2021

INSTRUCTIONS

For completing the Quarterly Statement Supplement
For Article 42 Accident and Health Insurers

GENERAL

1. 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 either the NAIC Health Blank or Life Blank.
   The Supplement must be filed with pages that are 8 ½" 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 submitted as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
2. **All forms are to be filed in accordance with the following Schedule.**
   The March 31 Supplement is to be filed on or before May 15.
   The June 30 Supplement is to be filed on or before August 15.
   The September 30 Supplement is to be filed on or before November 15.
   Address all forms to: New York State Department of Financial Services, Health Bureau, One State Street, New York, New York 10004-1511.
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.
4. 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 caption.

WORKSHEET OF SUPPLEMENT PAGES TO BE FILED

PAGE NO.	SUPPLEMENT TITLE	DOMESTIC	FOREIGN
NY1	Jurat	X	X
NY2	Year-to-Date Statement of Revenue And Expenses by Line of Business – NY Business Only	X	X
NY7	Current Quarter Statement of Revenue And Expenses by Line of Business – NY Business Only	X	X
NY12	Health Insurance Claims Payable (reported and unreported) NY State Business	X	X
NY16	Enrollment Data by New York Counties	X	X
NY20	Direct Premiums by New York Counties	X	X

JURAT PAGE-PAGE 1

This instruction applies to the Jurat Pages in the Company's NAIC filing and this Supplement. The Jurat Pages in both copies of the NAIC Quarterly Statement and the New York Supplement must be signed by the same officers and notarized. Photocopies will NOT be accepted. The Jurat Pages should reflect officers and directors as of the statement date, not the filing date. However, the signature section of the Jurat Pages must reflect current executive officers, i.e., the Chief Executive Officer ("CEO"), the Secretary and the Chief Financial Officer ("CFO"). The Company may not substitute titles for the CEO, Secretary or CFO, except that if the Company does not use those titles, the Company shall substitute such titles in the Jurat Pages with the titles of the equivalent Company executives.
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PAGES NY2 THRU NY11 - STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

1. The Year-to-Date schedule should set forth results for the entire calendar year. The Quarterly schedule should set forth results for the current quarter only.

2. The experience of major medical contracts and comprehensive contracts should be reported in their entirety in columns 3 through 10. Line of business results for these contracts should not be fragmented and reported as part of other columns.

3. Column 11 through 18, Non-Comprehensive, should include contracts that provide hospital only coverage and contracts that provide surgical-medical only coverage.

4. Columns 19 through 22, "Grandfathered business" means pre-2014 policy forms, including all small group and individual contracts (other than Healthy New York and other products separately included, such as conversion) that were written on policy forms approved to be used with new and renewals December 31, 2013 and earlier. This would not include contracts written on new ACA compliant policy forms used for new and renewal contracts effective January 1, 2014 and later.

5. Columns 49 and 50, Medicare Supplement should include all Medicare Supplement, whether written on a group or direct pay basis.

6. Columns 41 through 48, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.

7. Columns 25 through 32, Prescription Drugs, and columns 33 through 40, Dental are for stand-alone plans. Riders to major medical or comprehensive plans should be included in Columns 3 through 10, Comprehensive or Major Medical.

8. Line 17.3, Federal/State risk-sharing recoveries (payments) includes activity per Regulation 146 [11 NYCRR 361].

9. Columns 67 and 68, Medicare Part D should include Employer Group Waiver Plans ("EGWP").

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.

ENROLLMENT/DIRECT 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 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 29 are to be reflected in column 30. Columns 22 and 23, Stand-Alone Dental and Column 24 "Stand Alone Vision" should be comprised of enrollees who are covered pursuant to a stand-alone contract for dental benefits or vision benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column. Column 30, Other should include enrollees who are covered pursuant to a stand-alone contract for prescription drug benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column. Any amounts entered in column 30 will require the footnote to be completed.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
QUARTERLY STATEMENT SUPPLEMENT

AS OF .....

of the Condition of the .....

Affix Bar Code Here

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 _____

Statement Contact Person and Phone Number _____

Statement Contact Person's E-Mail Address _____

Electronic Filing Contact Person and Phone Number _____

Electronic Filing Contact Person's E-Mail Address _____

Vendor Name And Version Number _____

JURAT

)
State of .....)
)
County of .....)

Certification of the New York Quarterly 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 _____ day of _____, 20___, this Supplement together with the accompanying NAIC Quarterly 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 _____ day of _____, 20___, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the quarter ended on that date, according to the best of their information, knowledge and belief.

Certification of the New York Quarterly Statement Supplement Electronic Filing - The UNDERSIGNED further certify, according to the best of their information, 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 specifications, that the filing has been tested against the validations included in these specifications, and that the information contained in this filing is identical to the information contained in the _____, 20___ Quarterly Statement supplement blank filed with the New York State Department of Financial Services. In addition, the electronic filing submitted has been scanned through an up to date virus detection software package and no viruses are present in the submissions.

Certification of the NAIC Quarterly Statement Electronic Filing - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the NAIC Quarterly Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specifications, that the filing has been tested against the validations included in these specifications, and that the quarterly statement information contained in this filing is identical to the information contained in the _____, 20___ NAIC Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the electronic filing submitted has been scanned through an up to date virus detection software package and no viruses are present in the submissions.

	Print Name	Signature
CHIEF EXECUTIVE OFFICER	_____	_____
SECRETARY	_____	_____
CHIEF FINANCIAL OFFICER	_____	_____

Subscribed and sworn to before me this

_____ day of _____, 2021

_____

Is this an original filing? Yes ( ) No ( )
If no: State the amendment number _____ Date filed _____

YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 1
NY BUSINESS ONLY

	Total (3 thru 70, Amounts)		Comprehensive or Major Medical							
			Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	7 Amount	8 PMPM	9 Amount	10 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX
2. Net premium income:										
2.1 Base medical plan										
2.2 Drug riders										
2.3 Other riders										
2.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total										
3. Change in unearned premium reserves and reserve for rate credits:										
3.1 Base medical plan										
3.2 Drug riders										
3.3 Other riders										
3.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total										
4. Fee-for-service net of medical expenses										
5. Risk revenue										
6. Other health care related revenues										
7. Non-health revenues										
8. Total revenues (Lines 2 to 7)										
Hospital and Medical:										
9.1 Hospital (inpatient and outpatient)										
9.2 Medical										
10. Other professional services										
11. Outside referrals										
12. Emergency room and out-of-area										
13. Prescription drugs										
14.1 Aggregate write-ins for other hospital and medical										
14.2 Rider expense										
15. Incentive pool, withhold adjustments and bonus amounts										
16. Subtotal (Lines 9 to 15)										
Less:										
17.1. Net reinsurance recoveries										
17.2. Federal/State reinsurance recoveries										
17.3 Federal/State risk sharing recoveries (payments)										
18. Total hospital and medical (Lines 16 minus 17)										
19. Non-health claim benefits										
20. Claims adjustment expenses										
21. General administrative expenses										
22. Increase in reserves for A&H contracts										
23. Total underwriting deductions (Lines 18 to 22)										
24. Net underwriting gain or (loss) (Lines 8 minus 23)										

YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 2
NY BUSINESS ONLY

	Non-Comprehensive								Grandfathered Business				Accident & Specified Disease	
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Small Groups		Direct Payment and Group Conversions			
	11 Amount	12 PMPM	13 Amount	14 PMPM	15 Amount	16 PMPM	17 Amount	18 PMPM	19 Amount	20 PMPM	21 Amount	22 PMPM	23 Amount	24 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:														
2.1 Base medical plan														
2.2 Drug riders														
2.3 Other riders														
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total														
3. Change in unearned premium reserves and reserve for rate credits:														
3.1 Base medical plan														
3.2 Drug riders														
3.3 Other riders														
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total														
4. Fee-for-service net of medical expenses														
5. Risk revenue														
6. Other health care related revenues														
7. Non-health revenues														
8. Total revenues (Lines 2 to 7)														
Hospital and Medical:														
9.1 Hospital (inpatient and outpatient)														
9.2 Medical														
10. Other professional services														
11. Outside referrals														
12. Emergency room and out-of-area														
13. Prescription drugs														
14.1 Aggregate write-ins for other hospital and medical														
14.2 Rider expense														
15. Incentive pool, withhold adjustments and bonus amounts														
16. Subtotal (Lines 9 to 15)														
Less:														
17.1. Net reinsurance recoveries														
17.2. Federal/State reinsurance recoveries														
17.3 Federal/State risk sharing recoveries (payments)														
18. Total hospital and medical (Lines 16 minus 17)														
19. Non-health claim benefits														
20. Claims adjustment expenses														
21. General administrative expenses														
22. Increase in reserves for A&H contracts														
23. Total underwriting deductions (Lines 18 to 22)														
24. Net underwriting gain or (loss) (Lines 8 minus 23)														

YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 3
NY BUSINESS ONLY

	Prescription Drugs								Dental							
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	25 Amount	26 PMPM	27 Amount	28 PMPM	29 Amount	30 PMPM	31 Amount	32 PMPM	33 Amount	34 PMPM	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																
2.1 Base medical plan																
2.2 Drug riders																
2.3 Other riders																
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total																
3. Change in unearned premium reserves and reserve for rate credits:																
3.1 Base medical plan																
3.2 Drug riders																
3.3 Other riders																
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total																
4. Fee-for-service net of medical expenses																
5. Risk revenue																
6. Other health care related revenues																
7. Non-health revenues																
8. Total revenues (Lines 2 to 7)																
Hospital and Medical:																
9.1 Hospital (inpatient and outpatient)																
9.2 Medical																
10. Other professional services																
11. Outside referrals																
12. Emergency room and out-of-area																
13. Prescription drugs																
14.1 Aggregate write-ins for other hospital and medical																
14.2 Rider expense																
15. Incentive pool, withhold adjustments and bonus amounts																
16. Subtotal (Lines 9 to 15)																
Less:																
17.1. Net reinsurance recoveries																
17.2. Federal/State reinsurance recoveries																
17.3 Federal/State risk sharing recoveries (payments)																
18. Total hospital and medical (Lines 16 minus 17)																
19. Non-health claim benefits																
20. Claims adjustment expenses																
21. General administrative expenses																
22. Increase in reserves for A&H contracts																
23. Total underwriting deductions (Lines 18 to 22)																
24. Net underwriting gain or (loss) (Lines 8 minus 23)																

YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 4
NY BUSINESS ONLY

		Medicare Carve-out								Medicare Supplement			
		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Direct Payment And Group		Long Term Care	
		41 Amount	42 PMPM	43 Amount	44 PMPM	45 Amount	46 PMPM	47 Amount	48 PMPM	49 Amount	50 PMPM	51 Amount	52 PMPM
1.	Member Months		XXX		XXX		XXX		XXX		XXX		XXX
2.	Net premium income:												
	2.1 Base medical plan												
	2.2 Drug riders												
	2.3 Other riders												
	2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.5 Total												
3.	Change in unearned premium reserves and reserve for rate credits:												
	3.1 Base medical plan												
	3.2 Drug riders												
	3.3 Other riders												
	3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	3.5 Total												
4.	Fee-for-service net of medical expenses												
5.	Risk revenue												
6.	Other health care related revenues												
7.	Non-health revenues												
8.	Total revenues (Lines 2 to 7)												
Hospital and Medical:													
9.1	Hospital (inpatient and outpatient)												
9.2	Medical												
10.	Other professional services												
11.	Outside referrals												
12.	Emergency room and out-of-area												
13.	Prescription drugs												
14.1	Aggregate write-ins for other hospital and medical												
14.2	Rider expense												
15.	Incentive pool, withhold adjustments and bonus amounts												
16.	Subtotal (Lines 9 to 15)												
Less:													
17.1.	Net reinsurance recoveries												
17.2.	Federal/State reinsurance recoveries												
17.3	Federal/State risk sharing recoveries (payments)												
18.	Total hospital and medical (Lines 16 minus 17)												
19.	Non-health claim benefits												
20.	Claims adjustment expenses												
21.	General administrative expenses												
22.	Increase in reserves for A&H contracts												
23.	Total underwriting deductions (Lines 18 to 22)												
24.	Net underwriting gain or (loss) (Lines 8 minus 23)												

YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 5
NY BUSINESS ONLY

	Vision								Healthy New York		Essential Plan		Medicare Other than Part D*		Medicare Part D		Other	
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions											
	53 Amount	54 PMPM	55 Amount	56 PMPM	57 Amount	58 PMPM	59 Amount	60 PMPM	61 Amount	62 PMPM	63 Amount	64 PMPM	65 Amount	66 PMPM	67 Amount	68 PMPM	69 Amount	70 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																		
2.1 Base medical plan																		
2.2 Drug riders																		
2.3 Other riders																		
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
2.5 Total																		
3. Change in unearned premium reserves and reserve for rate credits:																		
3.1 Base medical plan																		
3.2 Drug riders																		
3.3 Other riders																		
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
3.5 Total																		
4. Fee-for-service net of medical expenses																		
5. Risk revenue																		
6. Other health care related revenues																		
7. Non-health revenues													XXX	XXX	XXX	XXX		
8. Total revenues (Lines 2 to 7)																		
Hospital and Medical:																		
9.1 Hospital (inpatient and outpatient)																		
9.2 Medical																		
10. Other professional services																		
11. Outside referrals																		
12. Emergency room and out-of-area																		
13. Prescription drugs																		
14.1 Aggregate write-ins for other hospital and medical																		
14.2 Rider expense																		
15. Incentive pool, withhold adjustments and bonus amounts																		
16. Subtotal (Lines 9 to 15)																		
Less:																		
17.1. Net reinsurance recoveries																		
17.2. Federal/State reinsurance recoveries																		
17.3 Federal/State risk sharing recoveries (payments)																		
18. Total hospital and medical (Lines 16 minus 17)																		
19. Non-health claim benefits											XXX	XXX	XXX	XXX	XXX	XXX		
20. Claims adjustment expenses																		
21. General administrative expenses																		
22. Increase in reserves for A&H contracts																		
23. Total underwriting deductions (Lines 18 to 22)																		
24. Net underwriting gain or (loss) (Lines 8 minus 23)																		

*** Employer Group Waiver Plans (EGWPs) should be reported as part of Medicare Advantage**

CURRENT QUARTER STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 1
NY BUSINESS ONLY

	Total		Comprehensive or Major Medical							
			Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	7 Amount	8 PMPM	9 Amount	10 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX
2. Net premium income:										
2.1 Base medical plan										
2.2 Drug riders										
2.3 Other riders										
2.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total										
3. Change in unearned premium reserves and reserve for rate credits:										
3.1 Base medical plan										
3.2 Drug riders										
3.3 Other riders										
3.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total										
4. Fee-for-service net of medical expenses										
5. Risk revenue										
6. Other health care related revenues										
7. Non-health revenues										
8. Total revenues (Lines 2 to 7)										
Hospital and Medical:										
9.1 Hospital (inpatient and outpatient)										
9.2 Medical										
10. Other professional services										
11. Outside referrals										
12. Emergency room and out-of-area										
13. Prescription drugs										
14.1 Aggregate write-ins for other hospital and medical										
14.2 Rider expense										
15. Incentive pool, withhold adjustments and bonus amounts										
16. Subtotal (Lines 9 to 15)										
Less:										
17.1. Net reinsurance recoveries										
17.2. Federal/State reinsurance recoveries										
17.3 Federal/State risk sharing recoveries (payments)										
18. Total hospital and medical (Lines 16 minus 17)										
19. Non-health claim benefits										
20. Claims adjustment expenses										
21. General administrative expenses										
22. Increase in reserves for A&H contracts										
23. Total underwriting deductions (Lines 18 to 22)										
24. Net underwriting gain or (loss) (Lines 8 minus 23)										

CURRENT QUARTER STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 2
NY BUSINESS ONLY

	Non-Comprehensive								Grandfathered Business					
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Small Groups		Direct Payment and Group Conversions		Accident & Specified Disease	
	11 Amount	12 PMPM	13 Amount	14 PMPM	15 Amount	16 PMPM	17 Amount	18 PMPM	19 Amount	20 PMPM	21 Amount	22 PMPM	23 Amount	24 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:														
2.1 Base medical plan														
2.2 Drug riders														
2.3 Other riders														
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total														
3. Change in unearned premium reserves and reserve for rate credits:														
3.1 Base medical plan														
3.2 Drug riders														
3.3 Other riders														
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total														
4. Fee-for-service net of medical expenses														
5. Risk revenue														
6. Other health care related revenues														
7. Non-health revenues														
8. Total revenues (Lines 2 to 7)														
Hospital and Medical:														
9.1 Hospital (inpatient and outpatient)														
9.2 Medical														
10. Other professional services														
11. Outside referrals														
12. Emergency room and out-of-area														
13. Prescription drugs														
14.1 Aggregate write-ins for other hospital and medical														
14.2 Rider expense														
15. Incentive pool, withhold adjustments and bonus amounts														
16. Subtotal (Lines 9 to 15)														
Less:														
17.1. Net reinsurance recoveries														
17.2. Federal/State reinsurance recoveries														
17.3 Federal/State risk sharing recoveries (payments)														
18. Total hospital and medical (Lines 16 minus 17)														
19. Non-health claim benefits														
20. Claims adjustment expenses														
21. General administrative expenses														
22. Increase in reserves for A&H contracts														
23. Total underwriting deductions (Lines 18 to 22)														
24. Net underwriting gain or (loss) (Lines 8 minus 23)														

CURRENT QUARTER STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 3
NY BUSINESS ONLY

	Prescription Drugs								Dental							
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	25 Amount	26 PMPM	27 Amount	28 PMPM	29 Amount	30 PMPM	31 Amount	32 PMPM	33 Amount	34 PMPM	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																
2.1 Base medical plan																
2.2 Drug riders																
2.3 Other riders																
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total																
3. Change in unearned premium reserves and reserve for rate credits:																
3.1 Base medical plan																
3.2 Drug riders																
3.3 Other riders																
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total																
4. Fee-for-service net of medical expenses																
5. Risk revenue																
6. Other health care related revenues																
7. Non-health revenues																
8. Total revenues (Lines 2 to 7)																
Hospital and Medical:																
9.1 Hospital (inpatient and outpatient)																
9.2 Medical																
10. Other professional services																
11. Outside referrals																
12. Emergency room and out-of-area																
13. Prescription drugs																
14.1 Aggregate write-ins for other hospital and medical																
14.2 Rider expense																
15. Incentive pool, withhold adjustments and bonus amounts																
16. Subtotal (Lines 9 to 15)																
Less:																
17.1. Net reinsurance recoveries																
17.2. Federal/State reinsurance recoveries																
17.3 Federal/State risk sharing recoveries (payments)																
18. Total hospital and medical (Lines 16 minus 17)																
19. Non-health claim benefits																
20. Claims adjustment expenses																
21. General administrative expenses																
22. Increase in reserves for A&H contracts																
23. Total underwriting deductions (Lines 18 to 22)																
24. Net underwriting gain or (loss) (Lines 8 minus 23)																

CURRENT QUARTER STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 4
NY BUSINESS ONLY

		Medicare Carve-out								Medicare Supplement			
		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Direct Payment And Group		Long Term Care	
		41 Amount	42 PMPM	43 Amount	44 PMPM	45 Amount	46 PMPM	47 Amount	48 PMPM	49 Amount	50 PMPM	51 Amount	52 PMPM
1	Member Months		XXX		XXX		XXX		XXX		XXX		XXX
2.	Net premium income:												
	2.1 Base medical plan												
	2.2 Drug riders												
	2.3 Other riders												
	2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.5 Total												
3.	Change in unearned premium reserves and reserve for rate credits:												
	3.1 Base medical plan												
	3.2 Drug riders												
	3.3 Other riders												
	3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	3.5 Total												
4.	Fee-for-service net of medical expenses												
5.	Risk revenue												
6.	Other health care related revenues												
7.	Non-health revenues												
8.	Total revenues (Lines 2 to 7)												
Hospital and Medical:													
9.1	Hospital (inpatient and outpatient)												
9.2	Medical												
10.	Other professional services												
11.	Outside referrals												
12.	Emergency room and out-of-area												
13.	Prescription drugs												
14.1	Aggregate write-ins for other hospital and medical												
14.2	Rider expense												
15.	Incentive pool, withhold adjustments and bonus amounts												
16.	Subtotal (Lines 9 to 15)												
Less:													
17.1.	Net reinsurance recoveries												
17.2.	Federal/State reinsurance recoveries												
17.3	Federal/State risk sharing recoveries (payments)												
18.	Total hospital and medical (Lines 16 minus 17)												
19.	Non-health claim benefits												
20.	Claims adjustment expenses												
21.	General administrative expenses												
22.	Increase in reserves for A&H contracts												
23.	Total underwriting deductions (Lines 18 to 22)												
24.	Net underwriting gain or (loss) (Lines 8 minus 23)												

CURRENT QUARTER STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 5
NY BUSINESS ONLY

	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Healthy New York		Essential Plan		Medicare Other than Part D		Medicare Part D *		Other	
	53 Amount	54 PMPM	55 Amount	56 PMPM	57 Amount	58 PMPM	59 Amount	60 PMPM	61 Amount	62 PMPM	63 Amount	64 PMPM	65 Amount	66 PMPM	67 Amount	68 PMPM	69 Amount	70 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																		
2.1 Base medical plan																		
2.2 Drug riders																		
2.3 Other riders																		
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
2.5 Total																		
3. Change in unearned premium reserves and reserve for rate credits:																		
3.1 Base medical plan																		
3.2 Drug riders																		
3.3 Other riders																		
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
3.5 Total																		
4. Fee-for-service net of medical expenses																		
5. Risk revenue																		
6. Other health care related revenues																		
7. Non-health revenues													XXX	XXX	XXX	XXX		
8. Total revenues (Lines 2 to 7)																		
Hospital and Medical:																		
9.1 Hospital (inpatient and outpatient)																		
9.2 Medical																		
10. Other professional services																		
11. Outside referrals																		
12. Emergency room and out-of-area																		
13. Prescription drugs																		
14.1 Aggregate write-ins for other hospital and medical																		
14.2 Rider expense																		
15. Incentive pool, withhold adjustments and bonus amounts																		
16. Subtotal (Lines 9 to 15)																		
Less:																		
17.1. Net reinsurance recoveries																		
17.2. Federal/State reinsurance recoveries																		
17.3 Federal/State risk sharing recoveries (payments)																		
18. Total hospital and medical (Lines 16 minus 17)																		
19. Non-health claim benefits											XXX	XXX	XXX	XXX	XXX	XXX		
20. Claims adjustment expenses																		
21. General administrative expenses																		
22. Increase in reserves for A&H contracts																		
23. Total underwriting deductions (Lines 18 to 22)																		
24. Net underwriting gain or (loss) (Lines 8 minus 23)																		

***Employer Group Waiver Plans (EGWPs) should be reported as part of Medicare Part D**

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	
6. Total Amounts Withheld	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
7. Total Claims Unpaid (Lines 4 through 6)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
8. Accrued Medical Incentive Pool	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	

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)												

For a company writing business only in New York State, Total Claims Unpaid on line 7 of Section 1 must agree with NAIC Quarterly Statement page 3, line 1, col. 3, Claims Unpaid. Sections 2A and 2B, columns 5 and 6, line 4.5 must total Section 1, columns 11 and 12, line 4.
See further notes after Section 3 of this Schedule

HEALTH INSURANCE CLAIMS PAYABLE, NY STATE BUSINESS
Section 2A – Statutory Aging Analysis (New York Insurance Law Section 3224-a)
CLAIMS TRANSMITTED ELECTRONICALLY VIA INTERNET OR ELECTRONIC MAIL

Account	1-30 Days		Over 30 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)						
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) (Lines 1.11+1.12+2.1+3.1)						
4.2 Payable to Hospitals (including capitation) (Lines 1.21+1.22+2.2+3.2)						
4.3 Payable to Subscribers (Lines 1.3+2.3+3.3)						
4.4 Payable to Others (including capitation)[f] (Lines 1.41+1.42+2.4+3.4)						
4.5 Subtotal (Lines 4.1 through 4.4)						

Section 2B – Statutory Aging Analysis (New York Insurance Law Section 3224-a)
PAPER CLAIMS OR CLAIMS SUBMITTED VIA FACSIMILE

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)	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) (Lines 1.11+1.12+2.1+3.1)						
4.2 Payable to Hospitals (including capitation) (Lines 1.21+1.22+2.2+3.2)						
4.3 Payable to Subscribers (Lines 1.3+2.3+3.3)						
4.4 Payable to Others (including capitation)[f] (Lines 1.41+1.42+2.4+3.4)						
4.5 Subtotal (Lines 4.1 through 4.4)						

*Section 2A, columns 5 and 6, line 4.5 and Section 2B, columns 5 and 6, line 4.5 must total Section 1, columns 11 and 12, line 4.

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**			

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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 in Sections 2A and 2B and 1.1 in Section 3 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- For a company writing business only in New York State, Grand Total Dollar Value (line 6, col. 2) should agree with NAIC Health Blank Quarterly Statement, page Q9, Analysis of Claims Unpaid Schedule, line 9, Col. 1 + Col. 2. There is no crosscheck for the Life Blank

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 this Report:_____

Telephone Number:_____

E-mail Address:_____

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 NY 12, 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 NY 12, 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 NY 12, line 3.198)												

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 NY 12, above Section 1 heading.

Enrollment Data by New York Counties

For the End of the Current Quarter

County	1 Total	2 Large Group Comprehensive PPO	3 Large Group Comprehensive EPO	4 Large Group Comprehensive PSO	5 Large Group Comprehensive Other	6 Small Group Comprehensive PPO On Exchange	7 Small Group Comprehensive PPO Off Exchange
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							
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							
64. Other							
65. Total (63+64)							

Special Instructions:

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

2) "Stand-Alone Dental" columns and the “Stand Alone Vision” column should be comprised of enrollees who are covered pursuant to a stand-alone contract for dental or vision benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column.

3) Column 30, Other should include enrollees who are covered pursuant to a stand-alone contract for prescription drug benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column.

Enrollment Data by New York Counties

For the End of the Current Quarter

County	8 Small Group Comprehensive EPO On Exchange	9 Small Group Comprehensive EPO Off Exchange	10 Small Group Comprehensive PSO On Exchange	11 Small Group Comprehensive PSO Off Exchange	12 Small Group Comprehensive Other On Exchange	13 Small Group Comprehensive Other Off Exchange	14 Individual Direct Pay PPO On Exchange
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							
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							
64. Other							
65.Total (63+64)							

Enrollment Data by New York Counties

For the End of the Current Quarter

County	15 Individual Direct Pay PPO Off Exchange	16 Individual Direct Pay EPO On Exchange	17 Individual Direct Pay EPO Off Exchange	18 Individual Direct Pay PSO On Exchange	19 Individual Direct Pay PSO Off Exchange	20 Individual Direct Pay Other On Exchange	21 Individual Direct Pay Other Off Exchange
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							
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							
64. Other							
65.Total (63+64)							

Enrollment Data by New York Counties
For the End of the Current Quarter

County	22 Stand Alone Dental On Exchange	23 Stand Alone Dental Off Exchange	24 Stand Alone Vision	25 Medicare Supplement	26 Medicare Part D Prescription	27 Medicare	28 Out of Network – HMO POS	29 Essential Plan	30[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									
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									
64, Other									
65 Total (63+64)									

(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)_____

QUARTERLY STATEMENT SUPPLEMENT AS OF ..... OF THE .....

Direct Premium by New York Counties
For the End of the Current Quarter

County	1 Total	2 Large Group Comprehensive PPO	3 Large Group Comprehensive EPO	4 Large Group Comprehensive PSO	5 Large Group Comprehensive Other	6 Small Group Comprehensive PPO On Exchange	7 Small Group Comprehensive PPO Off Exchange
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							
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. Total NY Direct							
64. Other							
65. Plus Reinsurance Assumed (NY)							
66. Total NY Gross (lines 63+64+65)							
67. Less Premiums Ceded (NY)							
68. Total NY Net (lines 66-67)							

Special Instructions:

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

2) "Stand-Alone Dental" columns and the "Stand Alone Vision" column should be comprised of enrollees who are covered pursuant to a stand-alone contract for dental or vision benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column.

3) Column 30, Other should include enrollees who are covered pursuant to a stand-alone contract for prescription drug benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column.

Direct Premium by New York Counties

For the End of the Current Quarter

County	8 Small Group Comprehensive EPO On Exchange	9 Small Group Comprehensive EPO Off Exchange	10 Small Group Comprehensive PSO On Exchange	11 Small Group Comprehensive PSO Off Exchange	12 Small Group Comprehensive Other On Exchange	13 Small Group Comprehensive Other Off Exchange	14 Individual Direct Pay PPO On Exchange
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							
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. Total NY Direct							
64. Other							
65. Plus Reinsurance Assumed (NY)							
66.Total NY Gross (lines 63+64+65)							
67 Less Premiums Ceded (NY)							
68. Total NY Net (lines 66-67)							

Direct Premium by New York Counties

For the End of the Current Quarter

County	15 Individual Direct Pay PPO Off Exchange	16 Individual Direct Pay EPO On Exchange	17 Individual Direct Pay EPO Off Exchange	18 Individual Direct Pay PSO On Exchange	19 Individual Direct Pay PSO Off Exchange	20 Individual Direct Pay Other On Exchange	21 Individual Direct Pay Other Off Exchange
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							
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. Total NY Direct							
64. Other							
65. Plus Reinsurance Assumed (NY)							
66.Total NY Gross (lines 63+64+65)							
67. Less Premiums Ceded (NY)							
68. Total NY Net (lines 66-67)							

Direct Premium by New York Counties

For the End of the Current Quarter

County	22 Stand Alone Dental On Exchange	23 Stand Alone Dental Off Exchange	24 Stand Alone Vision	25 Medicare Supplement	26 Medicare Part D Prescription	27 Medicare	28 Out of Network – HMO POS	29 Essential Plan	30[(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									
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. Total NY Direct									
64. Other									
65. Plus Reinsurance Assumed (NY)									
66. Total NY Gross (lines 63+64+65)									
67. Less Premiums Ceded (NY)									
68. Total NY Net (lines 66-67)									

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

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