

**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

2015

INSTRUCTIONS

For completing the Quarterly 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 either the NAIC Health Blank or Life 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 submitted 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 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.
- 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.
- 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

SUPPLEMENT PAGE NO.	TITLE	DOMESTIC	FOREIGN
1	Jurat	X	X
2	Year-to-Date Statement of Revenue And Expenses by Line of Business – NY Business Only	X	X
6	Current Quarter Statement of Revenue And Expenses by Line of Business – NY Business Only	X	X
10	Health Insurance Claims Payable (reported and unreported) NY State Business	X	X
14	Enrollment Data by New York Counties	X	X
18	Gross Premiums by New York Counties	X	X

JURAT PAGE-PAGE 1

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

PAGES NY2 THRU NY9 - STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

- 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.
- 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.
- Column 11 through 18, Non-Comprehensive, should include contracts that provide hospital only coverage and contracts that provide surgical-medical only coverage.
- 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.
- Columns 25 and 26, Medicare Supplement should include all Medicare Supplement, whether written on a group or direct pay basis.
- Columns 27 through 34, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
- Columns 35 through 42, Prescription Drugs, and columns 43 through 50, 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.
- Line 17.3, Federal/State risk-sharing recoveries (payments) includes activity per Regulation 146 [11 NYCRR 361].

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/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 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 27 are to be reflected in column 28. Columns 22 and 23, Stand-Alone Dental and Column 26 "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 28, 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 28 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 on 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 on the submissions.

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

Subscribed and sworn to before me this
_____ day of _____, 2015

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

	Total		Comprehensive or Major Medical								Non-Comprehensive							
			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	
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	7 Amount	8 PMPM	9 Amount	10 PMPM	11 Amount	12 PMPM	13 Amount	14 PMPM	15 Amount	16 PMPM	17 Amount	18 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	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)																		

NY 2

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

	Grandfathered Business						Medicare Supplement		Medicare Carve-out							
	Small Groups		Direct Payment and Group Conversions		Accident & Specified Disease		Direct Payment and Group		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	19 Amount	20 PMPM	21 Amount	22 PMPM	23 Amount	24 PMPM	25 Amount	26 PMPM	27 Amount	28 PMPM	29 Amount	30 PMPM	31 Amount	32 PMPM	33 Amount	34 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	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)																

NY 3

**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	
	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM	41 Amount	42 PMPM	43 Amount	44 PMPM	45 Amount	46 PMPM	47 Amount	48 PMPM	49 Amount	50 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)																

NY 4

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

	Healthy New York		Vision								Medicare Other than Part D		Medicare Part D		Long Term Care		Other	
			Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions									
	51 Amount	52 PMPM	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
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				
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 1
NY BUSINESS ONLY**

	Total		Comprehensive or Major Medical								Non-Comprehensive							
			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	
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	7 Amount	8 PMPM	9 Amount	10 PMPM	11 Amount	12 PMPM	13 Amount	14 PMPM	15 Amount	16 PMPM	17 Amount	18 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	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																		
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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**

	Grandfathered Business						Medicare Supplement		Medicare Carve-out							
	Small Groups		Direct Payment and Group Conversions		Accident & Specified Disease		Direct Payment		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	19 Amount	20 PMPM	21 Amount	22 PMPM	23 Amount	24 PMPM	25 Amount	26 PMPM	27 Amount	28 PMPM	29 Amount	30 PMPM	31 Amount	32 PMPM	33 Amount	34 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	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																
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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)																
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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)																

NY 7

**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	
	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM	41 Amount	42 PMPM	43 Amount	44 PMPM	45 Amount	46 PMPM	47 Amount	48 PMPM	49 Amount	50 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																
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Hospital and Medical:																
9.1 Hospital (inpatient and outpatient)																
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10. Other professional services																
11. Outside referrals																
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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**

	Healthy New York		Vision								Medicare Other than Part D		Medicare Part D		Long Term Care		Other	
			Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions									
	51 Amount	52 PMPM	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
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	
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	
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			
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)																		

NY 9

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

NY 10

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								
6. Total Amounts Withheld	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								

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 2, columns 5 and 6, lines 4.5 through 8 must be identical to those of Section 1, columns 11 and 12, lines 4 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 in Section 2 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- 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 10, 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 10, 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 10, line 3.198)												

NY 13

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 10, 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							

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 28, 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							
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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							

**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							
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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							

**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 Medicare Supplement	25 Medicare Part D Prescription	26 Stand Alone Vision	27 Out of Network – HMO POS	28 ^(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							
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36. Orange							
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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							

(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 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							
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39. Otsego							
40. Putnam							
41. Queens							
42. Rensselaer							
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47. Schoharie							
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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							

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 28, 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.

Gross 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							
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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							

Gross 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							
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37. Orleans							
38. Oswego							
39. Otsego							
40. Putnam							
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42. Rensselaer							
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45. Saratoga							
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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							

Gross 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 Medicare Supplement	25 Medicare Part D Prescription	26 Stand Alone Vision	27 Out of Network – HMO POS	28 ^(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							

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

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