

**STATE OF NEW YORK  
INSURANCE DEPARTMENT**

**SUPPLEMENT TO  
ARTICLE 43  
CORPORATIONS  
QUARTERLY STATEMENT**

To be filed with the  
Quarterly Statement – As of \_\_\_\_\_

of the

\_\_\_\_\_  
Name of Insurer

Quarterly Supplements are to be filed in duplicate at the New York City office of the New York Insurance Department. Completed Supplements should be addressed to the New York State Insurance Department, Health Bureau, 25 Beaver Street, New York, NY 10004-2319. All pages of the Supplement must be bound along the left margin and must have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.

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.

2011 Edition

**2011**

**ARTICLE 43 CORPORATIONS QUARTERLY**

# NEW YORK STATE INSURANCE DEPARTMENT QUARTERLY STATEMENT SUPPLEMENT

AS OF \_\_\_\_\_

of the Condition of the \_\_\_\_\_

Affix Bar Code Above

NAIC Group Code Current Period \_\_\_\_\_ NAIC Group Code Prior Period \_\_\_\_\_  
 NAIC Company Code \_\_\_\_\_ Employer's ID Number \_\_\_\_\_  
 Annual Statement Contact Person and Phone Number \_\_\_\_\_  
 Annual Statement Contact Person's E-Mail Address \_\_\_\_\_  
 Electronic Filing Contact Person and Phone Number \_\_\_\_\_  
 Electronic Filing Contact Person's E-Mail Address \_\_\_\_\_  
 Counties in which Currently Writing \_\_\_\_\_

## OFFICERS<sup>(a)</sup>

President \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer \_\_\_\_\_

Vice-Presidents { \_\_\_\_\_  
 \_\_\_\_\_

## DIRECTORS OR TRUSTEES<sup>(a)</sup>

| Provider: | Public: | Subscriber: | Officer-Employee: |
|-----------|---------|-------------|-------------------|
| .....     | .....   | .....       | .....             |
| .....     | .....   | .....       | .....             |
| .....     | .....   | .....       | .....             |
| .....     | .....   | .....       | .....             |
| .....     | .....   | .....       | .....             |
| .....     | .....   | .....       | .....             |
| .....     | .....   | .....       | .....             |
| .....     | .....   | .....       | .....             |

## 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 Quarterly Health 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 Insurance Department. In addition, the electronic filing submitted has been scanned through a 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 Health Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that the quarterly statement information contained in this filing is identical to the information contained in the \_\_\_\_\_, 20\_\_\_ Quarterly Health Statement blank filed with the insurer's domiciliary state insurance department. In addition, the electronic filing submitted has been scanned through a virus detection software package and no viruses are present on the submissions.

| Print Name      | Signature |
|-----------------|-----------|
| President _____ | _____     |
| Secretary _____ | _____     |
| Treasurer _____ | _____     |

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 2011  
 \_\_\_\_\_

(a) Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated positions in the previous year's statement. Indicate Chairman of the Board of Directors.

## PART 2C (NY) - QUARTERLY CLAIMS UNPAID DEVELOPMENT SCHEDULE

|   | Claims Paid During the Year                                 |                                       | Claims Unpaid End of Current Quarter,<br>Viz.: Estimated Liability End of Current Quarter |                                       | 5  | 6  |
|---|---|---------------------------------------|---|---------------------------------------|--|--|
|   | 1   | 2                                     | 3   | 4                                     | Total Claims Paid During the<br>Current Year and Claims<br>Unpaid at End of Current<br>Quarter on Claims Incurred<br>in Prior Years<br>(Columns 1 + 3) | Estimated Liability<br>on Unpaid Claims<br>December 31<br>of Previous Year |
| Line of Business                                  | On Claims Incurred<br>Prior to January 1<br>of Current Year | On Claims Incurred<br>During the Year | On Claims Unpaid<br>Dec. 31 of Previous Year  | On Claims Incurred<br>During the Year |  |  |
| 1. Hospital.....                                  |   |                                       |   |                                       |  |  |
| 2. Surgical-Medical.....                          |   |                                       |   |                                       |  |  |
| 3. Major Medical or Comprehensive.....            |   |                                       |   |                                       |  |  |
| 4. Medicare Supplemental.....                     |   |                                       |   |                                       |  |  |
| 5. Dental.....                                    |   |                                       |   |                                       |  |  |
| 6. Prescription Drugs.....                        |   |                                       |   |                                       |  |  |
| 7. HMO.....                                       |   |                                       |   |                                       |  |  |
| 8. Subtotal (lines 1 through 7).....              |   |                                       |   |                                       |  |  |
| 9. Medical incentive pools and bonus amounts..... |   |                                       |   |                                       |  |  |
| 10. Totals (lines 8 and 9)                        |   |                                       |   |                                       |  |  |

Footnote: Totals shown on line 10 must agree with NAIC Quarterly Statement, Page 9, Analysis of Claims Unpaid, line 13.

NY2

**SCHEDULE H (NY)**

Individually list in Section 1 all health care creditors of \$7,500 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." Report 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 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<br>Claim Count | 2<br>Dollar Value | 3<br>Claim Count | 4<br>Dollar Value | 5<br>Claim Count | 6<br>Dollar Value | 7<br>Claim Count | 8<br>Dollar Value | 9<br>Claim Count | 10<br>Dollar Value | 11<br>Claim Count | 12<br>Dollar Value |
| <b>1. Reserves for Reported Claims Due and Unpaid<sup>a</sup></b>           |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 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)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| <b>2. Reserves for Reported Claims in Course of Settlement<sup>b</sup></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)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| <b>3. Reserves for Reported Resisted Claims<sup>c</sup></b>                 |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 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)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| <b>4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3)</b>               |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| <b>5. Unreported Claims and Other Claim Reserves<sup>d</sup></b>            | xxx              | xxx                | xxx               | xxx                |
| <b>6. Total Amounts Withheld</b>  | xxx              | xxx                | xxx               | xxx                |
| <b>7. Total Claims Unpaid (Lines 4 through 6)</b>                           | xxx              | xxx                | xxx               | xxx                |
| <b>8. Accrued Medical Incentive Pool and Bonus Amounts</b>                  | xxx              | xxx                | xxx               | xxx                |

NY3

|   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| 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)                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| 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)                       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| 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)                       |  |  |  |  |  |  |  |  |  |  |  |  |

**Footnote:** 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. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C. Health Quarterly Statement page 3, line 1, col. 3, Claims Unpaid. Is Schedule H (NY) so reported in this statement? Yes [ ] No [ ]  
 If No, explain. \_\_\_\_\_

**SCHEDULE H (NY)**  
**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 |
| <b>1. Reserves for Reported Claims Due and Unpaid<sup>a</sup></b>                  |             |              |              |              |             |              |
| 1.11 Payable to Physicians (capitated) <sup>e</sup>                                | 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) <sup>f</sup>                                    | xxx         |              | xxx          |              | xxx         |              |
| 1.42 Payable to Others (other than capitated) <sup>f</sup>                         |             |              |              |              |             |              |
| 1.5 Subtotal (Lines 1.11 through 1.42)   |             |              |              |              |             |              |
| <b>2. Reserves for Reported Claims in Course of Settlement<sup>b</sup></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) <sup>f</sup>                          |             |              |              |              |             |              |
| 2.5 Subtotal (Lines 2.1 through 2.4)   |             |              |              |              |             |              |
| <b>3. Reserves for Reported Resisted Claims<sup>c</sup></b>                        |             |              |              |              |             |              |
| 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) <sup>f</sup>                          |             |              |              |              |             |              |
| 3.5 Subtotal (Lines 3.1 through 3.4)   |             |              |              |              |             |              |
| <b>4. Total Reported Claims Unpaid (lines 1 through 3)</b>                         |             |              |              |              |             |              |
| 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) <sup>f</sup> (Line 1.41+1.42+2.4+3.4) |             |              |              |              |             |              |
| 4.5 Subtotal (Lines 4.1 through 4.4)   |             |              |              |              |             |              |
| <b>5. Unreported Claims and Other Claim Reserves<sup>d</sup></b>                   | xxx         | xxx          | xxx          | xxx          | xxx         |              |
| <b>6. Total Amounts Withheld</b>   | xxx         | xxx          | xxx          | xxx          | xxx         |              |
| <b>7. Total Claims Unpaid (Lines 4.5 through 6)</b>                                | xxx         | xxx          | xxx          | xxx          | xxx         |              |
| <b>8. Accrued Medical Incentive Pool and Bonus Amounts</b>                         | xxx         | xxx          | xxx          | xxx          | xxx         |              |

**Footnote:** 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. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Health Quarterly Statement page 3, line 1, col. 3, Claims Unpaid.

**SCHEDULE H (NY)**  
**Section 3 - Claims and Interest Paid, Current Year to Date**

| Account  | Claims Paid During Year |                   | N.Y.I.L. Section 3224-a Interest |                                |
|--|-------------------------|-------------------|----------------------------------|--------------------------------|
|  | 1<br>Claim Count        | 2<br>Dollar Value | 3<br>Claim Count <sup>i</sup>    | 4<br>Interest Paid During Year |
| <b>1.1. Paid to Physicians (capitated)</b>                         | xxx                     |                   | xxx                              | xxx                            |
| <b>1.2. Paid to Physicians (other than capitated)</b>              |                         |                   |                                  |                                |
| <b>2.1. Paid to Hospitals (capitated)</b>                          | xxx                     |                   | xxx                              | xxx                            |
| <b>2.2. Paid to Hospitals (other than capitated)</b>               |                         |                   |                                  |                                |
| <b>3. Paid to Subscribers</b>                                      |                         |                   |                                  |                                |
| <b>4.1. Paid to Others (Benefits) (capitated)</b>                  | xxx                     |                   | xxx                              | xxx                            |
| <b>4.2. Paid to Others (Benefits) (other than capitated)</b>       |                         |                   |                                  |                                |
| <b>5.1. Total Capitated (Lines 1.1 + 2.1 + 4.1)</b>                | xxx                     |                   | xxx                              | xxx                            |
| <b>5.2. Total Other than Capitated (Lines 1.2 + 2.2 + 3 + 4.2)</b> |                         |                   |                                  |                                |
| <b>5.3. Paid to Others (Miscellaneous.<sup>g</sup>)</b>            | xxx                     |                   | xxx                              | xxx                            |
| <b>6. Subtotal (Lines 5.1 + 5.2 + 5.3)</b>                         | xxx                     |                   |                                  |                                |
| <b>7. Medical Incentive Pool and Bonus Amounts</b>                 | xxx                     |                   | xxx                              | xxx                            |
| <b>8. Grand Total (Line 6 + 7)<sup>h</sup></b>                     | xxx                     |                   |                                  |                                |

**Footnotes:**

- a- Reserves for Reported Claims Due and Unpaid: A reserve for due and unpaid claims is established to pay claims which have been approved, but for which payment checks have not been sent.
- b- Reserves for Reported Claims in Course of Settlement: Reserves for claims in the course of settlement are established for claims that are on file in the company at the time the valuation is done but have not yet been approved or paid.
- c- Reserves for Reported Resisted Claims: Reserves for resisted claims are established for those claims in dispute and/or where the obligation to pay such claim is not reasonably clear as of the statement date.
- d- Unreported Claims and Other Claim Reserves: Include reserves for IBNR claims and other claim reserves. Other Claim Reserves include non-benefit-related liabilities required to be reported as claims, e.g. Regulation No. 146 pool liabilities.
- e- Line 1.11 should include Doctors and IPA corporations reimbursed on a capitated basis.
- f- Payable to Others: Include all claim-related payments to intermediaries (other than those to IPA corporations, which are to be accounted for as "Payable to Physicians") and other vendors, such as suppliers of durable medical equipment. Include reported claims payable not classified as payable to physicians, hospitals, or subscribers.
- g- Includes Regulation 146 pool payments, payments to bad debt and charity pools, prompt payment claim interest penalties, etc.
- h- Grand total Dollar Value (line 8, col. 2) should agree with page NY2, Part 2C(NY), Quarterly Claims Unpaid Development Schedule, line 10, col. 1 + col. 2.
- i- Line 8, 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.

NY5

**SCHEDULE H (NY)**

**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<br>Claim Count | 2<br>Dollar Value | 3<br>Claim Count | 4<br>Dollar Value | 5<br>Claim Count | 6<br>Dollar Value | 7<br>Claim Count | 8<br>Dollar Value | 9<br>Claim Count | 10<br>Dollar Value | 11<br>Claim Count | 12<br>Dollar Value |
| <b>1. Reserves for Reported Claims Due and Unpaid - Companies individually listed</b> (continued from Section 1)          |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| Totals overflow for line 1.1 (enter also on page NY3, line 1.198)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| <b>2. Reserves for Reported Claims in Course of Settlement - Companies individually listed</b> (continued from Section 1) |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| Totals overflow for line 2.1 (enter also on page NY3, line 2.198)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| <b>3. Reserves for Reported Resisted Claims - Companies individually listed</b> (continued from Section 1)                |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| Totals overflow for line 3.1 (enter also on page NY3, line 3.198)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |

91N

**Footnote:** Health care creditors should be individually listed only if the claim is for \$7,500 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page NY3, above Section 1 heading.

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

|   | Total<br>(5 thru 71, Amounts) |             | Total Excluding<br>HMO, Healthy NY,<br>Gov't Programs,<br>Other Insured<br>Business, and<br>Uninsured Business<br>(7 thru 57 less 41,<br>Amounts) |             | All HMO Business<br>(Should agree with<br>Totals in NY Data<br>Requirements, page<br>NY4, line 24, col. 1) |             | Comprehensive or Major Medical        |             |                                      |              |                 |              |  |            |
|---|-------------------------------|-------------|---|-------------|--|-------------|---------------------------------------|-------------|--------------------------------------|--------------|-----------------|--------------|--|------------|
|   |                               |             |   |             |  |             | Large Groups<br>(Experience<br>Rated) |             | Large Groups<br>(Community<br>Rated) |              | Small<br>Groups |              | Direct Payment<br>and<br>Group Conversions |            |
|   |                               |             |   |             |  |             | 7<br>Amount                           | 8<br>PMPM   | 9<br>Amount                          | 10<br>PMPM   | 11<br>Amount    | 12<br>PMPM   | 13<br>Amount                               | 14<br>PMPM |
| 1<br>Amount   | 2<br>PMPM                     | 3<br>Amount | 4<br>PMPM   | 5<br>Amount | 6<br>PMPM  | 7<br>Amount | 8<br>PMPM                             | 9<br>Amount | 10<br>PMPM                           | 11<br>Amount | 12<br>PMPM      | 13<br>Amount | 14<br>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        |
| 2.5 Total   |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 3. Change in unearned premium reserves and<br>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         |                                       |             |                                      |              |                 |              |  |            |
| 8. Total revenues (Lines 2 to 7)  |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| <b>Hospital and Medical:</b>  |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 9. Hospital/medical benefits  |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 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)  |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| <b>Less:</b>  |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 17.1. Net reinsurance recoveries  |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries         |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 17.3. Regulation 146 pool recoveries                                    |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 18. Total hospital and medical (Lines 16 minus 17)                      |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 19. Non-health claim benefits   |                               |             |   |             | 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)                  |                               |             |   |             |  |             |                                       |             |                                      |              |                 |              |  |            |

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

|   | Hospital                              |            |                                      |            |                 |            |  |            | Surgical-Medical                      |            |                                      |            |                 |            |  |            |
|---|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|
|   | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            |
|   | 15<br>Amount                          | 16<br>PMPM | 17<br>Amount                         | 18<br>PMPM | 19<br>Amount    | 20<br>PMPM | 21<br>Amount                               | 22<br>PMPM | 23<br>Amount                          | 24<br>PMPM | 25<br>Amount                         | 26<br>PMPM | 27<br>Amount    | 28<br>PMPM | 29<br>Amount                               | 30<br>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<br>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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Hospital and Medical:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 9. Hospital/medical benefits  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Less:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.1. Net reinsurance recoveries  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries         |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.3. Regulation 146 pool recoveries                                    |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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**

|  | Medicare Carve-out              |            |                                |            |              |            |                                      |            | Medicare Supplement |            | Healthy New York |     |
|--|---------------------------------|------------|--------------------------------|------------|--------------|------------|--------------------------------------|------------|---------------------|------------|------------------|-----|
|  | Large Groups (Experience Rated) |            | Large Groups (Community Rated) |            | Small Groups |            | Direct Payment and Group Conversions |            | Direct Payment      |            |                  |     |
|  | 31<br>Amount                    | 32<br>PMPM | 33<br>Amount                   | 34<br>PMPM | 35<br>Amount | 36<br>PMPM | 37<br>Amount                         | 38<br>PMPM | 39<br>Amount        | 40<br>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)                                     |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| <b>Hospital and Medical:</b>   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 9. Hospital/medical benefits   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 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)   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| <b>Less:</b>   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 17.1. Net reinsurance recoveries                                     |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries      |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 17.3. Regulation 146 pool recoveries                                 |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 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**

|   | Prescription Drugs                    |            |                                      |            |                 |            |  |            | Dental                                |            |                                      |            |                 |            |  |            |
|---|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|
|   | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            |
|   | 43<br>Amount                          | 44<br>PMPM | 45<br>Amount                         | 46<br>PMPM | 47<br>Amount    | 48<br>PMPM | 49<br>Amount                               | 50<br>PMPM | 51<br>Amount                          | 52<br>PMPM | 53<br>Amount                         | 54<br>PMPM | 55<br>Amount    | 56<br>PMPM | 57<br>Amount                               | 58<br>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<br>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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Hospital and Medical:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 9. Hospital/medical benefits  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Less:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.1. Net reinsurance recoveries  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries         |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.3. Regulation 146 pool recoveries                                    |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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)                  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |

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

|  | Government Programs (Other than programs included in the HMO Business column) |            |                    |            |              |            |                      |            |                       |            | Other Insured Business<br>(Including out of network coverage provided to another company's in network product) | Uninsured Business |     |              |
|--|---|------------|--------------------|------------|--------------|------------|----------------------|------------|-----------------------|------------|--|--------------------|-----|--------------|
|  | Medicare<br>Other than Part D   |            | Medicare<br>Part D |            | Medicaid     |            | Child<br>Health Plus |            | Family<br>Health Plus |            |  |                    |     |              |
|  | 59<br>Amount  | 60<br>PMPM | 61<br>Amount       | 62<br>PMPM | 63<br>Amount | 64<br>PMPM | 65<br>Amount         | 66<br>PMPM | 67<br>Amount          | 68<br>PMPM |  |                    |     | 69<br>Amount |
| 1. Member Months   |   | XXX        |                    | XXX        |              | XXX        |                      | XXX        |                       | XXX        |  | XXX                |     | XXX          |
| 2. Net premium income:   |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 2.1 Base medical plan  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.2 Drug riders  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.3 Other riders   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.4 Government programs  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.5 Total  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3. Change in unearned premium reserves and reserve for ra credits: |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 3.1 Base medical plan  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.2 Drug riders  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.3 Other riders   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.4 Government programs  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.5 Total  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 4. Fee-for-service net of medical expenses                         |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 5. Risk revenue  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 6. Other health care related revenues                              |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 7. Non-health revenues   | XXX   | XXX        | XXX                | XXX        | XXX          | XXX        | XXX                  | XXX        | XXX                   | XXX        | XXX  |                    | XXX | XXX          |
| 8. Total revenues (Lines 2 to 7)                                   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| <b>Hospital and Medical:</b>                                       |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 9. Hospital/medical benefits                                       |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 10. Other professional services                                    |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 11. Outside referrals  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 12. Emergency room and out-of-area                                 |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 13. Prescription drugs   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 14.1. Aggregate write-ins for other hospital and medical           |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 14.2. Rider expense  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 15. Incentive pool, withhold adjustments and bonus amounts         |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 16. Subtotal (Lines 9 to 15)                                       |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| <b>Less:</b>   |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 17.1. Net reinsurance recoveries                                   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries    |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 17.3. Regulation 146 pool recoveries                               |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 18. Total hospital and medical (Lines 16 minus 17 )                |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 19. Non-health claim benefits                                      | XXX   | XXX        | XXX                | XXX        | XXX          | XXX        | XXX                  | XXX        | XXX                   | XXX        | XXX  |                    | XXX | XXX          |
| 20. Claims adjustment expenses                                     |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 21. General administrative expenses                                |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 22. Increase in reserves for A&H contracts                         |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 23. Total underwriting deductions (Lines 18 to 22)                 |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)             |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |

QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 1

|   | Total<br>(5 thru 71, Amounts) |             | Total Excluding<br>HMO, Healthy NY,<br>Gov't Programs,<br>Other Insured<br>Business, and<br>Uninsured Business<br>(7 thru 57 less 41,<br>Amounts)' |             | All HMO Business<br>(Should agree with<br>Totals in NY Data<br>Requirements, page<br>NY4, line 24, col. 1) |             | Comprehensive or Major Medical        |             |                                      |              |                 |              |  |            |
|---|-------------------------------|-------------|--|-------------|--|-------------|---------------------------------------|-------------|--------------------------------------|--------------|-----------------|--------------|--|------------|
|   |                               |             |  |             |  |             | Large Groups<br>(Experience<br>Rated) |             | Large Groups<br>(Community<br>Rated) |              | Small<br>Groups |              | Direct Payment<br>and<br>Group Conversions |            |
|   |                               |             |  |             |  |             | 7<br>Amount                           | 8<br>PMPM   | 9<br>Amount                          | 10<br>PMPM   | 11<br>Amount    | 12<br>PMPM   | 13<br>Amount                               | 14<br>PMPM |
| 1<br>Amount   | 2<br>PMPM                     | 3<br>Amount | 4<br>PMPM  | 5<br>Amount | 6<br>PMPM  | 7<br>Amount | 8<br>PMPM                             | 9<br>Amount | 10<br>PMPM                           | 11<br>Amount | 12<br>PMPM      | 13<br>Amount | 14<br>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        |
| 2.5 Total   |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 3. Change in unearned premium reserves and<br>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        |
| 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         |                                       |             |                                      |              |                 |              |  |            |
| 8. Total revenues (Lines 2 to 7)  |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| <b>Hospital and Medical:</b>  |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 9. Hospital/medical benefits  |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 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)  |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| <b>Less:</b>  |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 17.1 Net reinsurance recoveries   |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 17.2 Direct Pay and Healthy New York stop-loss fund recoveries          |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 17.3 Regulation 146 pool recoveries                                     |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 18. Total hospital and medical (Lines 16 minus 17)                      |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |
| 19. Non-health claim benefits   |                               |             |  |             | 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)                  |                               |             |  |             |  |             |                                       |             |                                      |              |                 |              |  |            |

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 2**

|   | Hospital                              |            |                                      |            |                 |            |  |            | Surgical-Medical                      |            |                                      |            |                 |            |  |            |
|---|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|
|   | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            |
|   | 15<br>Amount                          | 16<br>PMPM | 17<br>Amount                         | 18<br>PMPM | 19<br>Amount    | 20<br>PMPM | 21<br>Amount                               | 22<br>PMPM | 23<br>Amount                          | 24<br>PMPM | 25<br>Amount                         | 26<br>PMPM | 27<br>Amount    | 28<br>PMPM | 29<br>Amount                               | 30<br>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<br>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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Hospital and Medical:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 9. Hospital/medical benefits  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Less:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.1. Net reinsurance recoveries  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries         |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.3. Regulation 146 pool recoveries                                    |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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)                  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINE-S - PART 3**

|  | Medicare Carve-out              |            |                                |            |              |            |                                      |            | Medicare Supplement |            | Healthy New York |     |
|--|---------------------------------|------------|--------------------------------|------------|--------------|------------|--------------------------------------|------------|---------------------|------------|------------------|-----|
|  | Large Groups (Experience Rated) |            | Large Groups (Community Rated) |            | Small Groups |            | Direct Payment and Group Conversions |            | Direct Payment      |            |                  |     |
|  | 31<br>Amount                    | 32<br>PMPM | 33<br>Amount                   | 34<br>PMPM | 35<br>Amount | 36<br>PMPM | 37<br>Amount                         | 38<br>PMPM | 39<br>Amount        | 40<br>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)                                     |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| <b>Hospital and Medical:</b>   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 9. Hospital/medical benefits   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 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)   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| <b>Less:</b>   |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 17.1. Net reinsurance recoveries                                     |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries      |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 17.3. Regulation 146 pool recoveries                                 |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |
| 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)               |                                 |            |                                |            |              |            |                                      |            |                     |            |                  |     |

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 4**

|   | Prescription Drugs                    |            |                                      |            |                 |            |  |            | Dental                                |            |                                      |            |                 |            |  |            |
|---|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|---------------------------------------|------------|--------------------------------------|------------|-----------------|------------|--|------------|
|   | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            | Large Groups<br>(Experience<br>Rated) |            | Large Groups<br>(Community<br>Rated) |            | Small<br>Groups |            | Direct Payment<br>and<br>Group Conversions |            |
|   | 43<br>Amount                          | 44<br>PMPM | 45<br>Amount                         | 46<br>PMPM | 47<br>Amount    | 48<br>PMPM | 49<br>Amount                               | 50<br>PMPM | 51<br>Amount                          | 52<br>PMPM | 53<br>Amount                         | 54<br>PMPM | 55<br>Amount    | 56<br>PMPM | 57<br>Amount                               | 58<br>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<br>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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Hospital and Medical:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 9. Hospital/medical benefits  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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)  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| <b>Less:</b>  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.1. Net reinsurance recoveries  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries         |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 17.3 Regulation 146 pool recoveries                                     |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |
| 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)                  |                                       |            |                                      |            |                 |            |  |            |                                       |            |                                      |            |                 |            |  |            |

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QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 5

|  | Government Programs (Other than programs included in the HMO Business column) |            |                    |            |              |            |                      |            |                       |            | Other Insured Business<br>(Including out of network coverage provided to another company's in network product) | Uninsured Business |     |              |
|--|---|------------|--------------------|------------|--------------|------------|----------------------|------------|-----------------------|------------|--|--------------------|-----|--------------|
|  | Medicare<br>Other than Part D   |            | Medicare<br>Part D |            | Medicaid     |            | Child<br>Health Plus |            | Family<br>Health Plus |            |  |                    |     |              |
|  | 59<br>Amount  | 60<br>PMPM | 61<br>Amount       | 62<br>PMPM | 63<br>Amount | 64<br>PMPM | 65<br>Amount         | 66<br>PMPM | 67<br>Amount          | 68<br>PMPM |  |                    |     | 69<br>Amount |
| 1. Member Months   |   | XXX        |                    | XXX        |              | XXX        |                      | XXX        |                       | XXX        |  | XXX                |     | XXX          |
| 2. Net premium income:   |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 2.1 Base medical plan  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.2 Drug riders  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.3 Other riders   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.4 Government programs  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 2.5 Total  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3. Change in unearned premium reserves and reserve for rate credits: |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 3.1 Base medical plan  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.2 Drug riders  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.3 Other riders   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.4 Government programs  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 3.5 Total  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 4. Fee-for-service net of medical expenses                           |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 5. Risk revenue  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 6. Other health care related revenues                                |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 7. Non-health revenues   | XXX   | XXX        | XXX                | XXX        | XXX          | XXX        | XXX                  | XXX        | XXX                   | XXX        | XXX  |                    | XXX | XXX          |
| 8. Total revenues (Lines 2 to 7)                                     |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| <b>Hospital and Medical:</b>   |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 9. Hospital/medical benefits   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 10. Other professional services                                      |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 11. Outside referrals  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 12. Emergency room and out-of-area                                   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 13. Prescription drugs   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 14.1. Aggregate write-ins for other hospital and medical             |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 14.2. Rider expense  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 15. Incentive pool, withhold adjustments and bonus amounts           |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 16. Subtotal (Lines 9 to 15)   |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| <b>Less:</b>   |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 17.1. Net reinsurance recoveries                                     |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 17.2. Direct Pay and Healthy New York stop-loss fund recoveries      |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 17.3. Regulation 146 pool recoveries                                 |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 18. Total hospital and medical (Lines 16 minus 17 )                  |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 19. Non-health claim benefits  | XXX   | XXX        | XXX                | XXX        | XXX          | XXX        | XXX                  | XXX        | XXX                   | XXX        | XXX  |                    | XXX | XXX          |
| 20. Claims adjustment expenses                                       |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 21. General administrative expenses                                  |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 22. Increase in reserves for A&H contracts                           |   |            |                    |            |              |            |                      |            |                       |            |  |                    | XXX | XXX          |
| 23. Total underwriting deductions (Lines 18 to 22)                   |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)               |   |            |                    |            |              |            |                      |            |                       |            |  |                    |     |              |

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**ENROLLMENT BY LINE OF BUSINESS - PART 1**

|  | Number of Contracts                 |                              |  |                        |  | Number of Participants              |  |
|--|-------------------------------------|------------------------------|--|------------------------|--|-------------------------------------|--|
|  | 1.<br>At End of<br>Previous<br>Year | 2.<br>Add<br>New<br>Business | 3.<br>Deduct<br>Net<br>Cancellation<br>s | 4.<br>Add<br>Transfers | 5.<br>Total<br>Outstanding<br>At End of<br>Quarter | 6.<br>At End of<br>Previous<br>Year | 7.<br>Total<br>Outstanding<br>At End of<br>Quarter |
| <b>1. All HMO Business:</b>              |                                     |                              |  |                        |  |                                     |  |
| <b>Comprehensive or Major Medical:</b>   |                                     |                              |  |                        |  |                                     |  |
| 2.1 Large Groups (Experience Rated)      |                                     |                              |  |                        |  |                                     |  |
| 2.2 Large Groups (Community Rated)       |                                     |                              |  |                        |  |                                     |  |
| 2.3 Small Groups                         |                                     |                              |  |                        |  |                                     |  |
| 2.4 Direct Payment and Group Conversions |                                     |                              |  |                        |  |                                     |  |
| 2.5 TOTAL                                |                                     |                              |  |                        |  |                                     |  |
| <b>Hospital:</b>                         |                                     |                              |  |                        |  |                                     |  |
| 3.1 Large Groups (Experience Rated)      |                                     |                              |  |                        |  |                                     |  |
| 3.2 Large Groups (Community Rated)       |                                     |                              |  |                        |  |                                     |  |
| 3.3 Small Groups                         |                                     |                              |  |                        |  |                                     |  |
| 3.4 Direct Payment and Group Conversions |                                     |                              |  |                        |  |                                     |  |
| 3.5 TOTAL                                |                                     |                              |  |                        |  |                                     |  |
| <b>Surgical-Medical:</b>                 |                                     |                              |  |                        |  |                                     |  |
| 4.1 Large Groups (Experience Rated)      |                                     |                              |  |                        |  |                                     |  |
| 4.2 Large Groups (Community Rated)       |                                     |                              |  |                        |  |                                     |  |
| 4.3 Small Groups                         |                                     |                              |  |                        |  |                                     |  |
| 4.4 Direct Payment and Group Conversions |                                     |                              |  |                        |  |                                     |  |
| 4.5 TOTAL                                |                                     |                              |  |                        |  |                                     |  |
| <b>Medicare Carve-out:</b>               |                                     |                              |  |                        |  |                                     |  |
| 5.1 Large Groups (Experience Rated)      |                                     |                              |  |                        |  |                                     |  |
| 5.2 Large Groups (Community Rated)       |                                     |                              |  |                        |  |                                     |  |
| 5.3 Small Groups                         |                                     |                              |  |                        |  |                                     |  |
| 5.4 Direct Payment and Group Conversions |                                     |                              |  |                        |  |                                     |  |
| 5.5 TOTAL                                |                                     |                              |  |                        |  |                                     |  |
| <b>6. Medicare Supplement</b>            |                                     |                              |  |                        |  |                                     |  |
| <b>7. Healthy New York</b>               |                                     |                              |  |                        |  |                                     |  |

**ENROLLMENT BY LINE OF BUSINESS - PART 2**

|  | Number of Contracts                 |                              |                                      |                        |   | Number of Participants              |  |
|--|-------------------------------------|------------------------------|--------------------------------------|------------------------|---|-------------------------------------|--|
|  | 1.<br>At End of<br>Previous<br>Year | 2.<br>Add<br>New<br>Business | 3.<br>Deduct<br>Net<br>Cancellations | 4.<br>Add<br>Transfers | 5.<br>Total<br>Outstandin<br>g At End of<br>Quarter | 6.<br>At End of<br>Previous<br>Year | 7.<br>Total<br>Outstanding<br>At End of<br>Quarter |
| <b>8. Prescription Drugs:</b>  |                                     |                              |                                      |                        |   |                                     |  |
| 8.1 Large Groups<br>(Experience Rated)   |                                     |                              |                                      |                        |   |                                     |  |
| 8.2 Large Groups<br>(Community Rated)  |                                     |                              |                                      |                        |   |                                     |  |
| 8.3 Small Groups   |                                     |                              |                                      |                        |   |                                     |  |
| 8.4 Direct Payment and<br>Group Conversions  |                                     |                              |                                      |                        |   |                                     |  |
| 8.5 TOTAL  |                                     |                              |                                      |                        |   |                                     |  |
| <b>9. Dental:</b>  |                                     |                              |                                      |                        |   |                                     |  |
| 9.1 Large Groups<br>(Experience Rated)   |                                     |                              |                                      |                        |   |                                     |  |
| 9.2 Large Groups<br>(Community Rated)  |                                     |                              |                                      |                        |   |                                     |  |
| 9.3 Small Groups   |                                     |                              |                                      |                        |   |                                     |  |
| 9.4 Direct Payment and<br>Group Conversions  |                                     |                              |                                      |                        |   |                                     |  |
| 9.5 TOTAL  |                                     |                              |                                      |                        |   |                                     |  |
| <b>Government Programs<br/>(Other than programs<br/>included in the HMO):</b>  |                                     |                              |                                      |                        |   |                                     |  |
| 10. Medicare Other than<br>Part D  |                                     |                              |                                      |                        |   |                                     |  |
| 11. Medicare Part D  |                                     |                              |                                      |                        |   |                                     |  |
| 12. Medicaid   |                                     |                              |                                      |                        |   |                                     |  |
| 13. Child Health Plus  |                                     |                              |                                      |                        |   |                                     |  |
| 14. Family Health Plus   |                                     |                              |                                      |                        |   |                                     |  |
| <b>15. Other Insured<br/>Business (Including out<br/>of network coverage<br/>provided to another<br/>company's in network<br/>product)</b> |                                     |                              |                                      |                        |   |                                     |  |
| <b>16. TOTAL</b>   |                                     |                              |                                      |                        |   |                                     |  |

SCHEDULE T (NY)

Section 1 – Direct Premium by Product Type

| County           | 1<br>Total | 2<br>Health<br>Maintenance<br>Organizations | 3<br>Provider<br>Service<br>Organizations | 4<br>Preferred<br>Provider<br>Organizations | 5<br>Point<br>of<br>Service | 6<br>Indemnity<br>Only | 7<br>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 N.Y.   |            |   |   |   |                             |                        |            |
| 64. Other        |            |   |   |   |                             |                        |            |
| 65. Total        |            |   |   |   |                             |                        |            |

Note: Line 65, column 1 must tie into NAIC Quarterly page 14, Schedule T, line 61, column 8.

**SCHEDULE T (NY)**

**Section 2 – Enrollment by Product Type**

| County           | 1<br>Total | 2<br>Health<br>Maintenance<br>Organizations | 3<br>Provider<br>Service<br>Organizations | 4<br>Preferred<br>Provider<br>Organizations | 5<br>Point<br>of<br>Service | 6<br>Indemnity<br>Only | 7<br>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 N.Y.   |            |   |   |   |                             |                        |            |
| 64. Other        |            |   |   |   |                             |                        |            |
| 65. Total        |            |   |   |   |                             |                        |            |

Note: Line 65, column 1 must agree with Exhibit NY2G, line 5, column 8 and NAIC Quarterly page 7, Exhibit of Premiums, Enrollment and Utilization.

# INSTRUCTIONS

## For completing the New York Article 43 Corporations Supplement to the NAIC Health Annual Statement

### GENERAL

1. Two hardcopies of this Supplement, completed according to these instructions, should be filed by all Article 43 insurers licensed in New York, together with two hardcopies of the NAIC Health Annual Statement, completed pursuant to the laws of the State of New York. 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 along the left margin and MUST have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or merely stapled or in a larger or smaller size will not be accepted as meeting the filing requirements. Refer to the Department's website for instructions pertaining to electronic filing of this Supplement.
2. This Supplement is to be filed on or before May 15<sup>th</sup>, August 15<sup>th</sup> and November 15<sup>th</sup>. Address the Supplement to:  
  
Health Bureau  
New York State Insurance Department  
25 Beaver Street  
New York City, New York 10004
3. Blank schedules will not be considered properly filed. If no entries are to be made, write "None" across the schedule in question.

### JURAT – PAGE NY1

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

### PAGES NY7 THRU NY16 - 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. Column 1 totals should be in agreement with NAIC Statement of Revenue and Expenses, page 4.
3. Small group contracts are defined in Insurance Department Regulation 145 (11 NYCRR 360), Section 360.2(f), as being group remittance policies written pursuant to Section 4304 of the Insurance Law and group policies covering up to fifty employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over fifty employees or members, dental or vision service contracts, etc.) are to be classified as large group contracts.
4. The experience of an HMO that is a line of business of the reporting Article 43 Corporation should be reported in its entirety in Columns 5 and 6, All HMO Business. Line of business results for contracts issued by a line of business HMO should not appear in any other columns except as part of Columns 1 and 2, Total.
5. The experience of major medical contracts and comprehensive contracts should be reported in their entirety in columns 7 through 13. Line of business results for these contracts should not be fragmented and reported as part of other columns.
6. Columns 31 through 38, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
7. Columns 39 and 40, Medicare Supplemental should include all Medicare Supplemental, whether written on a group or direct pay basis.
8. Columns 43 through 50, Prescription Drugs, and columns 51 through 58, Dental are for stand-alone plans. Riders to major medical or comprehensive plans should be included in Columns 7 through 14, Comprehensive or Major Medical.

**PAGES NY17 THRU NY18 - ENROLLMENT BY LINE OF BUSINESS**

1. Line 16, Total should reflect total contracts and participants. This line should equal the sum of the totals on lines -1, 2.5, 3.5, 4.5, 5.5, 6, 7, 8.5, 9.5 and 10 thru 15.
2. Small group contracts are defined in Insurance Department Regulation 145 (11 NYCRR 360), Section 360.2(f), as being group remittance policies written pursuant to Section 4304 of the Insurance Law and group policies covering up to fifty employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over fifty employees or members, dental or vision service contracts, etc.) are to be classified as large group contracts.
3. Enrollment data for an HMO that is a line of business of the reporting Article 43 Corporation should be reported in its entirety on Line 1 - All HMO Business. Line of business results for contracts issued by a line of business HMO should not appear on any other line.
4. The experience of major medical contracts and comprehensive contracts should be reported in their entirety in rows 2.1 through 2.5. Line of business results for these contracts should not be fragmented and reported as part of other rows.
5. Rows 5.1 through 5.5, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
6. Row 6, Medicare Supplemental should include all Medicare Supplemental, whether written on a group or direct pay basis.
7. Rows 8 through 8.5, Prescription Drugs, and Rows 9 through 9.5, Dental are for stand-alone plans. Riders to major medical or comprehensive plans should be included in Rows 2.1 through 2.5, Comprehensive or Major Medical.

**PAGES NY19 and NY20 - SCHEDULE T (NY)**

1. Location of residence should be used for allocating direct payment premiums and enrollment to counties. Location of employer should be used for allocating group premiums and enrollment to counties.
2. Schedule T (NY) product types shall have the same definition as in NAIC Exhibit 1 – Enrollment by Product Type for Health Business Only.