

**STATE OF NEW YORK  
INSURANCE DEPARTMENT**

**SUPPLEMENT TO  
ARTICLE 43  
CORPORATIONS  
ANNUAL STATEMENT**

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

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

2010 Edition

Special attention is called to the INSTRUCTIONS at the rear of this supplement

**2010**

**ARTICLE 43 CORPORATIONS**



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

FOR THE YEAR ENDED DECEMBER 31, 2010

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 Annual Statement Supplement** - The UNDERSIGNED, being duly sworn, do hereby certify that they are the below described officers of the said insurer, and that on the thirty-first day of December last, this Supplement together with the accompanying Annual 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 thirty-first day of December last, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief.

**Certification of the New York Annual 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 2010 New York Annual 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 Annual Statement Electronic Filing** - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the NAIC Annual 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 annual statement information contained in this filing is identical to the information contained in the 2010 Annual 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.

(Name)

## NEW YORK INTERROGATORIES

1. Were any of the assets reported in this statement purchased during the year pursuant to Section 1404(b) of the New York Insurance Law? Yes [ ] No [ ]  
 If "Yes," attach a statement providing full information.
  
2. State the largest amount invested in or loaned upon, the securities of any one institution at any time during the year. (Include partnership and other equity interests; exclude U.S. Government and insurance subsidiary investments). \$.....
  
3. Has the Company borrowed funds pursuant to Section 1307 of the New York Insurance Law? Yes [ ] No [ ]  
 If "Yes," what was the amount at year end of:
 

3.1 Principal	\$.....
3.2 Accrued Interest	\$.....
  
4. Have all the transactions of the Company of which notice was received at the home office on or before the close of business December 31, been truthfully and accurately entered on its books? Yes [ ] No [ ]
  
5. Except as shown in the next succeeding question, does this statement show the condition of the Company as shown by the books, records, and data at the home office at the close of business December 31? Yes [ ] No [ ]
  
6. Have there been included in the statement proper reserves to cover liabilities which may have been actually incurred on or before December 31, but of which no notice was received at the home office until subsequently? Yes [ ] No [ ]
  
7. Provide the following information with respect to Coordination of Benefits (COB):
  - 7.1 Has the Company included COB provisions in all of its group and group remittance contracts? Yes [ ] No [ ]  
 If "No," please explain \_\_\_\_\_

---

  - 7.2 State the amount of COB recoveries made during the year. \$.....
  - 7.3 Does the Company have a written COB procedure? Yes [ ] No [ ]
  - 7.4 State the Company's methodology of COB recovery:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. Provide the following information with respect to Administrative Services Only (ASO) contracts:
 

8.1 Administrative Fees Earned	\$.....
8.2 Administrative Expenses	\$.....
8.3 Net Income (8.1 – 8.2)	\$.....
  
9. Guaranteed subscriber rates (in force): Does the Company have guaranteed subscribers rates in force pertaining to its non-HMO community rated contracts? Yes [ ] No [ ]  
 If "Yes", complete the following and answer questions below:
 

	Anniversary Date Month	(Sample) Premium Volume	(Actual) Premium Volume
9.1	January	\$200,000	_____
9.2	February	500	_____
9.3	March	600	_____
9.4	April	2,000	_____
9.5	May	300	_____
9.6	June	2,500	_____
9.7	July	220,000	_____
9.8	August	2,000	_____
9.9	September	300	_____
9.10	October	500	_____
9.11	November	1,000	_____
9.12	December	12,000	_____
9.13	Total	\$441,700	_____

  - 9.14. Are the premiums in force for the guaranteed rates higher than the currently approved subscriber rates? Yes [ ] No [ ]
  - 9.15. Is any change in the volume of guaranteed rates contemplated for next year? Yes [ ] No [ ]
  - 9.16. Are guaranteed rates only available in group contracts? Yes [ ] No [ ]
  - 9.17. Is a contingent liability for any short-fall in premium established in writing for employer groups that are given guaranteed rates? Yes [ ] No [ ]
  - 9.18. Does the Company set up a liability for funds collected in excess of approved premium rates? Yes [ ] No [ ]
  - 9.19. Are guaranteed rates issued for periods in excess of one year? Yes [ ] No [ ]
  - 9.20. In the year covered by this report, did the Company recover all short-falls in premium? Yes [ ] No [ ]
  
10. Was money loaned during the year to any officer, director or trustee of the Company? Yes [ ] No [ ]  
 10.1 If "Yes", give detailed explanation of each loan. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Name)

**NEW YORK INTERROGATORIES**

(continued)

- 11. Are there any loans outstanding at end of year to any officer, director or trustee of the Company? Yes [ ] No [ ]  
 11.1 If "Yes", give detailed explanation of each loan. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 12. Provide the following information with respect to statutory reserve fund:  
 12.1 State the amount of the statutory reserve fund reported at the close of business December 31: \$.....  
 12.2 Detail the Company's calculation of its statutory reserve fund: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 13. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ ]  
 13.1 If "Yes", give detailed explanation of each commission. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 14. Has the Company elected to value its real estate at ninety percent of its current market value, less encumbrances, pursuant to Section 4310(l) of the Insurance Law and Section 83.4(j)(1) of Regulation 172 (11 NYCRR 83)? Yes [ ] No [ ]  
 14.1 If "Yes", has the Company completed Supplemental Schedule A (NY)? Yes [ ] No [ ]  
 14.2 If "Yes", state the name(s) and qualifications of the independent appraiser(s) engaged to determine the current market value of each property. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 14.3 If "Yes", state the determination date of the annual appraisal. \_\_\_\_\_
  
- 15. Were any obligations of American institutions rated at BBB or higher purchased during the year pursuant to Section 4310(b)(2) of the New York Insurance Law? Yes [ ] No [ ]  
 If "Yes," attach a statement providing full information.

**NEW YORK INTERROGATORIES SCHEDULES**

**INTERROGATORY SCHEDULE 1**

**INTERROGATORY REQUIRED BY REGULATION NO. 20(11 NYCRR 125.3)**

Do all reinsurance agreements to which this insurer and one or more other insurers, authorized to do business in New York, are parties, insofar as they are applicable to reinsurance's made, ceded, renewed or otherwise becoming effective after January 1, 1940, provide, either by their original terms or by a supplemental contract binding on the assuming insurer or insurers, that the reinsurance shall be payable by the assuming insurer on the basis of the liability of the ceding insurer under the contract or contracts reinsured without diminution because of the insolvency of the ceding insurer, and that any payments to be made by the assuming insurer under reinsurance made, ceded, renewed or otherwise becoming effective after September 1, 1952 shall be made directly to the ceding insurer, or to its liquidator, receiver or other statutory successor, except as provided by Section 4118, formerly Section 315 of the Insurance Law or except where the contract specifically provides another payee of such reinsurance in the event of the insolvency of the ceding insurer and where the assuming insurer, with the consent of the direct insured or insureds, has assumed such policy obligations of the ceding insurer as direct obligations of the assuming insurer to the payees under such policies and in substitution for the obligations of the ceding insurer to such payee,

- 1) with respect to reinsurance agreements under which this insurer is the ceding insurer? Yes [ ] No [ ]
- 2) with respect to reinsurance agreements under which this insurer is the assuming insurer? Yes [ ] No [ ]

If answer is "No" under either 1 or 2, list in the schedule below the names of all insurers authorized to do business in New York which are parties to the insurance agreement(s) to which "No" applies.

Reinsurance Ceded				
1 Company	2 Reinsurance Premiums in Force	Reinsurance Recoverable on		5 Has Credit been taken for such reinsurance in annual statement?
		3 Paid Losses	4 Unpaid Losses	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0199999 Total Cessions				XXX
Reinsurance Assumed after January 1, 1940				
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0299999 Total Assumptions				XXX

**NEW YORK INTERROGATORIES SCHEDULES**  
 (continued)

**INTERROGATORY SCHEDULE 2**  
**TABLE OF ENROLLMENT CONCENTRATION**

1 Type of Account <sup>(a)</sup>	2 <sup>(c)</sup> Percentage of Total Enrollment	3 <sup>(d)</sup> Renewal Date Month/Day/Year
<b>Federal Employees:</b> 0100001.....	.....	.....
<b>County and Municipal Employees:</b> 0200001.....	.....	.....
<b>State Employees:</b> 0300001.....	.....	.....
<b>Corporate Nonpublic—Service Sector:</b> 0400001.....	.....	.....
<b>Corporate Nonpublic—Manufacturing:</b> 0500001.....	.....	.....
<b>Union and Trust Funds:<sup>(b)</sup></b> 0600001.....	.....	.....
<b>Medicaid:</b> 0700001.....	.....	.....
<b>Medicare:</b> 0800001.....	.....	.....
<b>Other:</b> 0900001.....	.....	.....

- (a) Provide the following information for accounts that are ten percent (10%) or more of total enrollment.
- (b) Account contract should be with a union or trust fund; do not include accounts for contracts with any of the other listed types even if these are unionized.
- (c) Percentage of Total Enrollment—please provide the percentage of total enrollment represented by this account.
- (d) Renewal Date—please provide the renewal date (month/day/year) for this account’s contract.

**INTERROGATORY SCHEDULE 3**  
**NON-HMO FILE AND USE RATE ADJUSTMENTS**

1. Has the Company submitted a “File and use” application(s) during the year pursuant to Section 4308(g) pertaining to its non-HMO community rated contracts? Yes [ ] No [ ]
2. If “Yes,” please complete the following:

FILE AND USE RANGE OF INCREASE OR DECREASE  
 NON-HMO COMMUNITY RATED ONLY

Contract or Rider Affected	1 Effective Date Month/Day/Year	2 Range of Increase or (Decreases)
2.1 Basic Large Group		
2.2 Basic Small Group		
2.3 Direct Pay		
2.4 Medicare (basic)		
2.5 Drug Riders		
2.6 Other Riders		



**SCHEDULE G (NY)**

.....  
 Affix Bar Code Above

Showing (1) all payments in excess of \$5,000 to each Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization during the year; and (2)\* all salaries, bonuses and other compensations, except commissions paid to or retained by agents, received in the current year by (a) each director or trustee regardless of the amount thereof, (b) each of the ten officers or employees receiving the largest amounts attributed to reporting company, as reported in column 7, (c) the remaining officers or employees, if the amount received was in excess of \$160,000, and (3) any other person, firm or corporation, excluding medical providers, if the amount received was in excess of \$160,000 except for amounts included in Schedules J(NY) and K(NY).  
 Salaries should be reported gross before any adjustments for tax sheltered programs and the like.

\*For categories 2(a), 2(b) and 2(c) – If the reporting entity does not belong to a holding company system, column 7 should equal column 6.

1 Title	2 Name of Payee	3 Location of Payee	4 Salary Paid by Company and All Other Companies in Holding Company System	5 Bonus & all other Compensation Paid by Company and All Other Companies in Holding Company System	6 Total Amount Paid by Company and All Other Companies in Holding Company System (4)+(5)	7 Amount Paid by or Amount Allocated to Company
(1) Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
0199999 Total	XXX	XXX	XXX	XXX	XXX	
(2a) Directors or Trustees						
0299999 Totals	XXX	XXX				
(2b) Ten Officers or Employees Receiving the Largest Amounts						
0399999 Total	XXX	XXX				
(2c) Remaining Officers & Employees in excess of \$160,000						
0499999 Total	XXX	XXX				
(3) Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000.			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
			XXX	XXX	XXX	
0599999 Total	XXX	XXX	XXX	XXX	XXX	
9999999 Grand Total	XXX	XXX				

**SCHEDULE H (NY)**

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

**Section 1 - Aging Analysis of Claims Unpaid**

Account	1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	
	1 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
<b>1. Reserve 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. Reserve 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. Reserve 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</b>	xxx	xxx	xxx	xxx								

NY 7

<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 1.1 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 1.1 from overflow page)												
3.199 Totals (Lines 3.101 through 3.103 plus 3.198)(Line 3.1 above)												

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Annual Statement page 3, line 1, col. 3, Claims Unpaid. See further notes after Section 3 of this Schedule.

**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> (Line1.41+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</b>	xxx	xxx	xxx	xxx	xxx	

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Annual Statement page 3, line 1, col. 3, Claims Unpaid. See further notes after Section 3 of this Schedule.

**SCHEDULE H (NY)  
Section 3 - Claims and Interest Penalties Paid During Year**

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

**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 NAIC Annual Statement, page 11, Part 2B, Analysis of Claims Unpaid, line 13, Col. 1 + Col. 2.
- i- Line 6, col. 3, grand total Claim Count pertains to the number of claims upon which N.Y.I.L. Section 3224-a interest penalties have been paid.

**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 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
<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 1, 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 1, 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 1, line 3.198)												

NY10

Health care creditors should be individually listed only if the claim is for \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page NY7, above Section 1 heading.





**SCHEDULE M - GRIEVANCES AND UTILIZATION REVIEW APPEALS  
 HEALTH INSURANCE CONTRACTS EXCLUDING HMO CONTRACTS**

**PART ONE**

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

- (a) Direct Premium Written in Part One, column 3, line 5 should equal page NY23, Exhibit NY4G – All Lines Recapitulation, column 1, line 5 less page NY22, Exhibit NY4F – HMO, column 1, line 5.
- (b) The term “nonmanaged care contracts” refers to health insurance contracts other than managed care contracts as defined in Section 4801(c) of the NYS Insurance Law.

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

**SCHEDULE M - GRIEVANCES AND UTILIZATION REVIEW APPEALS  
 HEALTH INSURANCE CONTRACTS EXCLUDING HMO CONTRACTS**

**PART TWO**

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

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

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

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

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

**SCHEDULE M - GRIEVANCES AND UTILIZATION REVIEW APPEALS  
 HEALTH INSURANCE CONTRACTS EXCLUDING HMO CONTRACTS**

**PART THREE**

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

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

**EXHIBIT NY4 – HOSPITAL UNDERWRITING GAINS AND LOSSES  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Large Group:										
1.1 Individual.....										
1.2 Two Person.....										
1.3 Family.....										
1.4 Total										
2. Small Group:										
2.1 Individual.....										
2.2 Two Person.....										
2.3 Family.....										
2.4 Total										
3. Direct Payment and Group Conversions:										
3.1 Individual.....										
3.2 Two Person.....										
3.3 Family.....										
3.4 Total										
4. Experience Rated Groups:										
4.1 Local.....										
4.2 National.....										
4.3 Total										
5. GRAND TOTALS										

NY16

NOTE: Exclude from Exhibit NY4 the experience of the hospital line of business component of major medical or comprehensive contracts. The experience of these contracts should be reported in their entirety in Exhibit NY4B. Include all related hospital only carve-out results.

**EXHIBIT NY4A — SURGICAL-MEDICAL UNDERWRITING GAINS AND LOSSES  
 BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Large Group:										
1.1 Individual.....										
1.2 Two Person.....										
1.3 Family.....										
1.4 Total										
2. Small Group:										
2.1 Individual.....										
2.2 Two Person.....										
2.3 Family.....										
2.4 Total										
3. Direct Payment and Group Conversions:										
3.1 Individual.....										
3.2 Two Person.....										
3.3 Family.....										
3.4 Total										
4. Experience Rated Groups:										
4.1 Local.....										
4.2 National.....										
4.3 Total										
5. GRAND TOTALS										

NY17

**EXHIBIT NY4B – MAJOR MEDICAL OR COMPREHENSIVE UNDERWRITING GAINS AND LOSSES  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Large Group:										
1.1 Individual.....										
1.2 Two Person.....										
1.3 Family.....										
1.4 Total										
2. Small Group:										
2.1 Individual.....										
2.2 Two Person.....										
2.3 Family.....										
2.4 Total										
3. Direct Payment and Group Conversions:										
3.1 Individual.....										
3.2 Two Person.....										
3.3 Family.....										
3.4 Total										
4. Experience Rated Groups:										
4.1 Local.....										
4.2 National.....										
4.3 Total										
5. GRAND TOTALS										

NY18

NOTE: The experience of major medical or comprehensive contracts should be reported in their entirety in Exhibit NY4B. Include all related carve-out results.

**EXHIBIT NY4C – PRESCRIPTION DRUG UNDERWRITING GAINS AND LOSSES  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Large Group:										
1.1 Individual.....										
1.2 Two Person.....										
1.3 Family.....										
1.4 Total										
2. Small Group:										
2.1 Individual.....										
2.2 Two Person.....										
2.3 Family.....										
2.4 Total										
3. Direct Payment and Group Conversions:										
3.1 Individual.....										
3.2 Two Person.....										
3.3 Family.....										
3.4 Total										
4. Experience Rated Groups:										
4.1 Local.....										
4.2 National.....										
4.3 Total										
5. GRAND TOTALS										

NY19

NOTE: The Exhibit shall include the results of prescription drug contracts and prescription drug riders other than those reported in Exhibit NY4B and Exhibit NY4F. Include Medicare Part D coverage not written as an HMO line.

**EXHIBIT NY4D – DENTAL UNDERWRITING GAINS AND LOSSES  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Large Group:										
1.1 Individual.....										
1.2 Two Person.....										
1.3 Family.....										
1.4 Total										
2. Small Group:										
2.1 Individual.....										
2.2 Two Person.....										
2.3 Family.....										
2.4 Total										
3. Direct Payment and Group Conversions:										
3.1 Individual.....										
3.2 Two Person.....										
3.3 Family.....										
3.4 Total										
4. Experience Rated Groups:										
4.1 Local.....										
4.2 National.....										
4.3 Total										
5. GRAND TOTALS										

NY20

(Name)

**EXHIBIT NY4E – MEDICARE SUPPLEMENTAL UNDERWRITING GAINS AND LOSSES  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Direct Payment: .....										
2. GRAND TOTALS										

NOTE: Includes qualified and unqualified contracts supplementing MEDICARE. Exclude all carve-out results.

(Name)

**EXHIBIT NY4F – HMO UNDERWRITING GAINS AND LOSSES  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Large Group:										
1.1 Individual.....										
1.2 Two Person.....										
1.3 Family.....										
1.4 Total										
2. Small Group:										
2.1 Individual.....										
2.2 Two Person.....										
2.3 Family.....										
2.4 Total										
3. Direct Payment and Group Conversions:										
3.1 Individual.....										
3.2 Two Person.....										
3.3 Family.....										
3.4 Total										
4. Experience Rated Groups:										
4.1 Local.....										
4.2 National.....										
4.3 Total										
5. GRAND TOTALS										

NY22

NOTE: HMO gain from underwriting during year should be in agreement with Data Requirements page NY4, column 1, line 24. Circular Letter No. 26, dated August 3, 2000, permitted the experience rating of the in-network component of large group HMO POS products.

(Name)

**EXHIBIT NY4G – ALL LINES RECAPITULATION  
UNDERWRITING GAINS AND LOSSES BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Premiums Written	2 Premiums Earned	3 Other Revenue	4 Claims Incurred	5 Expenses Incurred	6 Increase in A&H Reserves	7 Gain from Underwriting During Year Columns 2+3-4-5-6	Percent of Premiums Earned		
								8 Claims Incurred Col. 4/Col. 2	9 Expenses Incurred Col. 5/Col. 2	10 Gain from Underwriting During Year Col. 7/Col. 2
1. Large Group:										
1.1 Individual.....										
1.2 Two Person.....										
1.3 Family.....										
1.4 Total										
2. Small Group:										
2.1 Individual.....										
2.2 Two Person.....										
2.3 Family.....										
2.4 Total										
3. Direct Payment and Group Conversions:										
3.1 Individual.....										
3.2 Two Person.....										
3.3 Family.....										
3.4 Total										
4. Experience Rated Groups:										
4.1 Local.....										
4.2 National.....										
4.3 Total										
5. GRAND TOTALS										

NY23

NOTE: Exhibits NY4, NY4A, NY4B, NY4C, NY4D, NY4E and NY4F should total to and be in agreement with Exhibit NY4G.

(Name)

**EXHIBIT NY5 – HOSPITAL CERTIFICATES AND PREMIUMS  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 <sup>(a)</sup> Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 <sup>(a)</sup> Number of Participants	9 Annual Premium
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. GRAND TOTALS									

NY24

(a) Columns 2 and 8 must indicate total participants without duplication for riders.

NOTE: Exclude from Exhibit NY5 the experience of the hospital line of business component of major medical or comprehensive contracts. The experience of these contracts should be reported in their entirety in Exhibit NY5B.

Include all hospital only carve-out results.

**EXHIBIT NY5A – SURGICAL-MEDICAL CERTIFICATES AND PREMIUMS  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 <sup>(a)</sup> Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 <sup>(a)</sup> Number of Participants	9 Annual Premium
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. GRAND TOTALS									
6. NET TOTALS <sup>(a)</sup>			XXX						XXX

(a) Net totals of columns 2 and 8 must indicate totals without duplication for riders or contracts included in Exhibits NY5.

NY25

**EXHIBIT NY5B – MAJOR MEDICAL OR COMPREHENSIVE  
CERTIFICATES AND PREMIUMS BY ENROLLMENT CLASSIFICATION**

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 <sup>(a)</sup> Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 <sup>(a)</sup> Number of Participants	9 Annual Premium
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. GRAND TOTALS									
6. NET TOTALS <sup>(a)</sup>			XXX						XXX

NY26

(a) Net totals of columns 2 and 8 must indicate totals without duplication for riders or contracts included in this Exhibit or in Exhibits NY5, NY5A and NY5F.

NOTE: This Exhibit shall include the results of all major medical or comprehensive contracts. Include all related carve-out results.

**EXHIBIT NY5C – PRESCRIPTION DRUG CERTIFICATES AND PREMIUMS  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 <sup>(a)</sup> Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 <sup>(a)</sup> Number of Participants	9 Annual Premium
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. GRAND TOTALS									
6. NET TOTALS <sup>(a)</sup>			XXX						XXX

NY27

(a) Net totals of columns 2 and 8 must indicate totals without duplication for riders or contracts included in Exhibits NY5, NY5A, and NY5B.

NOTE: This Exhibit shall include the results of prescription drug contracts and riders. Include Medicare Part D coverage not written as an HMO line.

**EXHIBIT NY5D – DENTAL CERTIFICATES AND PREMIUMS  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 <sup>(a)</sup> Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 <sup>(a)</sup> Number of Participants	9 Annual Premium
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. GRAND TOTALS									
6. NET TOTALS <sup>(a)</sup>			XXX						XXX

NY28

(a) Net totals of columns 2 and 8 must indicate totals without duplication for riders or contracts included in Exhibits NY5, NY5A, NY5B and NY5C.

**EXHIBIT NY5E – MEDICARE SUPPLEMENTAL CERTIFICATES AND PREMIUMS  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 Number of Participants	9 Annual Premium
1. Direct Payment .....									
2. GRAND TOTALS									
3. NET TOTALS			XXX						XXX

NOTE: Includes qualified contracts supplementing MEDICARE. Exclude carve-out results. Grand Totals and Net Totals for Exhibit NY5E should be identical.

(Name)

**EXHIBIT NY5F –HMO CERTIFICATES AND PREMIUMS  
BY ENROLLMENT CLASSIFICATION**

NY30

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 Number of Participants	9 Annual Premium
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. GRAND TOTALS									
6. NET TOTALS			XXX						XXX

NOTE: Grand Totals and Net Totals for Exhibit NY5F should be identical.  
 Total HMO contract and participant counts should be in agreement with Data Requirements page NY37, Schedule 1 – Enrollment Data, line 13, columns 1 and 5.  
 Circular Letter No. 26, dated August 3, 2000, permitted the experience rating of the in-network component of large group HMO POS products.

## EXHIBIT NY5G – ALL LINES RECAPITULATION CERTIFICATES AND PREMIUMS BY ENROLLMENT CLASSIFICATION

Contract Classifications	At End of Previous Year			Add New Business	Deduct Net Cancellations	Add Transfers	Total Outstanding At End of Year		
	1 Number of Contracts	2 <sup>(a)</sup> Number of Participants	3 Annual Premium	4 Number of Contracts	5 Number of Contracts	6 Number of Contracts	7 Number of Contracts	8 <sup>(a)</sup> Number of Participants	9 Annual Premium
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. NET TOTALS <sup>(b)</sup>			XXX						XXX

NY31

(a) Net totals of columns 2 and 8 must indicate totals without duplication for riders

(b) The totals of Exhibits NY5 (line 5, grand totals), NY5A (line 6, net totals), NY5B (line 6, net totals), NY5C (line 6, net totals), NY5D (line 6, net totals), NY5E (line 3, net totals) and NY5F (line 6, net totals) should total to and be in agreement with Exhibit NY5G, line 5, net totals. Exhibit NY5G, lines 1, 2, 3 and 4 should total to line 5, net totals for columns 1, 2, 4, 5, 6, 7 and 8. Exhibit NY5G, line 5, net totals, columns 2 and 8 should be in agreement with NAIC Exhibit 1 – Enrollment by Product Type for Health Business Only, line 7, total, columns 1 and 5.

**EXHIBIT NY6 – HOSPITAL CLAIMS INCURRED DURING YEAR  
BY ENROLLMENT CLASSIFICATION**

Contract Classifications	Claims Other Than Out-Patient			Out-Patient			Total		
	1 Number of Claims	2 Total Days	3 Amount	4 Number of Claims	5 Total Visits	6 Amount	7 Number of Claims	8 Total Days (Column 2)	9 Amount (Column 3 + 6)
1. Large Group:									
1.1 Individual.....									
1.2 Two Person.....									
1.3 Family.....									
1.4 Total									
2. Small Group:									
2.1 Individual.....									
2.2 Two Person.....									
2.3 Family.....									
2.4 Total									
3. Direct Payment and Group Conversions:									
3.1 Individual.....									
3.2 Two Person.....									
3.3 Family.....									
3.4 Total									
4. Experience Rated Groups:									
4.1 Local.....									
4.2 National.....									
4.3 Total									
5. GRAND TOTALS									

NY32

NOTE: Exclude from Exhibit NY6 the experience of the hospital line of business component of major medical or comprehensive contracts. The experience of these contracts should be reported in their entirety in Exhibit NY6B. Include all related hospital only carve-out results.

**EXHIBIT NY6A – SURGICAL-MEDICAL CLAIMS  
 INCURRED DURING YEAR BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Number of Claims	2 Number of Services	3 Amount
1. Large Group:			
1.1 Individual.....			
1.2 Two Person.....			
1.3 Family.....			
1.4 Total			
2. Small Group:			
2.1 Individual.....			
2.2 Two Person.....			
2.3 Family.....			
2.4 Total			
3. Direct Payment and Group Conversions:			
3.1 Individual.....			
3.2 Two Person.....			
3.3 Family.....			
3.4 Total			
4. Experience Rated Groups:			
4.1 Local.....			
4.2 National.....			
4.3 Total			
5. GRAND TOTALS			

**EXHIBIT NY6B – MAJOR MEDICAL OR COMPREHENSIVE CLAIMS  
 INCURRED DURING YEAR BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Number of Claims	2 Number of Services	3 Amount
1. Large Group:			
1.1 Individual.....			
1.2 Two Person.....			
1.3 Family.....			
1.4 Total			
2. Small Group:			
2.1 Individual.....			
2.2 Two Person.....			
2.3 Family.....			
2.4 Total			
3. Direct Payment and Group Conversions:			
3.1 Individual.....			
3.2 Two Person.....			
3.3 Family.....			
3.4 Total			
4. Experience Rated Groups:			
4.1 Local.....			
4.2 National.....			
4.3 Total			
5. GRAND TOTALS			

NOTE: The experience of major medical or comprehensive contracts should be reported in their entirety in Exhibit NY6B. Include all related carve-out results.

**EXHIBIT NY6C – PRESCRIPTION DRUG CLAIMS  
 INCURRED DURING YEAR BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Number of Claims	2 Number of Services	3 Amount
1. Large Group:			
1.1 Individual.....			
1.2 Two Person.....			
1.3 Family.....			
1.4 Total			
2. Small Group:			
2.1 Individual.....			
2.2 Two Person.....			
2.3 Family.....			
2.4 Total			
3. Direct Payment and Group Conversions:			
3.1 Individual.....			
3.2 Two Person.....			
3.3 Family.....			
3.4 Total			
4. Experience Rated Groups:			
4.1 Local.....			
4.2 National.....			
4.3 Total			
5. GRAND TOTALS			

NOTE: This exhibit shall include results of prescription drug contracts and riders. Include Medicare Part D coverage not written as an HMO line.

**EXHIBIT NY6D – DENTAL CLAIMS  
 INCURRED DURING YEAR BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Number of Claims	2 Number of Services	3 Amount
1. Large Group:			
1.1 Individual.....			
1.2 Two Person.....			
1.3 Family.....			
1.4 Total			
2. Small Group:			
2.1 Individual.....			
2.2 Two Person.....			
2.3 Family.....			
2.4 Total			
3. Direct Payment and Group Conversions:			
3.1 Individual.....			
3.2 Two Person.....			
3.3 Family.....			
3.4 Total			
4. Experience Rated Groups:			
4.1 Local.....			
4.2 National.....			
4.3 Total			
5. GRAND TOTALS			

**EXHIBIT NY6E – MEDICARE SUPPLEMENTAL CLAIMS  
 INCURRED DURING YEAR BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Number of Claims	2 Number of Services	3 Amount
1. Direct Payment.....			
2. GRAND TOTALS			

Note: Includes qualified and unqualified contracts supplementing Medicare.

**EXHIBIT NY6F – HMO CLAIMS  
 INCURRED DURING YEAR BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Number of Claims	2 Number of Services	3 Amount
1. Large Group:			
1.1 Individual.....			
1.2 Two Person.....			
1.3 Family.....			
1.4 Total			
2. Small Group:			
2.1 Individual.....			
2.2 Two Person.....			
2.3 Family.....			
2.4 Total			
3. Direct Payment and Group Conversions:			
3.1 Individual.....			
3.2 Two Person.....			
3.3 Family.....			
3.4 Total			
4. Experience Rated Groups:			
4.1 Local.....			
4.2 National.....			
4.3 Total			
5. GRAND TOTALS			

NOTE: Grand total HMO claims should be in agreement with Data Requirements page NY4, column 1, line 18. Circular Letter No. 26, dated August 3, 2000, permitted the experience rating of the in-network component of large group HMO POS products.

**EXHIBIT NY6G – ALL LINES RECAPITULATION  
 CLAIMS INCURRED DURING YEAR  
 BY ENROLLMENT CLASSIFICATION**

Contract Classifications	1 Number of Claims	2 Amount
1. Large Group:		
1.1 Individual.....		
1.2 Two Person.....		
1.3 Family.....		
1.4 Total		
2. Small Group:		
2.1 Individual.....		
2.2 Two Person.....		
2.3 Family.....		
2.4 Total		
3. Direct Payment and Group Conversions:		
3.1 Individual.....		
3.2 Two Person.....		
3.3 Family.....		
3.4 Total		
4. Experience Rated Groups:		
4.1 Local.....		
4.2 National.....		
4.3 Total		
5. GRAND TOTALS		

NOTE: The totals of column 7 of Exhibit NY6 and column 1 of Exhibits NY6A, NY6B, NY6C, NY6D, NY6E and NY6F should equal the total of column 1, Exhibit NY6G. The totals of column 9 of Exhibit NY6 and column 3 of Exhibits NY6A, NY6B, NY6C, NY6D, NY6E and NY6F should equal the total of column 2, Exhibit NY6G. Exhibit NY6G, column 2, line 5 should equal NAIC Statement of Revenue and Expenses, page 4, column 2, line 18, total hospital and medical.



(Name)

**SCHEDULE P – PART 1B (NY)  
HOSPITAL – EXPERIENCE RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1C (NY)  
SURGICAL-MEDICAL – COMMUNITY RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1D (NY)**  
**SURGICAL-MEDICAL – EXPERIENCE RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1EA (NY)**  
**MAJOR MEDICAL OR COMPREHENSIVE – COMPREHENSIVE CONTRACTS – COMMUNITY RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1EB (NY)**  
**MAJOR MEDICAL OR COMPREHENSIVE – RIDERS – COMMUNITY RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1EC (NY)**  
**MAJOR MEDICAL OR COMPREHENSIVE – MEDICARE CARVE OUT – COMMUNITY RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										





(Name)

**SCHEDULE P – PART 1J (NY)  
DENTAL – EXPERIENCE RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1K (NY)  
HMO – COMMUNITY RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2007.....	XXX			XXX		XXX			XXX	XXX
2. 2007.....										
3. 2008.....										
4. 2009.....										
5. 2010										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										



**SCHEDULE P PART 1(NY) INTERROGATORIES**

1. The term "claim adjustment expense" as defined in SAAP No. 85, includes all costs defined as cost containment expenses and other claim adjustment expenses. Examples of expenses incurred in these activities are case management activities, utilization review, detection and prevention of fraudulent claims, network access fees to PPOs, allocated internal costs associated with network development and/or provider contracting, consumer education solely relating to health improvement and relying on the direct involvement of health personnel, expenses for internal and external appeals processes, estimating amounts of claims, disbursing claim payments, maintaining records, general clerical, secretarial, office maintenance, occupancy costs, utilities, computer maintenance, supervisory and executive duties, supplies and postage.

Are they so reported in this statement?

If No, explain. \_\_\_\_\_

Yes [ ] No [ ]

2. The claim adjustment expense payments paid during the most recent calendar year should be distributed to the various years in which claims were incurred as follows: (1) 45% to the most recent year, (2) 5% to the next most recent year, and (3) the balance of all years, including the most recent, in proportion to the amount of claim payments paid for each year during the most recent calendar year. If the distribution in (1) or (2) produces an accumulated distribution to such year in excess of 10% of premiums earned for such year, disregarding all distribution made under (3), such accumulated distribution should be limited to 10% of premium earned and the balance distributed in accordance with (3). Are they so reported in this statement?

If No, explain. \_\_\_\_\_

Yes [ ] No [ ]

**Schedule P – Part 2 (NY) Summary All Market Segments and Lines of Business (\$000 omitted)**

CLAIMS INCURRED REPORTED AT YEAR END					DEVELOPMENT <sup>(b)</sup>	
(1) Year in which Claims were Incurred	(2)	(3)	(4)	(5)	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2A (NY) Hospital – Community Rated (\$000 omitted)**

1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2B (NY) Hospital – Experience Rated (\$000 omitted)**

1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2C (NY) Surgical-Medical – Community Rated (\$000 omitted)**

1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.

**Schedule P – Part 2D (NY) Surgical-Medical – Experience Rated (\$000 omitted)**

CLAIMS INCURRED REPORTED AT YEAR END					DEVELOPMENT <sup>(b)</sup>	
(1) Year in which Claims were Incurred	(2)	(3)	(4)	(5)	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2EA (NY) Major Medical or Comprehensive – Comprehensive Contracts – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2EB (NY) Major Medical or Comprehensive – Riders – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2EC (NY) Major Medical or Comprehensive – Medicare Carve Out – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.

**Schedule P – Part 2F (NY) Major-Medical or Comprehensive – All Types – Experience Rated (\$000 omitted)**

CLAIMS INCURRED REPORTED AT YEAR END					DEVELOPMENT <sup>(b)</sup>	
(1) Year in which Claims were Incurred	(2)	(3)	(4)	(5)	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2G (NY) Prescription Drug – Community Rated – (\$000 omitted)**

1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2H (NY) Prescription Drug – Experience Rated (\$000 omitted)**

1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2I (NY) Dental – Community Rated (\$000 omitted)**

1. Prior.....	(a)					
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.



**Schedule P – Part 2J (NY) Dental – Experience Rated (\$000 omitted)**

CLAIMS INCURRED REPORTED AT YEAR END					DEVELOPMENT <sup>(b)</sup>	
(1) Year in which Claims were Incurred	(2)	(3)	(4)	(5)	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2K (NY) HMO – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2L (NY) HMO – Experience Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

NOTE: Circular Letter No. 26, dated August 3, 2000, permitted the experience rating of the in-network component of large group HMO POS products.

**Schedule P – Part 2M(NY) Medicare Supplemental (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2007.....						
3. 2008.....	XXX					
4. 2009.....	XXX	XXX				XXX
5. 2010	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.

**Schedule P – Part 3 (NY) – All Experience Rated  
 Lines of Business (\$000 omitted)**

CUMULATIVE PREMIUMS EARNED AT YEAR END				
(1)	(2)	(3)	(4)	(5)
Years in which Premiums were Earned and Claims were Incurred	2007	2008	2009	2010
1. Prior.....	000			
2. 2007.....				
3. 2008.....	XXX			
4. 2009.....	XXX	XXX		
5. 2010.....	XXX	XXX	XXX	

**SCHEDULE T (NY)**  
**Section 1 – Direct Premium by Product Type**

County	1 Total	2 Health Maintenance Organizations	3 Provider Service Organizations	4 Preferred Provider Organizations	5 Point of Service	6 Indemnity Only	7 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 page 8, Part 1 – Premiums, line 12, column 1, Direct Premiums.

**SCHEDULE T (NY)  
Section 2 – Enrollment by Product Type**

County	1 Total	2 Health Maintenance Organizations	3 Provider Service Organizations	4 Preferred Provider Organizations	5 Point of Service	6 Indemnity Only	7 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, Col. 1 must agree with Exhibit NY5G, line 5, Col. 8 and NAIC Exhibit 1 – Enrollment by Product Type For Health Business Only, line 7, Col. 5.

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

This schedule is to be completed by New York domiciled companies only and is for the purpose of determining the premium base that will be used to compute the 2010 final Section 332 Assessment under NY Insurance Law.

Instructions

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

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

NAIC# \_\_\_\_\_

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

(a) Specify line 2.3 addition(s).....

(b) Specify line 3.7 deduction(s).....

\_\_\_\_\_  
(Prepared by)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone Number)

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(E-Mail Address)

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## INSTRUCTIONS

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

#### GENERAL

1. One hardcopy of this Supplement, completed according to these instructions, should be filed by all Article 43 insurers licensed in New York, together with one hardcopy 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 March 1<sup>st</sup>. Address the Supplement to: Health Bureau, New York State Insurance Department, 25 Beaver Street, New York, New York 10004
3. All interrogatories contained on pages NY2, NY3 and NY4 must be answered.
4. Blank schedules will not be considered properly filed. If no entries are to be made, write "None" across the schedule in question.
5. The Supplement requires the use of bar codes on the jurat page, Schedule G (NY) and the Certificate of Compliance. Please refer to bar coding instructions in the NAIC Annual Statement General Instructions.

#### 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.

#### SUPPLEMENTAL SCHEDULE A (NY) – PAGE NY5

Section 4310(1) of the Insurance Law and Section 83.4(j)(1) of Regulation 172 (11 NYCRR 83) permit Article 43 corporations and not-for-profit P.H.L. HMO's the option of valuing real estate owned and held at ninety percent of its current market value, less encumbrances. For purposes of the completion of this Supplement, "market value, less encumbrances" shall have the same meaning as "fair value, less encumbrances." If the reporting entity elects this option, Supplemental Schedule A (NY) must be completed for what the current amortized book value would have been had the election not been made. Supplemental Schedule A (NY) is for informational purposes only and is not intended to supersede the NAIC Schedule A which would be completed with the market value election. Notwithstanding the valuation methodology permitted in Section 83.4(j)(1) of Regulation 172 and the instructions of Section 83.4(j)(1), properties that the reporting entity has the intent to sell, or is required to sell, shall be classified as properties held for sale and carried at the lower of depreciated cost or current market value less encumbrances and estimated sales costs consistent with the requirement of paragraph 10 of SSAP No. 40.

#### SCHEDULE G (NY) – PAGE NY6

Nothing in these instructions shall obviate the basic Schedule G (NY) instructions included on page NY6.

Column 2, Name of Payee: Payees should be listed in the following order: (1) Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization, (2a) Directors or Trustees, (2b) Ten Officers or Employees Receiving the Largest Amounts, (2c) the remaining Officers and Employees, if the amount received was in excess of \$160,000 and (3) Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000. Each of the aforementioned categories is to be listed separately. Within each category, the payees are to be listed in descending order from the highest paid to the lowest paid.

Column 3, Location of Payee: For directors, officers and employees state the principal work location (city and state) of person listed. For vendors, also state the city and state where the vendor is located.

Column 4, Salary Paid by Company and All Other Companies in Holding Company System: With respect to directors, officers and employees, column 4 will include salaries excluding commissions, before any adjustment for tax sheltered programs, paid by the entire holding company.

Column 5, Bonus & all other Compensation Paid by Company and All Other Companies in Holding Company System: Exclude commissions.

The \$160,000 trigger in Schedule G's instructions is applicable to the amount paid by or allocated to the reporting company, as reported in column 7.

Column 6, Total Amount Paid by Company and All Other Companies in Holding Company System: Sum of columns 4 and 5.

Column 7, Amount Paid by or Amount Allocated to Company: Amount Paid to category (1) the Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization, and category (3) Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000.

With respect to directors, officers and employees, if the amount paid was in excess of \$160,000, indicate the amount of compensation allocated to the reporting entity as a joint expense.

For categories 2(a), 2(b) and 2(c) – If the reporting entity does not belong to a holding company system, column 7 should equal column 6.

**SCHEDULE J (NY) - PAGE NY11**

Show all legal expenses paid during the year. These expenses include all fees or retainers for legal services or expenses in connection with matters before administrative or legislative bodies. It excludes salaries and expenses of corporation personnel, legal expenses in connection with investigation, litigation and settlement of policy claims, and legal fees associated with real estate transactions including mortgage loans on real estate.

List individually all payees who received \$10,000 or more, along with their addresses, total amounts paid and brief descriptions of services rendered. The reported amounts will not necessarily agree with any portion of the Annual Statement. However, most of the detailed items will usually be included as part of the amount reported in the Underwriting and Investment Exhibit – Part 3, Line 4, “Legal fees and expenses.” In some instances, the amount paid will be in part reported in this schedule with the balance listed in other schedules, for example, Schedules G (NY) or K (NY).

All other legal expenses of less than \$10,000 per payee should be grouped and included on Line 9999998.

**SCHEDULE K (NY) – PAGE NY11**

Show all expenditures related to general legislative lobbying and direct lobbying of pending and proposed statutes or regulations before legislative bodies and/or officers or departments of government during the year.

List individually all payees, e.g., trade associations, outside lobbyists, insurance industry coalitions, who received \$5,000 or more, along with their addresses, total amounts paid, and descriptions of the issue(s) being considered and the corporation’s interest therein. Salaries and expenses of corporation personnel are excluded from this schedule. Do not include amounts reported in other schedules, for example, Schedules G (NY) or J (NY).

All other expenses related to matters before legislative bodies and/or officers or departments of government of less than \$5,000 per payee should be grouped and included on Line 9999998.

**CERTIFICATE OF COMPLIANCE – PAGE NY12**

Companies must evidence compliance with the advertising requirements of Department Regulation 34 (11 NYCRR 215).

**SCHEDULE M – PAGES NY13, NY14 & NY15**

Section 4802(a) of the Insurance Law requires Article 43 corporations that offer managed care products to establish grievance procedures with regard to those products. Pursuant to such procedures, subscribers are entitled to seek a review of determinations made by Article 43 corporations. Excluded from these reviews are determinations subject to Article 49 of the Insurance Law.

Article 49 of the Insurance Law establishes utilization review (“UR”) standards and reporting requirements for Article 43 corporations. UR is generally defined as the review to determine whether health care services are medically necessary. Subscribers who receive adverse UR determinations are entitled to appeal such determinations.

Statistics pertaining to HMO grievances and UR appeals are to be excluded from Schedule M. These statistics are to be reported separately in N.Y. Schedule M in the Data Requirements for Health Maintenance Organizations.

**EXHIBIT NY4 –HOSPITAL UNDERWRITING  
GAINS AND LOSSES BY ENROLLMENT  
CLASSIFICATION – PAGE NY16**

**EXHIBIT NY4A – SURGICAL-MEDICAL  
UNDERWRITING GAINS AND LOSSES BY  
ENROLLMENT CLASSIFICATION – PAGE NY17**

**EXHIBIT NY4B – MAJOR MEDICAL OR COMPREHENSIVE  
UNDERWRITING GAIN AND LOSSES BY ENROLLMENT  
CLASSIFICATION – PAGE NY18**

**EXHIBIT NY4C – PRESCRIPTION DRUG  
UNDERWRITING GAINS AND LOSSES BY  
ENROLLMENT CLASSIFICATION – PAGE NY19**

**EXHIBIT NY4D – DENTAL UNDERWRITING  
GAINS AND LOSSES BY ENROLLMENT  
CLASSIFICATION – PAGE NY20**

**EXHIBIT NY4E – MEDICARE SUPPLEMENTAL  
UNDERWRITING GAINS AND LOSSES BY  
ENROLLMENT CLASSIFICATION – PAGE NY21**

**EXHIBIT NY4F – HMO UNDERWRITING  
GAINS AND LOSSES BY ENROLLMENT  
CLASSIFICATION – PAGE NY22**

**EXHIBIT NY4G – ALL LINES RECAPITULATION  
UNDERWRITING GAINS AND LOSSES BY  
ENROLLMENT CLASSIFICATION – PAGE NY23**

Exhibits NY4, NY4A, NY4B, NY4C, NY4D, NY4E and NY4F should total to and be in agreement with Exhibit NY4G. Exhibit NY4G, column 3, Other Revenue, should equal the total of NAIC Statement of Revenue and Expenses, page 4, column 2, lines 4 + 5 + 6 + 7 (Fee-For-Service + risk revenue + aggregate write-ins for other health care related revenues + aggregate write-ins for other non-health revenues). Exhibit NY4G, column 7, line 5, should be in agreement with NAIC Statement of Revenue and Expenses, page 4, column 2, line 24, net underwriting gain or loss.

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 from two 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.

Experience-rated local group contracts are defined as accounts without multistate employees which are underwritten and administered solely by the insurer. Experienced-rated national group contracts are defined as accounts with multistate employees. A master contract will be held by a "control plan" and the insurer may or may not participate in the underwriting profit or loss of these accounts.

The experience of major medical contracts and comprehensive contracts should be reported in their entirety in Exhibit NY4B. Line of business results for these contracts should not be fragmented and reported as part of other "NY4" exhibits.

All prescription drug contracts and prescription drug riders, other than those reported in Exhibit NY4B and Exhibit NY4F, are to be reported in Exhibit NY4C. Include Medicare Part D coverage not written as an HMO line in Exhibit NY4C. All dental contracts and dental riders other than those reported in Exhibit NY4B are to be reported in Exhibit NY4D.

**EXHIBIT NY5 – HOSPITAL  
CERTIFICATE AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY24**

**EXHIBIT NY5A – SURGICAL-MEDICAL  
CERTIFICATE AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY25**

**EXHIBIT NY5B – MAJOR MEDICAL OR COMPREHENSIVE  
CERTIFICATE AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY26**

**EXHIBIT NY5C – PRESCRIPTION DRUG  
CERTIFICATE AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY27**

**EXHIBIT NY5D – DENTAL CERTIFICATES  
AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY28**

**EXHIBIT NY5E – MEDICARE SUPPLEMENTAL  
CERTIFICATES AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY29**

**EXHIBIT NY5F – HMO CERTIFICATES  
AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY30**

**EXHIBIT NY5G – ALL LINES RECAPITULATION  
CERTIFICATES AND PREMIUMS BY ENROLLMENT  
CLASSIFICATION – PAGE NY31**

The totals of Exhibits NY5 (line 5, grand totals), NY5A (line 6, net totals), NY5B (line 6, net totals), NY5C (line 6, net totals), NY5D (line 6, net totals), NY5E (line 3, net totals) and NY5F (line 6, net totals) should total to and be in agreement with Exhibit NY5G, line 5, net totals. Exhibit NY5G, lines 1, 2, 3 and 4 should total to line 5, net totals for columns 1, 2, 4, 5, 6, 7 and 8. Exhibit NY5G, line 5, net totals, columns 2 and 8 should be in agreement with NAIC Exhibit 1 – Enrollment by Product Type for Health Business Only, line 7, total, columns 1 and 5.

The sum of Exhibits NY5, NY5A, NY5B, NY5C, NY5D, NY5E and NY5F should equal the total contracts and participants as of the determination date without duplication. "GRAND TOTALS" lines have been provided for all exhibits and "NET TOTALS" lines have been provided for Exhibits NY5A, NY5B, NY5C, NY5D, NY5E and NY5F. "GRAND TOTALS" are to show the total contracts and participants accounted for within an exhibit without regard to whether or not the contracts or participants have already been counted in another exhibit. "NET TOTALS" are to show contract and participant counts for each exhibit after taking into consideration whether or not contracts or participants have already been accounted for in another exhibit.

Thus, if a contract or rider has already been accounted for as either "GRAND TOTALS" in Exhibit NY5 or "NET TOTALS" elsewhere, then that contract or rider would not be counted a second time as "NET TOTALS" in any other exhibit under consideration.

Annual premium as required in column 9 of Exhibits NY5, NY5A, NY5B, NY5C, NY5D, NY5E, NY5F and NY5G is defined herein as annualized premium. Column 9 should be completed by annualizing the premiums of all contracts which have not expired or been canceled as of the statement date.

The general instructions pertaining to Exhibits NY4, NY4A, NY4B, NY4C, NY4D, NY4E and NY4F are applicable to these exhibits.

**EXHIBIT NY6 – HOSPITAL CLAIMS  
INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY32**

**EXHIBIT NY6A – SURGICAL-MEDICAL CLAIMS  
INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY33**

**EXHIBIT NY6B – MAJOR MEDICAL OR COMPREHENSIVE  
CLAIMS INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY34**

**EXHIBIT NY6C – PRESCRIPTION DRUG CLAIMS  
INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY35**

**EXHIBIT NY6D – DENTAL CLAIMS  
INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY36**

**EXHIBIT NY6E – MEDICARE SUPPLEMENTAL  
CLAIMS INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY37**

**EXHIBIT NY6F – HMO CLAIMS  
INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY38**

**EXHIBIT NY6G – ALL LINES RECAPITULATION  
CLAIMS INCURRED DURING YEAR BY ENROLLMENT  
CLASSIFICATION – PAGE NY39**

The totals of column 7 of Exhibit NY6 and column 1 of Exhibits NY6A, NY6B, NY6C, NY6D, NY6E and NY6F should equal the total of column 1 of Exhibit NY6G.

The totals of column 9 of Exhibit NY6 and column 3 of Exhibits NY6A, NY6B, NY6C, NY6D, NY6E and NY6F should equal the total of column 2 of Exhibit NY6G. Exhibit NY6G, column 2, line 5 should equal NAIC Statement of Revenue and Expenses, page 4, column 2, line 18, total hospital and medical.

The general instructions pertaining to Exhibits NY4, NY4A, NY4B, NY4C, NY4D, NY4E and NY4F are applicable to these exhibits.

**SCHEDULE P – PART 1 (NY)**

Schedule P – Part 1 is intended to display a summary containing four years of historical data for all unpaid claims and unpaid claim adjustment expense liabilities. Schedule P – Part 1 is designed to provide retrospective tests of reported liabilities through four subsequent calendar years.

The contract categories required in Schedule P Parts 1A through 1M are Hospital, Surgical-Medical, Major Medical, Prescription Drug, Dental, HMO and Medicare Supplemental. Each of these lines, except Medicare Supplemental, are fragmented into community and experience-rated market segments. Schedule P – Parts 1EA, 1EB, and 1EC further fragment the community-rated market segment of the major medical line of business into comprehensive contracts, riders and Medicare carve-out.

Comprehensive contracts, as required by Schedule P – Part 1EA, are defined as contracts offering the coverages of hospital, surgical-medical and major medical in one contract and, also, contracts which are not major medical contracts, but which do offer both hospital and surgical-medical in one contract. Riders, as required by Schedule P – Part 1EB, are defined as riders which, when attached to hospital and surgical-medical basic contracts, offer major medical coverage. Medicare carve-out, as required by Schedule P – Part 1EC, pertains to riders which provide carve-out benefits. Carve-out benefits are defined as the difference between Medicare benefits and a member's major medical group coverage, to the extent the group coverage pays more than Medicare.

Schedule P – Part 1M Medicare Supplemental is to contain only group and direct payment Medicare supplementary and complementary contracts. Medicare carve-out pertaining to community-rated major medical group contracts is not to be included in Schedule P – Part 1M, but instead is to be segregated in Schedule P – Part 1EC as discussed above. Similarly, carve-outs pertaining to community-rated hospital only group contracts are to be included in Schedule P – Part 1A.

Generally, the columnar headings of Schedule P – Part 1 provide adequate instructions for completion. However, the following clarifications should be of assistance:

1. Report all dollar amounts in Schedule P – Part 1 in thousands of dollars (000 omitted), by either rounding or truncating.
2. Earned premium is on a calendar year basis. Premiums earned, once entered into column 2 of each part, will become "frozen." No retrospective adjustments are to be made for experience-rated contracts.
3. Claims incurred should be assigned to the year in which the event occurred that triggered coverage under the contract.
4. Total claims unpaid, column 8, line 6, is expected to represent the ultimate amounts to be paid, including anticipated inflation, and is to agree in total with claims unpaid defined as page 3 line 1 plus line 2 of the NAIC Annual Statement. Column 8, line 7 is to equal the aggregate claims unpaid pertaining to the four incurrence years presented in lines 2, 3, 4 and 5.
5. Total unpaid claims adjustment expense, column 9, line 6, is to agree in total with unpaid claims adjustment expenses on page 3, line 3 of the NAIC Annual Statement. Column 9, line 7 is to agree with the aggregate unpaid claims adjustment expense pertaining to the four incurrence years presented in lines 2, 3, 4 and 5.

**NY61**

6. With the exception of line 1 entitled, "Prior to 2007," claim and claim adjustment expense payments are to be maintained on a cumulative basis. Thus, incurral year 2008 will represent claim or expense payments made from inception, January 1, 2008, to date, December 31, 2010. Incurral year 2009 will represent claim or expense payments made from inception, January 1, 2009, to date, December 31, 2010 and so on.

Claim and claim adjustment expenses reported on line 1, "Prior to 2007" should not be cumulative, but should only pertain to payments made in 2010 on incurral year 2007 and prior claims. The purpose of this instruction is to account for all claim and expense payments in 2010 without reflecting a large cumulative to inception number of questionable value in the "Prior to 2007" line.

7. Total claim adjustment expenses paid are set forth in N.A.I.C. Annual Statement Part 3 – Analysis of Expenses, column 1 + 2, line 31. Claim adjustment expense payments paid during the most recent calendar year should be distributed to the various years in which claims were incurred as follows: (1) 45% to the most recent year, (2) 5% to the next most recent year, and (3) the balance to all years, including the most recent, in proportion to the amount of loss payment paid for each year during the most recent calendar year. If the distribution in (1) or (2) produces an accumulated distribution to such year in excess of 10% of the premiums earned for such year, disregarding all distributions made under (3), such accumulated distribution should be limited to 10% of premiums earned and the balance distributed in accordance with rule (3) of this paragraph.
8. Schedule P – Parts 1A through 1M should total to and be in agreement with Schedule P – Part 1 Summary all Market Segments and Lines of Business.
9. To assist preparers in the completion of Schedule P – Part 1, the following completion chart describes what is to be included in columns 3, 4, 8 and 9:

**SCHEDULE P – PART 1 – COMPLETION CHART**

(1) Years in which Premiums were Earned and Claims were Incurred	(3) <u>Claim Payments</u>	(4) <u>Adjustment Expense Payments</u>	(8) <u>Claims Unpaid</u>	(9) <u>Unpaid Claim Adjustment Expenses</u>
1. Prior to 2007	Paid in 10 on <07	Paid in 10 on <07	Rsvs on <07 @ Ye 10	Rsvs on <07 @ Ye 10
2. 2007	Paid thru 10 on 07	Paid thru 10 on 07	Rsvs on 07 @ Ye 10	Rsvs on 07 @ Ye 10
3. 2008	Paid thru 10 on 08	Paid thru 10 on 08	Rsvs on 08 @ Ye 10	Rsvs on 08 @ Ye 10
4. 2009	Paid thru 10 on 09	Paid thru 10 on 09	Rsvs on 09 @ Ye 10	Rsvs on 09 @ Ye 10
5. 2010	Paid thru 10 on 10	Paid thru 10 on 10	Rsvs on 10 @ Ye 10	Rsvs on 10 @ Ye 10

**SCHEDULE P – PART 2 (NY)**

Schedule P – Part 2 displays claims incurred data reported in Schedule P – Part 1, of the current and prior years, except as directed in the footnotes. The schedule format provides a retrospective test of all unpaid claims reported in the Annual Statement which will show developments through twelve and twenty-four months.

Claim adjustment expenses should be excluded from Schedule P – Part 2.

Report all amounts in thousands of dollars (000 omitted), by either rounding or truncating.

Line of business categories are identical to those set forth in Schedule P – Part 1.

Column 6, the twelve month development, is equal to column 5 minus column 4 for lines 1 through 4 only. Column 7, the twenty-four month development, is equal to column 5 minus column 3 for lines 1 through 3 only. Line 6, totals for columns 6 and 7 is the sum of lines 1 through 5 of the respective columns.

Line 1 "Prior," column 2, is equal to unpaid claim reserves at year end 2007 for all incurral years prior to 2007.

Line 1, "Prior," column 3, is equal to unpaid claim reserves at year end 2008 for all incurral years prior to 2007 plus claim payments made during 2008 for all incurral years prior to 2007.

Line 1, "Prior," columns 4 and 5 are equal to the same outstanding reserves at the specified year-end for all incurral years prior to 2007 plus the cumulative claim payments made after 2007 and before the specified year end for all incurral years to 2007.

To assist preparers in the completion of Schedule P – Part 2, the following completion chart describes what is to be included in columns 2 through 5:

**NY62**

**SCHEDULE P – PART 2 – COMPLETION CHART**

(1)	(2)	(3)	(4)	(5)
<b>Claims Incurred Reported at Year End</b>				
<b><u>Years in which Claims were Incurred</u></b>	<b><u>2007</u></b>	<b><u>2008</u></b>	<b><u>2009</u></b>	<b><u>2010</u></b>
Prior	Unpaid Claims rsvs on <07 @ Ye 07 only	Paid in 08 + rsvs on <07 @ Ye 08	Paid thru 09 + rsvs on <07 @ Ye 09	Paid thru 10 + rsvs on <07 @ Ye 10
2007	Paid in 07 + rsvs on 07 @ Ye 07	Paid thru 08 + rsvs on 07 @ Ye 08	Paid thru 09 + rsvs on 07 @ Ye 09	Paid thru 10 + rsvs on 07 @ Ye 10
2008		Paid in 08 + rsvs on 08 @ Ye 08	Paid thru 09 + rsvs on 08 @ Ye 09	Paid thru 10 + rsvs on 08 @ Ye 10
2009			Paid in 09 + rsvs on 09 @ Ye 09	Paid thru 10 + rsvs on 09 @ Ye 10
2010				Paid in 10 + rsvs on 10 @ Ye 10

**SCHEDULE P – PART 3 (NY)**

In Schedule P, Part 3, the premiums to be reported are exposure or coverage year earned premiums, recalculated each subsequent year to reflect audits, retrospective adjustments based on claim experience, accounting lags and etc. Mechanically, the written premium file would be restated and the earned premium calculation repeated each year. Premium adjustments for policy periods that cover more than one calendar year should be proportionately distributed between the calendar years covered by the policy period. The objective is to develop earned premiums by calendar year of coverage consistent with the claim and claim adjustment expense by incurral year in Schedule P-Part 1 and Schedule P-Part 2.

Schedule P-Part 3 must include all experience rated lines of business only.

Report all amounts in thousands of dollars (000 omitted), by either rounding for truncating.

Line 1 (Prior) will not show total premiums earned for any period. Line 1 should only show non-cumulative adjustments for years prior to 2007 made respectively in calendar years 2008, 2009 and 2010. Line 1, column 2 will always be "000."

To assist preparers in the completion of Schedule P-Part 3, the following completion chart describes what is to be included:

**SCHEDULE P – PART 3 – COMPLETION CHART**

(1)	(2)	(3)	(4)	(5)
<b>Restatement of Experience Rated Premiums</b>				
<b><u>Years in which Claims were Incurred</u></b>	<b><u>2007</u></b>	<b><u>2008</u></b>	<b><u>2009</u></b>	<b><u>2010</u></b>
Prior	000	Adjustments to <07 premiums in 08	Adjustments to <07 premiums in 09	Adjustments to <07 premiums in 10
2007	Earned during 07 @ Ye 07	Earned during 07 Restated thru Ye 08	Earned during 07 Restated thru Ye 09	Earned during 07 restated thru Ye 10
2008	XXX	Earned during 08 @ Ye 08	Earned during 08 Restated thru Ye 09	Earned during 08 restated thru Ye 10
2009	XXX	XXX	Earned during 09 @ Ye 09	Earned during 09 Restated thru Ye 10
2010	XXX	XXX	XXX	Earned during 10

**SCHEDULE T (NY)– Pages NY54 and NY55**

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.

Schedule T (NY) product types shall have the same definition as in NAIC Exhibit 1 – Enrollment by Product Type for Health Business Only.

**COMPUTATION OF FINAL PREMIUM BASE – Page NY56**

This form is required to be filed by all New York domiciled companies, except accredited reinsurers. The form is due by March 1.

## SPECIAL INSTRUCTIONS

### **HS2010JURAT1**

#### **COMPANY INFORMATION**

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

### **HS2010JURAT2**

#### **COMPANY NAME INFORMATION**

### **HS2010JURAT3**

#### **COMPANY ADDRESS INFORMATION**

Column 1 = Street Address  
Column 2 = City  
Column 3 = State  
Column 4 = Zip Code  
Column 5 = e-Mail Address

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

### **HS2010JURAT4**

#### **COMPANY CONTACT INFORMATION**

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

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

### **HS2010JURAT5**

Table Length: Variable

#### **COMPANY OFFICERS/DIRECTORS/TRUSTEES**

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

Line 1 = President  
Line 2 = Secretary  
Line 3 = Treasurer  
Line 4 = Actuary  
Lines 05.01-05.99 = Vice Presidents  
Lines 06.01-06.99 = Provider Directors/Trustees  
Lines 07.01-07.99 = Public Directors/Trustees  
Lines 08.01-08.99 = Subscriber Directors/Trustees  
Lines 09.01-09.99 = Officer/Employee Directors/Trustees

### **HS2010JURAT6**

#### **VENDOR INFORMATION**

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

### **HS2010JURAT8**

Table Length: Variable

#### **SERVICE AREAS OR COUNTIES**

### **HS2010INTER**

#### **NEW YORK INTERROGATORIES**

Column 1 = Yes/No Response  
Column 2 = Numeric Response  
Column 3 = Date  
Column 4 = Explanation

Values for Column 1: Yes = Yes / No = No / Not Applicable = NA

### **HS2010INTERSC1**

Table Length: Variable

#### **NEW YORK INTERROGATORY - SCHEDULE 1**

Column 1 = Company  
Column 2 = Reinsurance Premiums in Force  
Column 3 = Reinsurance Recoverable on Paid Losses  
Column 4 = Reinsurance Recoverable on Unpaid Losses  
Column 5 = Yes/No Response

**HS2010INTERSC2**

Table Length: Variable

**NEW YORK INTERROGATORY - SCHEDULE 2**

Column 1 = Type of Account  
 Column 2 = % of Total Enrollment  
 Column 3 = Renewal Date (MMDDYYYY)

Lines 0100001-0199996 = Federal Employees as needed  
 Lines 0200001-0299996 = County and Municipal Employees as needed  
 Lines 0300001-0399996 = State Employees as needed  
 Lines 0400001-0499996 = Corporate Nonpublic - Service Sector as needed  
 Lines 0500001-0599996 = Corporate Nonpublic - Private Sector as needed  
 Lines 0600001-0699996 = Union and Trust Funds as needed  
 Lines 0700001-0799996 = Medicaid as needed  
 Lines 0800001-0899996 = Medicare as needed  
 Lines 0900001-0999996 = Other as needed

If this schedule is not used, or any section thereof, all xx00001 lines are required and all columns must be left blank.

**HS2010INTERSC3**

Table Length: Variable

**NEW YORK INTERROGATORY - SCHEDULE 3**

Column 1 = Yes/No Response  
 Column 2 = Date Response (MM/DD/YYYY)  
 Column 3 = Range of Increase or (Decreases)

**HS2010SCANY**

Table Length: Variable

**SUPPLEMENTAL SCHEDULE A (NY)**

Column 1 = Description of Property  
 Column 2 = Code. (See NAIC Instructions)  
 Column 3 = City  
 Column 4 = State  
 Column 5 = Date Acquired (MMDDYYYY)  
 Column 6 = Date of last appraisal (MMDDYYYY)

Lines 0100001-0199996 = Properties occupied by the reporting entity – Health Care Delivery.  
 Lines 0200001-0299996 = Properties occupied by the reporting entity – Administrative.  
 Lines 0399999 = Total properties occupied by the reporting entity.  
 Lines 0400001-0499996 = Properties held for the production of income.  
 Lines 0500001-0599996 = Properties held for sale.  
 Lines 9999999 = Totals

If this schedule is not used, or any section thereof, all xx00001 lines are required and all columns must be left blank.

**HS2010SCG**

Table Length: Variable

**SCHEDULE G**

Column 1 = Title of Payee  
 Column 2 = Name  
 Column 3A = City  
 Column 3B = State Abbreviation  
 Column 4 = Salary Paid by the entire holding company  
 Column 5 = Bonus & all other compensation paid by the entire holding company  
 Column 6 = Total Amount paid by the entire holding company  
 Column 7 = Amount Paid or Amount allocated to Company

Lines 0100001-0199996 = Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization  
 Lines 0200001-0299996 = Directors or Trustees  
 Lines 0300001-0399996 = Ten Officers or Employees Receiving the Largest Amounts  
 Lines 0400001-0499996 = Remaining Officers and Employees in excess of \$160,000  
 Lines 0500001-0599996 = Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000  
 Line 9999999 = Total

**HS2010SCJ**

Table Length: Variable

**SCHEDULE J**

Column 1 = Name  
 Column 2A = City  
 Column 2B = State  
 Column 3 = Amount Paid  
 Column 4 = Occasion of Expense

**HS2010SCK**

Table Length: Variable

**SCHEDULE K**

Column 1 = Name  
 Column 2A = City  
 Column 2B = State  
 Column 3 = Amount Paid  
 Column 4 = Measure of Proceeding  
 Column 5 = Interest of the Corporation Therein

**HS2010EX4 thru 4G****UNDERWRITING GAINS AND LOSSES BY ENROLLMENT CLASSIFICATION**

Columns 8, 9 &amp; 10 should be a percentage reported to the nearest 1/10th

**HS2010SCPPT1 thru 1M**

Columns 5, 7 &amp; 11 should be a percentage reported to the nearest 1/10th

**HS2010PREMTAXI COMPUTATION of 332 PREMIUM BASE**

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

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

**HS2010JURAT10 COMPUTATION of 332 PREMIUM BASE**

Line 01 = Column 1 = Schedule Contact Last Name

Column 2 = Schedule Contact First Name

Column 3 = Schedule Contact Middle Name

Column 4 = Phone Number

Column 5 = E-Mail Address

Column 6 = Schedule Contact Title