NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

SUPPLEMENT TO BOTH THE HEALTH BLANK AND LIFE BLANK ANNUAL STATEMENT

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

To be filed with the Annual Statement – December 31, 2020 of the

Name of Insurer

_____

2020 Edition

2020

ARTICLE 42 A&H

INSTRUCTIONS

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

GENERAL

1. One copy of the Supplement, completed according to these instructions, should be filed by ALL Accident and Health Insurers licensed in New York State and filing the NAIC Health Blank or NAIC Life Blank.
   The Supplement must be filed with pages that are 8 ½" wide x 14" long, and must be filed in the same sequence as presented by the Department of Financial Services ("Department") in the electronic prototypes available to each insurer through the Department's web site.
   All pages of the Supplement Must be bound or stapled together along the left margin and MUST have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
2. **All forms are to be filed by March 1. Address all forms to: Health Bureau, New York State Department of Financial Services,** One State Street**, New York City, New York 10004.**
3. Pages NY2 and NY3 of this Supplement are intended to identify those adjustments necessary to modify the insurer's Annual Statement filed on a Home State basis to reflect New York Law, Rules, Regulations and reporting requirements. Domestic insurers must complete the Annual Statement pursuant to New York Law, Rules, Regulations and reporting requirements and, accordingly, shall not complete pages NY2 and NY3.
4. The format of the Supplement has been designed to facilitate data capture. Therefore, do not change the captions for pre-printed items, lines or columns. An entry for which there is no specific pre-printed line or item must be reported with an identifying caption in the "Details" section on the appropriate page. These write-in lines should be reported in descending order. If there is not sufficient room in a "Details" section to accommodate all write-ins, report the additional "Details" section on the Overflow Page, Page NY40.
   The page numbers designated in the blank should not be changed. If additional pages are needed use decimals after the page number, for example, NY27.1, NY27.2, etc.
5. **Supplemental Exhibits and Schedules Interrogatories, Page NY16**
   This section refers to Accident and Health Policy Experience Exhibit, Exhibit of Participants in Accident and Health Contracts, Exhibit of Grievances and Utilization Review Appeals, Health Insurance Claims Payable, Report of Premiums and Enrollment Data and Direct Premium by New York Counties. If there is nothing to report on any of these Exhibits and Schedules, companies should complete the Supplemental Exhibits and Schedules Interrogatories on page NY16 of this Supplement and not print the Exhibits and/or Schedules on which there is nothing to report.
   Certain Exhibits and Schedules require the use of bar codes. For any Supplemental Interrogatory to which an insurer responds that it is not required to submit the form in question and the form requires the use of a bar code, the insurer is required to affix the appropriate bar code in the space indicated. Note that it is only the Supplemental Interrogatories to which the insurer has responded "NO" that it does not have to file a particular exhibit or form, and for which the physical page or form is marked "NONE" that the appropriate bar code be affixed. In all other instances no bar code should be affixed.
   Some interrogatories require that a bar code be affixed in addition to indicating "**NO**". The appropriate bar code **must be affixed** at any Supplemental Interrogatory where the bar code is required and the insurer responds that it is not required to submit the form. A bar code should not be affixed to any interrogatory: 1) that does not indicate that the bar code be affixed 2) where the response is "YES".
6. In many instances items reported on Pages NY2 and NY3 in the Home State Annual Statement are not readily reconcilable with Page NY8, and supporting Exhibits and Schedules. When an item reported in the Annual Statement is derived from a number of accounts, or parts thereof, a reconciling analysis must be attached to this Supplement.
7. The following worksheet shows the pages, Exhibits and Schedules in this Supplement that must be filed by each type of insurer. Each domestic and foreign company is required to file the pages, Exhibits or Schedules, as applicable, where an X appears under the appropriate description.

WORKSHEET OF SUPPLEMENT PAGES TO BE FILED

SUPPLEMENT PAGE NO. TITLE	DOMESTIC	FOREIGN
NY1 Jurat	X	X
NY2 New York Adjustments to Home State Balance Sheet		X
NY3 New York Adjustments to Summary of Operations and Capital and Surplus Account		X
NY4 Year to Date Statement of Revenue And Expenses by Line of Business	X	X
NY9 Fourth Quarter Statement of Revenue And Expenses by Line of Business	X	X
NY14 New York General Interrogatories	X	X
NY15 New York Notes to Financial Statements	X	X
NY16 Supplemental Exhibits and Schedules Interrogatories	X	X
NY17 Certificate of Compliance	X	X
NY18 Schedule G (New York)	X	X
NY19 Schedule L	X	X
NY20 Schedule SR	X	X
NY24 Accident and Health Policy Experience Exhibit	X	X
NY33 Exhibit of Participants in Accident and Health Contracts	X	X
NY35 New York Direct Business for Credit Life and A&H Insurance	X	X
NY36 Countrywide Business Page for Credit Life and A&H Insurance	X	X
NY38 Exhibit of Grievances and Utilization Review Appeals	X	X
NY41 Report of Premiums	X	X
NY45 Computation of Premium Base	X	X
NY46 Health Insurance Claims Payable	X	X
NY51 Enrollment by New York Counties	X	X
NY56 Direct Premium by New York Counties	X	X
NY61 Report 13 (For Each Risk-bearing Entity)	X	X

JURAT PAGE-PAGE NY1

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

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

Both of these pages contain "Details" sections. The totals of these sections are carried forward to summary line; for example, on Page NY2 the total of "Details of Admitted Asset Adjustments" from Line 0299 is carried forward to Line 2.

Each item reported in the Annual Statement completed on a Home State Basis that requires an adjustment in order to be reported in accordance with New York requirements should be listed separately in the appropriate "Details" section. Any adjustment on these pages which is not self explanatory should be described in an attachment to this Supplement.

When reporting an adjustment to an aggregate write-in line, the item number reported in the Supplement should be the NAIC blank aggregate write-in item number and the caption should be reported in the "Details" section for that aggregate write-in item; for example, adjustments to Page 2, Item 25 of the NAIC blank would be listed in the "Details of Admitted Asset Adjustments" on Page 2 in this Supplement as follows:

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

ASSETS-PAGE NY2

Line 2-Total New York Admitted Asset Adjustments

An insurance company owning stock of another insurance company MUST NOT use a value greater than the value permitted by Section 1414(c) of the New York Insurance Law. The total of all adjustments to the assets reported in the Annual Statement filed on a Home State basis should be reported on Page NY2, Line 2 of this Supplement. Each adjustment should be listed in the "Details of Admitted Asset Adjustments", identified by item number, caption and amount.

When the asset adjustments include changes in assets that are individually listed in one of the invested asset schedules, attach a statement to this Supplement providing a full description and the amount of change for each individual item.

LIABILITIES, SURPLUS AND OTHER FUNDS-PAGE NY2

Line 4-All Other Liability Adjustments

Include any adjustment necessary to reflect an additional liability or amount of liability that is required pursuant to New York Law, or to reclassify liabilities established on a Home State basis for reporting to New York. Each adjustment should be listed in the "Details of All Other Liability Adjustments", identified by item number, caption and amount.

Line 9 Adjustment to Homestate A.S., Page 3, Item 25, Health Blank, page 3 Item 34, Life Blank, Aggregate Write-ins for Special Surplus Funds. Each adjustment should be listed in the "Details of Aggregate Write-ins for Special Surplus Funds Adjustments"

Line 10-Adjustment to Home State A.S., Page 3, Item 30, Health Blank, Page 3 Item 31, Life Blank, Other Than Special Surplus Funds. Each adjustment should be listed in the "Details of Other Than Special Surplus Funds Adjustments"

Line 11-Adjustment to Home State A.S., Page 3, Item 31, Health Blank, Page 3, Item 35 Life Blank, Unassigned Funds

The total adjustment on Line 11 should represent the net effect of all other adjustments reported on Lines 2, and 5.

SUMMARY OF OPERATIONS-PAGE NY3

Line 2-New York Adjustments to Net Income

This line develops income on a New York basis.

Include adjustments to assets and for liabilities affecting income. Amounts reported should be the change between years.

CAPITAL AND SURPLUS ACCOUNT-PAGE NY3

Lines 6, 7, 8, and 9-General Instruction

The amount reported at these lines should be the current year's adjustment. DO NOT REPORT CHANGE BETWEEN YEARS.

Line 6-Current year adjustment to assets and/or liabilities affecting net income.

Include the actual difference between the amounts reported in the Home State Annual Statement and assets and/or liabilities reported in the New York Supplement.

Line 7-Current year adjustment to net unrealized capital gains or (losses)

Include any changes in unrealized capital gains or losses resulting from adjustments in invested values that are reported on Page NY2, Line 2 of this Supplement.

Line 8-Current year adjustment to non admitted assets and related items

Include any New York changes in admitted asset values resulting from adjustments in admitted assets that are reported on Page NY2, Line 2 of this Supplement.

Do not include adjustments in invested assets. These are reported at Line 2.

Line 9-All other capital and surplus adjustments.

Exclude any adjustments which do not result in an overall change in total capital and surplus.

NEW YORK NOTES TO FINANCIAL STATEMENTS

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

CERTIFICATE OF COMPLIANCE

Companies must certify that all advertising by or on behalf of the insurer of accident and health and/or life insurance meets the requirements of Department of Financial Services Insurance Regulations No. 34 and/or 34-A.

SCHEDULE G

Nothing in these instructions shall obviate the basic Schedule G (NY) instructions included on page NY18.

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 $200,000 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 the Entire Holding Company: 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.

(continued)

Column 5, Bonus & all other Compensation Paid by the Entire Holding Company: Report in Column 5 gross bonus & all other compensation including stock awards, option awards, sign-on payments, severance payments, and any amounts deferred pursuant to a deferred compensation plan and/or employee saving plan. Exclude commissions.

The $200,000 trigger in Schedule G's instructions is applicable not only to officers and employees who are employees of the reporting entity. **It is also applicable to individuals who are employees of the parent or an affiliate of the reporting entity and whose salaries are then allocated wholly or partially to the reporting entity**. Thus, even if the salary allocated to the reporting entity in column 7 is under $200,000, column 6 requires the reporting of the total compensation of officers and employees of parents and affiliates if they are in excess of $200,000.

Column 6, Total Amount Paid by the Entire Holding Company: Sum of columns 4 and 5.

Column 7, Amount Paid 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 $200,000, 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 be left blank.

SCHEDULE L

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

SCHEDULE SR

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

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

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

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS

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

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

All companies writing credit business in New York State are required to file this form by March 1.
Note the instructions in the lower left corner of the Exhibit for correct reporting of columns 1 through 5 and columns 6 and 7.

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

This Exhibit is reported on a countrywide basis. All companies writing credit business are required to file this form by March 1.
Note the instructions in the lower left corner of the Exhibit for correct reporting of columns 1 through 5 and columns 6 and 7.

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS

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

REPORT OF PREMIUMS

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

Computation of 206 Premium Base

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

HEALTH INSURANCE CLAIMS PAYABLE

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

ENROLLMENT/DIRECT PREMIUM BY NEW YORK COUNTIES

These forms are required to be filed by all companies writing Accident and Health insurance in New York State. The forms are due by March 1. The location of residence is used for individual policies, the location of the employer is used for group policies. Lines of business that cannot be reported in columns 2 through 29 are to be reflected in column 30. Any amounts in column 30 will require the footnote to be completed. The "direct premiums" reflected on pages NY56 and NY60 are included in the Home State A.S., page 8, Part 1, Column 1.

REPORT #13 – Parts A through D

Report #13 is to be completed for risk-bearing entities (for example, IPA's and hospitals that assume risk pursuant to a contract entered into with the reporting Insurer to provide member benefits) that have received or are projected to receive in-network capitation from the reporting Insurer of more than $250,000 during any twelve-month period. "Capitation" shall be defined per Department of Financial Services Insurance Regulation No.164, Section 101.3(a); i.e., contractually based prepayments (any payments made prior to the last day of the month shall be deemed a payment of the entire month's capitation) made to a healthcare provider, on a per member per month or a percentage of premium basis.

The Insurer should complete separate Parts A through D for each risk-bearing entity for which Report #13 is required.

Report #13 – Part A is the balance sheet of the risk-bearing entity.

Report #13 – Part B is the income statement of the risk-bearing entity. Columns 1 and 2 should reflect the entire operations of the risk-bearing entity. Columns 3 and 4 should reflect the risk-bearing entity's activity with regards to the reporting Insurer, for which only line #1, Capitation Revenue, and line #6, Claims Incurred, need to be completed.

Report #13 – Part D tests compliance with the risk-bearing entity's required demonstration of financial responsibility, per Department of Financial Services Insurance Regulation No.164, Section 101.5. Lines 5.2 and 6.2 are to be completed with numerical references to the appropriate footnotes at the bottom of page NY63.

.....
Affix Bar Code Here

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
INSURANCE DIVISION
ANNUAL STATEMENT SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
of the Condition of the

NAIC Group Code _____ _____
(Current period) (Prior period)

NAIC Company Code _____

Employer's ID Number _____

Organized Under the Laws of the State of _____

Company Web Site Address _____

Annual Statement Contact Person and Phone Number _____

Annual Statement Contact E-Mail Address _____

Electronic Filing Contact Person and Phone Number _____

Electronic Filing Contact E-Mail Address _____

Vendor Name And Version Number _____

JURAT

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

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

Certification of the New York Annual Statement Supplement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the New York Supplement electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specification, that the filing has been tested against the validations included in these specifications, and that information contained in this filing is identical to the information contained in the 2020 New York Annual Statement supplement blank filed with the New York State Department of Financial Services.

Certification of the NAIC Annual Statement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the NAIC Annual Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that annual statement information contained in this filing is identical to the information contained in the 2020 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, all filings submitted have been scanned through a virus detection software package and no viruses are present on the submissions.

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

Subscribed and sworn to before me this

_____ day of _____, 2021

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

NEW YORK ADJUSTMENTS TO HOME STATE BALANCE SHEET

	ASSETS	1 Current Year	2 Prior Year
1.	Total Admitted Assets, Home State A.S., (Page 2, Item 28 Health Blank, Page 2 Item 28 Life Blank)	.....	.....
2.	Total New York Admitted Asset Adjustments (Line 0299).....		
3.	Total Assets, N.Y. Basis (Line 1 - 2).....		
	DETAILS OF ADMITTED ASSET ADJUSTMENTS		
	Page 2, Line No., Home State A.S. / Caption		
0201.	....	.....	.....
0202.	....	.....	.....
0203.	....	.....	.....
0298.	Summary of remaining write-ins for Line 2 from overflow page.....	.....	.....
0299.	Total N.Y. Admitted Asset Adjustments		
	LIABILITIES, SURPLUS AND OTHER FUNDS		
	LIABILITIES		
4.	Total Liabilities, Home State A.S., (Page 3, Item 24, Health Blank, Page 3 Item 28 Life Blank)		
5.	Total New York Liability Adjustments…….....		
6.	Total Liabilities, N.Y. Basis (Line 4 + 5).....		
	SURPLUS AND OTHER FUNDS		
7.	Capital, Home State A.S., (Page 3, Lines 26 + 27, Health Blank, Lines 29 + 30 Life Blank)		
8.	Surplus, Home State A.S., (Page 3, Line 25 + 28 + 29 + 30 + 31 – 32, Health Blank, Line 37, Life Blank).....	.....	.....
	New York Surplus and Other Funds Adjustments		
9.	Adjustment to Home State A.S., (Page 3, Line 25 Health Blank, Page 3, Line 34, Life Blank) Special Surplus Funds (Line 0999).....	.....	.....
10.	Adjustment to Home State A.S., (Page 3, Line 30, Health Blank, Page 3, Line 31, Life Blank) Other Than Special Surplus Funds (Line 1099).....	.....	.....
11.	Adjustment to Home State A.S., (Page 3, Line 31, Health Blank, Page 3, Line 35, Life Blank) Unassigned Funds.....	.....	.....
12.	All Other Surplus and Other Funds Adjustments (Line 1299).....		
13.	Total N.Y. Surplus and Other Funds Adjustments (Line 9 + 10 + 11 + 12).....		
14.	Surplus and Other Funds, N.Y. Basis, (Lines 8 – 13).....	.....	.....
15.	Capital and Surplus, N.Y. Basis, (Line 7 + 14).....		
16.	Total of Lines 6 and 15		
	DETAILS OF SPECIAL SURPLUS FUNDS ADJUSTMENTS		
	Page 3, Line No., Home State A.S. / Caption		
0901.	....	.....	.....
0902.	....	.....	.....
0903.	....	.....	.....
0998.	Summary of remaining write-ins for Line 09 from overflow page.....	.....	.....
0999.	Total, Special Surplus Funds Adjustments (Line 09)		
	DETAILS OF OTHER THAN SPECIAL SURPLUS FUNDS ADJUSTMENTS		
	Page 3, Line No., Home State A.S. / Caption		
1001.	....	.....	.....
1002.	....	.....	.....
1003.	....	.....	.....
1098.	Summary of remaining write-ins for Line 10 from overflow page.....	.....	.....
1099.	Total, Other Than Special Surplus Funds Adjustments (Line 10)		
	DETAILS OF ALL OTHER SURPLUS AND OTHER FUNDS ADJUSTMENTS		
	Page 3, Line No., Home State A.S. / Caption		
1201.	....	.....	.....
1202.	....	.....	.....
1203.	....	.....	.....
1298.	Summary of remaining write-ins for Line 12 from overflow page.....	.....	.....
1299.	Total, All Other Surplus and Other Funds Adjustments (Line 12)		

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

	SUMMARY OF OPERATIONS	1 Current Year	2 Prior Year
1.	Net Income, (Home State A.S., Pg. 4, Line 32 Health Blank, Pg. 4, Line 35 Life Blank).....		
2.	Total New York Adjustments to Net Income (Line 0299).....		
3.	Net Income, N.Y. Basis (Line 1 + 2).....		
	CAPITAL AND SURPLUS ACCOUNT		
4.	Capital, (Home State A.S., Page 3, Lines 26 + 27, Health Blank, Lines 29 + 30 Life Blank).....		
5.	Surplus, (Home State A.S., Page 3, Line 25 + 28 + 29 + 30 + 31 – 32, Health Blank, Line 37, Life Blank).....		
6.	Current year adjustment to assets and/or liabilities affecting net income.....		
7.	Current year adjustment to net unrealized capital gains or (losses).....		
8.	Current year adjustment to non-admitted assets and related items.....		
9.	All other surplus adjustments (Line 0999).....		
10.	Total N.Y. Adjustments to Surplus (Line 6 + 7 + 8 + 9).....		
11.	Surplus, N.Y. Basis, (Line 5 - 10) (Pg. 2, Line 14).....		
12.	Capital and Surplus, N.Y. Basis, (Line 4 + 11) (Pg. 2, Line 15)		

DETAILS OF ADJUSTMENTS TO NET INCOME

	Page 4, Line No., Home State A.S.	Caption	1 Current Year	2 Prior Year
0201.	.....	.....		
0202.	.....	.....		
0203.	.....	.....		
0204.	.....	.....		
0298.	Summary of remaining write-ins for Line 2 from overflow page.....			
0299.	Total, Adjustments to Net Income (Line 2)			

DETAILS OF ALL OTHER CAPITAL & SURPLUS ADJUSTMENTS

	Page 4, Line No., Home State A.S.	Caption	1 Current Year	2 Prior Year
0901.	.....	.....		
0902.	.....	.....		
0903.	.....	.....		
0904.	.....	.....		
0998	Summary of remaining write-ins for Line 09 from overflow page.....			
0999.	Total, All Other Capital and Surplus Adjustments (Line 09)			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW YORK GENERAL INTERROGATORIES

To Be Answered By All Companies

1. Are any of the assets reported in this statement held pursuant to Section 1404(b) of the New York Insurance Law? Yes [ ] No [ ]
   If answer is yes, attach a statement providing full information.

2. State the largest amount invested in, or loaned upon, the securities of any one institution at any time during the year.
   $.....

3. With reference to Department of Financial Services Insurance Regulation No.20 (11 NYCRR 125.3), has the insurer notified the Superintendent:

   3.1 of any reinsurance recoverable from any single assuming insurer, or group of affiliated assuming insurers that exceeded 50% of the insurer's last reported surplus to policyholders? Yes[ ] No[ ] N/A[ ]

   3.2 that the insurer has ceded an amount more than 20% of its total gross written premium in the prior calendar year to any single assuming insurer, or group of affiliated assuming
g insurers; or that the insurer has determined that the reinsurance ceded to any single assuming insurer, any group described in Section 125.4(d)(1) of Regulation No.20, or group of affiliated assuming insurers, is likely to exceed this limit? Yes[ ] No[ ] N/A[ ]

   3.3 If "Yes," identify the assuming insurer(s) and amount of reinsurance recoverable. _____
   _____
   _____
.

4.1. Does your insurer share financial risk through a capitation agreement with health care providers? Yes [ ] No [ ]
4.2. If so, has the agreement been submitted to this Department for approval pursuant to Department of Financial Services Insurance Regulation No. 164? Yes [ ] No [ ]
   If no, please review Insurance Regulation No.164 for further filing requirements.

5. Provide a brief description of the business reported in columns 69 and 70 "Other Business" in the "Year to Date Statement of Revenue and Expenses by Line of Business – Part 5, NY Business Only" on page NY8.

To Be Answered By Non Domestic Companies Only

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

NEW YORK NOTES TO FINANCIAL STATEMENTS

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

Corresponding
NAIC Note #

14. Contingencies

1. Has the Company indicated any contingencies at Note 14 in the NAIC Annual Statement? Yes [ ] No [ ]

2. If yes, indicate the total amount of all contingencies. $.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Note: ALL **below listed exhibits and schedules are due on <u>March 1</u>**.

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

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

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

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

5.1 Will the Computation of Section 206 Premium Base be filed with this Department? Yes [ ] No [ ]
5.2 If answer is no, please explain:…….
……..
……

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

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

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

CERTIFICATE OF COMPLIANCE

(Filed pursuant to requirements of Insurance Regulations No. 34 and/or
34A of the Department of Financial Services)

STATE OF)
) SS:
COUNTY OF)

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

_____

Subscribed and sworn to before me this

_____ day of _____ 20_____ .

_____

.....
Affix Bar Code Above

SCHEDULE G (NY)

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; (2)* all salaries[(a)], bonuses, and, other compensation except commissions paid to or retained by agents, paid in the current year to (a) each director or trustee regardless of the a mount thereof, (b) each of the ten officers or employees receiving the largest amounts, (include in this schedule the aggregate amount received by the officer or employee attributable to his services to the reporting insurer whether paid directly by the insurer or by related or affiliated companies) and (c) any other employees, officers, who received in excess of $200,000; and (3) any other person, firm or corporation, excluding medical providers, in excess of $160,000 .

(a) Salaries should be reported gross before any adjustments for tax sheltered programs and the like.

Report in Column 5 gross bonus & all other compensation including stock awards, option awards, sign-on payments, severance payments, and any amounts deferred pursuant to a deferred compensation plan and/or employee saving plan.

*****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 Deferred or 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	
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 $200,000						
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	
			XXX	XXX	XXX	
0599999 Total	XXX	XXX	XXX	XXX	XXX	
9999999 Grand Total	XXX	XXX				

SCHEDULE L

Proceedings at last annual election held on.....

1 Name of Candidates for Director or Trustee	Number of Votes Cast for Each Candidate			5 Total Votes
	2 In Person	3 By Proxy	4 By Mail	
9999999 Total				

Note-Attach to this schedule a copy of the official minutes of annual meeting.

SCHEDULE SR

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

Gain and Loss Exhibit–Net as to Reinsurance Business Pursuant to Article 63

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

SCHEDULE SR

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

Exhibit of All Premiums and Losses under Article 63

LIFE INSURANCE

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

SCHEDULE SR

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

Direct Business in the State of New York under Article 63

LIFE INSURANCE

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Reinsurance Schedule

SCHEDULE SR

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

Part I.

	Assumed			Ceded	
	1 No. of Policies	2 Amount	3 Losses Incurred	4 No. of Policies	5 Amount
1. Ordinary 1.1 Life					
1.2 Annuity					
1.3 A/H					
1.4 Other					
2. Group 2.1 Life					
2.2 Annuity					
2.3 A/H					
2.4 Other					

Part II. – Additional Information Regarding Ceded Business

1 Name of Reinsurer	2 Amount Ceded

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS

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

This form has been restructured to be more consistent with the insurance categories and columns in the NAIC version of the Accident and Health Policy Experience Exhibit. Please refer to the Instructions for that exhibit also when completing this exhibit.

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

DEFINITIONS

Accident Only or AD&D

Policies that provide coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

Administrative Services Only (ASO) and Administrative Services Contract (ASC)

An uninsured accident and health plan is where an administrator performs administrative services for a third party that is at risk, but has not issued an insurance policy. The health plan bears all of the insurance risk, and there is no possibility of loss or liability to the administrator caused by claims incurred related to the plan. Under an ASO plan, claims are paid from a bank account owned and funded directly by the uninsured plan sponsor; or, claims are paid from a bank account owned by the administrator, but only after receiving funds from the plan sponsor that are adequate to fully cover the claim payments. Under an ASC plan, the administrator pays claims from its own bank accounts, and only subsequently receives reimbursement from the plan sponsor.

Comprehensive/Major Medical

Policies that provide fully insured indemnity, HMO, PPO, or Fee for Service coverage for hospital, medical, and surgical expenses. This category excludes Short Term Medical Insurance, the Federal Employees Health Benefit Program and non-comprehensive coverage such as basic hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as any other coverage described in the other categories of this exhibit.

Group business is further segmented under this category as follows (please note there is a separate category for Administrative Services Only/Administrative Services Contract business):

Single Employer:

Group policies issued to one employer for the benefit of its employees. This would include affiliated companies that have common ownership.

Small Employer: Group policies issued to single employers that are subject to the definition of Small Employer business, when so defined, in the group's state of situs.

Other Employer: Group policies issued to single employers that are not defined as Small Employer business.

Multiple Employer Associations and Trusts: Group policies that are issued to an association or to a trust. This category also includes policies issued to one or more trustees of a fund established or adopted by two or more employers, or by one or more labor unions or similar employee organizations. The organizations include those that are exempt and also those that are non-exempt from statewide community rating. This category does not exclude policies providing coverage to employees of small employers, as defined in the employer's state of situs.

Other Associations and Discretionary Trusts: Group policies issued to associations and trusts that are not included in the Small Employer, Other Employer or Multiple Employer Associations and Trusts group categories. This category does not exclude insurance providing coverage to employees of small employers, as defined in the employer's state of situs. This category does include blanket and franchise accident and sickness insurance, and insurance for any group that includes members other than employees, such as an association that has both employees of participating employers and also individuals as members.

Other Comprehensive/Major Medical: Group policies providing comprehensive or major medical benefits that are not included in any of the categories listed above.

Contract Reserves

Reserves set up when, due to the gross premium structure, the future benefits exceed the future net premium. Contract reserves are in addition to claim and premium reserves.

Credit

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

Dental

Policies providing only dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category.

Disability Income– Long Term

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

Disability Income– Short Term

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

Federal Employees Health Benefits Program (FEHBP)

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

Group Business

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

Individual Business

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

Limited Benefit

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

Long-Term Care

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

Medicaid

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

Medicare

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

Medicare Part D – Stand Alone

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

Medicare Supplement

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

Other Business

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

Other Group Business

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

Other Individual Business

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

Other Medical (Non-Comprehensive)

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

Short Term Medical

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

Specified/Named Disease

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

State Children's Health Insurance Program

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

Stop Loss/Excess Loss

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

Student

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

TRICARE

Policies issued in association with the Department of Defense's health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2020

ADDRESS(City, State and Zip Code) _____
NAIC GROUP CODE _____ NAIC COMPANY CODE _____
CONTACT PERSON _____ TITLE _____ TELEPHONE _____
(THIS EXHIBIT IS TO BE FILED NO LATER THAN MARCH 1, 2020

A. INDIVIDUAL BUSINESS

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

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

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

(Name)

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

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

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

B. GROUP BUSINESS

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
Comprehensive Major Medical																		
30. Single Employer																		
Small Employer:																		
3019999	XXX															XXX		XXX
Other Employer:																		
3029999	XXX															XXX		XXX
3099999 Subtotal	XXX															XXX		XXX
31 Multiple Employer Assns. & Trusts																		
3199999 Subtotal	XXX															XXX		XXX
32. Other Associations and Discretionary Trusts																		
3299999 Subtotal	XXX															XXX		XXX
33. Other Comprehensive Major Medical																		
3399999 Subtotal	XXX															XXX		XXX
3499999 Comprehensive Major Medical: (sum of 3099999 thru 3399999)	XXX															XXX		XXX
Other Medical (Non-Comprehensive)																		
40. Specified / Named Disease																		
4099999 Subtotal	XXX															XXX		XXX
41. Limited Benefit																		
4199999 Subtotal	XXX															XXX		XXX
42. Student																		
4299999 Subtotal	XXX															XXX		XXX
43. Accident Only or AD&D																		
4399999 Subtotal	XXX															XXX		XXX
44. Disability Income – Short Term																		
4499999 Subtotal	XXX															XXX		XXX

(Name)

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

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

C. OTHER BUSINESS

7099999 Credit (Individual & Group)	XXX															XXX		XXX
7199999 Stop Loss / Excess Loss	XXX															XXX		XXX
7299999 Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
7399999 Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
7499999 GRAND TOTAL Other Business	XXX															XXX		XXX

D. TOTAL BUSINESS

7599999 Total Non-US Policy Forms	XXX															XXX		XXX
7699999 GRAND TOTAL: Sum of lines 1899999, 5599999, 7499999 and 7599999	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR 2020

PART 1 INDIVIDUAL POLICIES
SUMMARY

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

PART 2 GROUP POLICIES
SUMMARY

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

PART 3 CREDIT POLICIES (Individual and Group)
SUMMARY

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

PART 4 All INDIVIDUAL, GROUP, AND CREDIT POLICIES
SUMMARY

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

.....
Affix Bar Code Here

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

INSTRUCTIONS

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

1. If there is no data to report in a cell, insert a zero (-0-). To avoid double counting of persons covered in part by another insurer, another policy issued by you, or who are self-insured in part, only report counts for policies which represent an insured's principal coverage (i.e., comprehensive policies). Do not include counts for persons who would be counted in another insurer's statement as principal insurer, or who are counted in your self-insured counts (i.e., do not include supplemental, wrap around type policies). However, premiums and counts for "Minimum Premium Plan" arrangements should be included in the Insured Business section, and Medicare Supplement policies should be included as insured counts, as well.

2. This exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.

3. Small Group Health Insurance and Individual Health Insurance are defined in New York Insurance Law Sections 3231(a) and 3216(a).

4. Include in the section captioned, "Large Group", all policies other than those defined as Individual or Small Group or which are reported in another line of this exhibit (e.g., "Group Credit" policies are already reported in line 5 of this Exhibit and, therefore, should not be included in the lines captioned "Large Group").

5. Credit A & H shall not include business exceeding 120 months duration.

6. Columns 1 and 2, lines 3, 4, 5 and 7 should agree, respectively, with columns 1 and 2, lines 24, 24.1, 24.2 and 26 of the Accident and Health Insurance Section of the Annual Statement page entitled "Direct Business in the State of New York", and line 6.4 of columns 1 and 2 should equal the sum of lines 24.3, 24.4 and 25.6 of said Annual Statement exhibit.

7. The schedule of **Self-Insured Business** should only include contracts that are substantially self-insured. For example, in arrangements where an employer or association funds substantially all of its claims, with the insurer participating in the arrangement retaining only a nominal premium or retention for administrative services (e.g., Administrative Services Only (ASO) arrangements), the administering insurer should include the appropriate contracts/lives counts in its schedule of self-insured business reported in this exhibit. However, where an employer, association, or other entity is insured by a licensed carrier for a substantial portion of its coverage, such as where it purchases a hospital policy from a licensed insurer while self-insuring its surgical/medical coverage, the company administering the self-insured portion should not include these policies in its counts of self-insured business. These policies should be included in the insured counts of the insurer providing the hospital coverage, whether it is the same insurer that is administering the self-insured portion or another insurer.

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

A. INSURED BUSINESS

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

B. SELF-INSURED COVERAGE ADMINISTERED BY THE COMPANY

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

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

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

Amounts in Columns 1 through 5 should be reported to the nearest dollars.
*Amounts in Columns 6 and 7 should be reported to the nearest thousand dollars.

A & H
New York State

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2020 OF THE.....

(Name)

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

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

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

Amounts in Columns 1 through 5 should be reported to the nearest dollars.
*Amounts in Columns 6 and 7 should be reported to the nearest thousand dollars.

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

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[b] Jan. 1 through Dec. 31, Current Year
	(1) June 30, Current Year	(2) December 31, Current Year	
1.1 Comprehensive Contracts with a Provider Network with Utilization Review Provisions			
1.2 Comprehensive Contracts with a Provider Network without Utilization Review Provisions			
1.3. Total Comprehensive Contracts with a Provider Network			
2. Other Non-managed Care Contracts with Utilization Review Provisions			
3. Other Non-managed Care Contracts without Utilization Review Provisions			
4. Total Non-managed Care Contracts[c] (line 1.3 + line 2 + line 3)			
5. Managed Care Contracts per Section 4801(c) of the New York State Insurance Law			
6. All Health Contracts (line 4 + line 5)			

(a) As defined in Section 1113(a) of the New York State Insurance Law.
(b) Direct Premium Written in Part One, column 3, line 6 should equal NAIC page 8, Underwriting and Investment Exhibit, Part 1, column 1, line 12.
(c) The term "non-managed 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 or that offers a non-managed care contract that provides comprehensive coverage through a provider network as described in Section 2317-d 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 description above. 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.

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2020 OF THE .....

(Name)

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

Number of Grievances, Utilization Review Appeals, and External Appeals (excluding those pertaining to HMO contracts)	MANAGED CARE CONTRACTS[a]			NON-MANAGED CARE CONTRACTS					EXTERNAL APPEALS
	(1) Number of Grievances per Section 4802[b]	(2) Number of Utilization Review Determinations per Section 4903[b]	(3) Number of Utilization Review Appeals per Section 4904[b]	(4) Number of Grievances per Section 4802 as required by Section 3217-d for contracts included in Part 1, line 1.3[c]	(5) Number of Utilization Review Determinations per Section 4903 for contracts included in Part 1, line 1.1	(6) Number of Utilization Review Appeals per Section 4904 for contracts included in Part 1, line 1.1	(7) Number of Utilization Review Determinations per Section 4903 for contracts included in Part 1, line 2	(8) Number of Utilization Review Appeals per Section 4904 for contracts included in Part 1, line 2	(9) Per Section 4910 of the NYS Insurance Law[d]
1. Number Pending on December 31, Prior Year									
2. Number Filed in Current Year									
3.1 Number Closed in Current Year, Resulting in Reversal (in whole or part) of Insurer's Original Determination		XXX			XXX		XXX		
3.2 Number of Approvals Closed in Current Year	XXX		XXX	XXX		XXX		XXX	XXX
4.1 Number Closed in Current Year in which the Insurer's Original Determination was Upheld		XXX			XXX		XXX		
4.2 Number of Denials Closed in Current Year	XXX		XXX	XXX		XXX		XXX	XXX
5. Total Number Closed in Current Year (line 3.1 or 3.2 + line 4.1 or 4.2)									
6. External Appeals Closed in Current Year by Agreement of Insurer and Member, Prior to Decision of External Review Agent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Number Pending on December 31, Current Year (lines 1+ 2 - 5 - 6)									

(a) As defined in Section 4801(c) of the New York Insurance Law

(b) Sections 4802, 4903 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.

(c) Section 3217-d of the New York Insurance Law was effective January 1, 2011, and applies to a corporation that issues a comprehensive contract that utilizes a network of providers and is not a managed care health insurance contract as defined in Section 4801(c).

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

Note: Section 4802 of the New York 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 2019 and appealed in a timely manner in 2020 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 New York 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 1 and appealed in a timely manner in 2020 would be reported in this Supplement in Part Three. If a subscriber files a utilization review appeal, and the appeal is pending when the calendar year ends, the utilization review appeal should be reported as pending in Part Two.

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS
ACCIDENT & HEALTH INSURANCE CONTRACTS

PART THREE

Number of Appeals of Prior Years Grievances and Expedited UR Appeals (excluding those pertaining to HMO contracts) **(SHOULD NOT BE REPORTED IN PART TWO ABOVE)**	MANAGED CARE CONTRACTS[a]		NON-MANAGED CARE CONTRACTS		
	For contracts included in Part 1, line 5		For contracts included in Part 1, line 1.3[b]		For contracts included in Part 1, line 2
	(1) Prior year first level grievances reported as closed in Part Two ***of prior year*** but appealed in current year	(2) Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two ***of prior year*** but appealed in current year	(3) Prior year first level grievances reported as closed in Part Two ***of prior year*** but appealed in current year	(4) Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two ***of prior year*** but appealed in current year	(5) Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two ***of prior year*** but appealed in current year
1. Number Pending on December 31, Prior Year					
2. Number Reported as Closed in the previous year's Exhibit 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)					

(a) As defined in Section 4801(c) of the New York Insurance Law
(b) Section 3217-d of the New York Insurance Law was effective January 1, 2011, and applies to a corporation that issues a comprehensive contract that utilizes a network of providers and is not a managed care health insurance contract as defined in Section 4801(c).

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.

OVERFLOW PAGE FOR WRITE-INS

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2020 OF THE.....
(Name)

REPORT OF PREMIUMS

.....
Affix Bar Code Here

A&H COMPANIES

NEW YORK STATE
CALENDAR YEAR 2020
(Art. 91 Insurance Law and Art. 33 Tax Law)

Employer Identification Number
NAIC Number

(EXACT CORPORATE TITLE)

(MAIL ADDRESS)

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

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

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

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

GENERAL INSTRUCTIONS

1. This report is required to be filed electronically along with this Supplement to the Health Annual Statement, by March 1.
2. Two additional copies of this report are required to be filed by March 1, one copy each to:
   a. Department of Financial Services, Office of Financial Management, One Commerce Plaza, Albany, NY 12257
   b. Department of Taxation and Finance, Corporation Tax Bureau, Building 9 W A Harriman Campus Albany NY 12227.
3. Exclude employer and employee contributions from premiums, subject to the following conditions:
   a. The insurance contract is issued by your company
   b. The benefit plan is calculated on a non-profit basis
   c. The exclusion is limited to employees and agents (and dependents) of your company, and should not include employees and agents of affiliated companies
   d. If the state of domicile taxes employees and/or employer contributions, report this portion of the premium exclusion on a rider
4. If the New York direct business in Column 1 is not in agreement with Schedule T and the New York Business Page of the Annual Statement, explain fully on a rider.
5. If the net taxable premiums Column 7, Lines 4 and 10 are not in agreement with Schedule H, lines 83, 84 and 85 respectively, of the New York State Corporation Franchise Tax Return (CT-33-NL), explain fully on a rider.
6. Credit claimed by domestic companies in Schedule A of the CT-33-NL, line 12 should be fully documented with copies of retaliatory statements and canceled checks in payment.
7. Foreign companies subject to retaliation under Section 1112 of the New York Insurance Law should submit all documentation to support any payments to be claimed for this purpose.
8. Credit Adjustments included in Schedule A, Line 12 (CT-33-NL) are to be documented, or otherwise fully explained.
9. File a copy of CT-33-NL New York State Franchise Tax Return with the Department of Financial Services, Office of Financial Management, One Commerce Plaza, Albany, New York 12257.

BUSINESS IN THE STATE OF NEW YORK DURING YEAR ENDING DECEMBER 31, 2020 (Continued)

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

SUPPLEMENTARY SCHEDULE I

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

BUSINESS IN THE STATE OF NEW YORK DURING YEAR ENDING DECEMBER 31, 2020 (Continued)

PREMIUMS From				
3 Authorized Companies	4 Reinsurance Ceded	5 Gross Taxable Premiums (Col. 1 + 2)	6 Deductible Dividends	7 Net Taxable Premiums (Col. 5 - Col. 6)

SUPPLEMENTARY SCHEDULE III
SCHEDULE OF REINSURANCE ASSUMED - STATE OF NEW YORK

(1) NAIC Company Code	(2) Federal ID Number	(3) Name of Reinsurer	(4) State of Domicile	5 Premium Assumed
AUTHORIZED COMPANIES				
0199999	XXX	Total Authorized Companies	XXX	
UNAUTHORIZED COMPANIES				
0299999	XXX	Total Unauthorized Companies	XXX	

Do not report reinsurance ceded.

NEW **YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2020 OF THE.....**
(Name)

NAIC Co. Code

COMPUTATION OF SECTION 206 PREMIUM BASE
New York Domiciled Companies Only
Section 206 – NYS Financial Services 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 2020 final Section 206 Assessment under NYS Financial Services 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 Premiums), 6 (Life & Annuity Premiums & Other Considerations) and 7 (Property/Casualty Premiums).
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 -3.7: 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 the premium base are subject to review. Supporting documentation should be available, if requested by the Department.

1. Beginning Premium Base (see Instruction #1)		
ADJUSTMENTS		
2. Additions (See Instruction #2)		
2.1 Unauthorized reinsurance premiums assumed (less returned premiums)		
2.2 Unauthorized states (states in which company is not licensed)		
2.3 Other (a)		
2.4 Total Additions (Lines 2.1 through 2.3)		
3. Deductions (See Instruction #3)		
3.1 Employer/Employee Contributions		
3.2 FEBHA		
3.3 CHIP/Child Health Plus		
3.4 Health and Recovery Plans		
3.5 Medicare, including Part D, and/or Medicaid Premiums		
3.6 Other (b)		
3.7 Total Deductions (Lines 3.1 through 3.6)		
4. Adjusted Premium Base (Line 1 plus 2.4 minus 3.7)		
5. Prior Year Adjusted Premium Base		
6. Difference from Prior Year (Line 4 minus Line 5) (c)		
7. Percentage Difference (Line 6 divided by Line 5) (c)		

(a) Specify Line 2.3 addition(s):

(b) Specify Line 3.6 deduction(s):

(c) If difference is +/- 25% from prior year, please provide an explanation for the change:

_____
(Prepared by)

_____
(Title)

_____
(Phone Number)

_____
(E-Mail Address)

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

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

Section 1 - Aging Analysis of Claims Unpaid

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

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

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

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS
Section 2A - Statutory Aging Analysis (New York Insurance Law 3224-a)
Claims transmitted electronically via internet or electronic mail

Account	1-30 days		Over 30 days		Total	
	1	2	3	4	5	6
	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value
1. Reserves for Reported Claims Due and Unpaid[a]						
1.11 Payable to Physicians (capitated) [e]	XXX		XXX		xxx	
1.12 Payable to Physicians (other than capitated)						
1.21 Payable to Hospitals (capitated)	XXX		XXX		xxx	
1.22 Payable to Hospitals (other than capitated)						
1.3 Payable to Subscribers						
1.41 Payable to Others (capitated) [f]	XXX		XXX		xxx	
1.42 Payable to Others (other than capitated) [f]						
1.5 Subtotal (Lines 1.11 through 1.42)						
2. Reserves for Reported Claims in Course of Settlement [b]						
2.1 Payable to Physicians (including capitation)						
2.2 Payable to Hospitals (including capitation)						
2.3 Payable to Subscribers						
2.4 Payable to Others (including capitation) [f]						
2.5 Subtotal (Lines 2.1 through 2.4)						
3. Reserves for Reported Resisted Claims [c]						
3.1 Payable to Physicians (including capitation)						
3.2 Payable to Hospitals (including capitation)						
3.3 Payable to Subscribers						
3.4 Payable to Others (including capitation) [f]						
3.5 Subtotal (Lines 3.1 through 3.4)						
4. Total Reported Claims Unpaid (lines 1 through 3)						
4.1 Payable to Physicians (including capitation)(Line 1.11+1.12.+2.1+3.1)						
4.2 Payable to Hospitals (including capitation)(Line 1.21+1.22+2.2+3.2)						
4.3 Payable to Subscribers (Line 1.3+2.3+3.3)						
4.4 Payable to Others (including capitation) [f] (Line1.41+1.42+2.4+3.4)						
4.5 Subtotal (Lines 4.1 through 4.4)						
5. Unreported Claims and Other Claim Reserves [d]	xxx	xxx	xxx	xxx	xxx	
6. Total Amounts Withheld	xxx	xxx	xxx	xxx	xxx	
7. Total Claims Unpaid (Lines 4.5 through 6)	xxx	xxx	xxx	xxx	xxx	
8. Accrued Medical Incentive Pool	xxx	xxx	xxx	xxx	xxx	

See further notes after Section 3 of this Schedule.

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS
Section 2B - Statutory Aging Analysis (New York Insurance Law 3224-a)
Paper claims or Claims submitted via facsimile

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

See further notes after Section 3 of this Schedule.

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

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

Footnotes:

a- Reserves for Reported Claims Due and Unpaid: A reserve for due and unpaid claims is established to pay claims which have been approved, but for which payment checks have not been sent.

b- Reserves for Reported Claims in Course of Settlement: Reserves for claims in the course of settlement are established for claims that are on file in the company at the time the valuation is done, but have not yet been approved or paid.

c- Reserves for Reported Resisted Claims: Reserves for resisted claims are established for those claims in dispute and/or where the obligation to pay such claim is not reasonably clear as of the statement date.

d- Unreported Claims and Other Claim Reserves: Include reserves for IBNR claims and other claim reserves. Other Claim Reserves include non-benefit-related liabilities required to be reported as claims, e.g. Department of Financial Services Regulation No. 146 pool liabilities.

e- Line 1.1 in Sections 2A and 2B and 1.11 in Section 3 should include Doctors and IPA corporations reimbursed on a capitated basis.

f- Payable to Others: Include all claim-related payments to intermediaries (other than those to IPA corporations, which are to be accounted for as "Payable to Physicians") and other vendors, such as suppliers of durable medical equipment. Include reported claims payable not classified as payable to physicians, hospitals, or subscribers.

g- Includes Regulation No. 146 pool payments, payments to bad debt and charity pools, prompt payment claim interest penalties, etc.

h- For a company writing business only in New York State, Grand total Dollar Value (line 6, col. 2) should agree with NAIC Annual Statement, page 11, Part 2B, Unpaid Claims Development Schedule, line, Col. 1 + Col. 2.

i- Line 6, col. 3, grand total Claim Count pertains to the number of claims upon which N.Y.I.L. Section 3224-a interest penalties have been paid.

Name of Contact Person for this Report:_____
Telephone Number:_____
E-mail Address:_____

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2020 OF THE .....

(Name)

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

OVERFLOW PAGE FOR WRITE-INS FROM SECTION 1

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

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 NY46, above Section 1 heading.

Enrollment Data by New York Counties

For the Year Ended December 31, 2020

County	1 Total	2 Large Group Comprehensive PPO	3 Large Group Comprehensive EPO	4 Large Group Comprehensive PSO	5 Large Group Comprehensive Other	6 Small Group Comprehensive PPO On Exchange	7 Small Group Comprehensive PPO Off Exchange
1. Albany							
2. Allegany							
3. Bronx							
4. Broome							
5. Cattaraugus							
6. Cayuga							
7. Chautauqua							
8. Chemung							
9. Chenango							
10. Clinton							
11. Columbia							
12. Cortland							
13. Delaware							
14. Dutchess							
15. Erie							
16. Essex							
17. Franklin							
18. Fulton							
19. Genesee							
20. Greene							
21. Hamilton							
22. Herkimer							
23. Jefferson							
24. Kings							
25. Lewis							
26. Livingston							
27. Madison							
28. Monroe							
29. Montgomery							
30. Nassau							
31. New York							
32. Niagara							
33. Oneida							
34. Onondaga							
35. Ontario							
36. Orange							
37. Orleans							
38. Oswego							
39. Otsego							
40. Putnam							
41. Queens							
42. Rensselaer							
43. Richmond							
44. Rockland							
45. Saratoga							
46. Schenectady							
47. Schoharie							
48. Schuyler							
49. Seneca							
50. Steuben							
51. St. Lawrence							
52. Suffolk							
53. Sullivan							
54. Tioga							
55. Tompkins							
56. Ulster							
57. Warren							
58. Washington							
59. Wayne							
60. Westchester							
61. Wyoming							
62. Yates							
63. NY Total							
64 Other							
65 Total							

Special Instructions:

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

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

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

Enrollment Data by New York Counties

For the Year Ended December 31, 2020

County	8 Small Group Comprehensive EPO On Exchange	9 Small Group Comprehensive EPO Off Exchange	10 Small Group Comprehensive PSO On Exchange	11 Small Group Comprehensive PSO Off Exchange	12 Small Group Comprehensive Other On Exchange	13 Small Group Comprehensive Other Off Exchange
1. Albany						
2. Allegany						
3. Bronx						
4. Broome						
5. Cattaraugus						
6. Cayuga						
7. Chautauqua						
8. Chemung						
9. Chenango						
10. Clinton						
11. Columbia						
12. Cortland						
13. Delaware						
14. Dutchess						
15. Erie						
16. Essex						
17. Franklin						
18. Fulton						
19. Genesee						
20. Greene						
21. Hamilton						
22. Herkimer						
23. Jefferson						
24. Kings						
25. Lewis						
26. Livingston						
27. Madison						
28. Monroe						
29. Montgomery						
30. Nassau						
31. New York						
32. Niagara						
33. Oneida						
34. Onondaga						
35. Ontario						
36. Orange						
37. Orleans						
38. Oswego						
39. Otsego						
40. Putnam						
41. Queens						
42. Rensselaer						
43. Richmond						
44. Rockland						
45. Saratoga						
46. Schenectady						
47. Schoharie						
48. Schuyler						
49. Seneca						
50. Steuben						
51. St. Lawrence						
52. Suffolk						
53. Sullivan						
54. Tioga						
55. Tompkins						
56. Ulster						
57. Warren						
58. Washington						
59. Wayne						
60. Westchester						
61. Wyoming						
62. Yates						
63 NY Total						
64 Other						
65. Total						

Enrollment Data by New York Counties

For the Year Ended December 31, 2020

County	14 Individual Direct Pay PPO On Exchange	15 Individual Direct Pay PPO Off Exchange	16 Individual Direct Pay EPO On Exchange	17 Individual Direct Pay EPO Off Exchange	18 Individual Direct Pay PSO On Exchange	19 Individual Direct Pay PSO Off Exchange
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						
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19. Genesee						
20. Greene						
21. Hamilton						
22. Herkimer						
23. Jefferson						
24. Kings						
25. Lewis						
26. Livingston						
27. Madison						
28. Monroe						
29. Montgomery						
30. Nassau						
31. New York						
32. Niagara						
33. Oneida						
34. Onondaga						
35. Ontario						
36. Orange						
37. Orleans						
38. Oswego						
39. Otsego						
40. Putnam						
41. Queens						
42. Rensselaer						
43. Richmond						
44. Rockland						
45. Saratoga						
46. Schenectady						
47. Schoharie						
48. Schuyler						
49. Seneca						
50. Steuben						
51. St. Lawrence						
52. Suffolk						
53. Sullivan						
54. Tioga						
55. Tompkins						
56. Ulster						
57. Warren						
58. Washington						
59. Wayne						
60. Westchester						
61. Wyoming						
62. Yates						
63. NY Total						
64. Other						
65. Total						

Enrollment Data by New York Counties

For the Year Ended December 31, 2020

County	20 Individual Direct Pay Other On Exchange	21 Individual Direct Pay Other Off Exchange	22 Stand Alone Dental On Exchange	23 Stand Alone Dental Off Exchange	24 Stand Alone Vision
1. Albany					
2. Allegany					
3. Bronx					
4. Broome					
5. Cattaraugus					
6. Cayuga					
7. Chautauqua					
8. Chemung					
9. Chenango					
10. Clinton					
11. Columbia					
12. Cortland					
13. Delaware					
14. Dutchess					
15. Erie					
16. Essex					
17. Franklin					
18. Fulton					
19. Genesee					
20. Greene					
21. Hamilton					
22. Herkimer					
23. Jefferson					
24. Kings					
25. Lewis					
26. Livingston					
27. Madison					
28. Monroe					
29. Montgomery					
30. Nassau					
31. New York					
32. Niagara					
33. Oneida					
34. Onondaga					
35. Ontario					
36. Orange					
37. Orleans					
38. Oswego					
39. Otsego					
40. Putnam					
41. Queens					
42. Rensselaer					
43. Richmond					
44. Rockland					
45. Saratoga					
46. Schenectady					
47. Schoharie					
48. Schuyler					
49. Seneca					
50. Steuben					
51. St. Lawrence					
52. Suffolk					
53. Sullivan					
54. Tioga					
55. Tompkins					
56. Ulster					
57. Warren					
58. Washington					
59. Wayne					
60. Westchester					
61. Wyoming					
62. Yates					
63. NY Total					
64. Other					
65. Total					

Enrollment Data by New York Counties

For the Year Ended December 31, 2020

County	25 Medicare Supplement	26 Medicare Part D Prescription	27 Medicare	28 Out of Network – HMO POS	29 Essential Plan	30[a] Other
1. Albany						
2. Allegany						
3. Bronx						
4. Broome						
5. Cattaraugus						
6. Cayuga						
7. Chautauqua						
8. Chemung						
9. Chenango						
10. Clinton						
11. Columbia						
12. Cortland						
13. Delaware						
14. Dutchess						
15. Erie						
16. Essex						
17. Franklin						
18. Fulton						
19. Genesee						
20. Greene						
21. Hamilton						
22. Herkimer						
23. Jefferson						
24. Kings						
25. Lewis						
26. Livingston						
27. Madison						
28. Monroe						
29. Montgomery						
30. Nassau						
31. New York						
32. Niagara						
33. Oneida						
34. Onondaga						
35. Ontario						
36. Orange						
37. Orleans						
38. Oswego						
39. Otsego						
40. Putnam						
41. Queens						
42. Rensselaer						
43. Richmond						
44. Rockland						
45. Saratoga						
46. Schenectady						
47. Schoharie						
48. Schuyler						
49. Seneca						
50. Steuben						
51. St. Lawrence						
52. Suffolk						
53. Sullivan						
54. Tioga						
55. Tompkins						
56. Ulster						
57. Warren						
58. Washington						
59. Wayne						
60. Westchester						
61. Wyoming						
62. Yates						
63. NY Total						
64. Other						
65. Total						

(a) For "Other" Column, please indicate Line Of Business (LOB) and Enrollment (Enroll) for the eight largest "Other" Lines of Business.
(1)(LOB)_____(Enroll)_____(2) (LOB)_____(Enroll)_____
(3)(LOB)_____(Enroll)_____(4) (LOB)_____(Enroll)_____
(5)(LOB)_____(Enroll)_____(6) (LOB)_____(Enroll)_____
(7)(LOB)_____(Enroll)_____(8) (LOB)_____(Enroll)_____

Direct Premium by New York Counties

For the Year Ended December 31, 2020

County	1 Total	2 Large Group Comprehensive PPO	3 Large Group Comprehensive EPO	4 Large Group Comprehensive PSO	5 Large Group Comprehensive Other	6 Small Group Comprehensive PPO On Exchange	7 Small Group Comprehensive PPO Off Exchange
1. Albany							
2. Allegany							
3. Bronx							
4. Broome							
5. Cattaraugus							
6. Cayuga							
7. Chautauqua							
8. Chemung							
9. Chenango							
10. Clinton							
11. Columbia							
12. Cortland							
13. Delaware							
14. Dutchess							
15. Erie							
16. Essex							
17. Franklin							
18. Fulton							
19. Genesee							
20. Greene							
21. Hamilton							
22. Herkimer							
23. Jefferson							
24. Kings							
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26. Livingston							
27. Madison							
28. Monroe							
29. Montgomery							
30. Nassau							
31. New York							
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33. Oneida							
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42. Rensselaer							
43. Richmond							
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49. Seneca							
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51. St. Lawrence							
52. Suffolk							
53. Sullivan							
54. Tioga							
55. Tompkins							
56. Ulster							
57. Warren							
58. Washington							
59. Wayne							
60. Westchester							
61. Wyoming							
62. Yates							
63. Total NY Direct							
64. Other							
65. Plus Reinsurance Assumed (NY)							
66. Total NY Gross							
67. Less Premiums Ceded (NY)							
68. Total NY Net							

Special Instructions:

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

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

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

Direct Premium by New York Counties

For the Year Ended December 31, 2020

County	8 Small Group Comprehensive EPO On Exchange	9 Small Group Comprehensive EPO Off Exchange	10 Small Group Comprehensive PSO On Exchange	11 Small Group Comprehensive PSO Off Exchange	12 Small Group Comprehensive Other On Exchange	13 Small Group Comprehensive Other Off Exchange
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						
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23. Jefferson						
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30. Nassau						
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32. Niagara						
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39. Otsego						
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43. Richmond						
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47. Schoharie						
48. Schuyler						
49. Seneca						
50. Steuben						
51. St. Lawrence						
52. Suffolk						
53. Sullivan						
54. Tioga						
55. Tompkins						
56. Ulster						
57. Warren						
58. Washington						
59. Wayne						
60. Westchester						
61. Wyoming						
62. Yates						
63. Total NY Direct						
64. Other						
65. Plus Reinsurance Assumed (NY)						
66. Total NY Gross						
67. Less Premiums Ceded (NY)						
68. Total NY Net						

Direct Premium by New York Counties

For the Year Ended December 31, 2020

County	14 Individual Direct Pay PPO On Exchange	15 Individual Direct Pay PPO Off Exchange	16 Individual Direct Pay EPO On Exchange	17 Individual Direct Pay EPO Off Exchange	18 Individual Direct Pay PSO On Exchange	19 Individual Direct Pay PSO Off Exchange
1. Albany						
2. Allegany						
3. Bronx						
4. Broome						
5. Cattaraugus						
6. Cayuga						
7. Chautauqua						
8. Chemung						
9. Chenango						
10. Clinton						
11. Columbia						
12. Cortland						
13. Delaware						
14. Dutchess						
15. Erie						
16. Essex						
17. Franklin						
18. Fulton						
19. Genesee						
20. Greene						
21. Hamilton						
22. Herkimer						
23. Jefferson						
24. Kings						
25. Lewis						
26. Livingston						
27. Madison						
28. Monroe						
29. Montgomery						
30. Nassau						
31. New York						
32. Niagara						
33. Oneida						
34. Onondaga						
35. Ontario						
36. Orange						
37. Orleans						
38. Oswego						
39. Otsego						
40. Putnam						
41. Queens						
42. Rensselaer						
43. Richmond						
44. Rockland						
45. Saratoga						
46. Schenectady						
47. Schoharie						
48. Schuyler						
49. Seneca						
50. Steuben						
51. St. Lawrence						
52. Suffolk						
53. Sullivan						
54. Tioga						
55. Tompkins						
56. Ulster						
57. Warren						
58. Washington						
59. Wayne						
60. Westchester						
61. Wyoming						
62. Yates						
63. Total NY Direct						
64. Other						
65. Plus Reinsurance Assumed (NY)						
66. Total NY Gross						
67. Less Premiums Ceded (NY)						
68. Total NY Net						

Direct Premium by New York Counties

For the Year Ended December 31, 2020

County	20 Individual Direct Pay Other On Exchange	21 Individual Direct Pay Other Off Exchange	22 Stand Alone Dental On Exchange	23 Stand Alone Dental Off Exchange	24 Stand Alone Vision
1. Albany					
2. Allegany					
3. Bronx					
4. Broome					
5. Cattaraugus					
6. Cayuga					
7. Chautauqua					
8. Chemung					
9. Chenango					
10. Clinton					
11. Columbia					
12. Cortland					
13. Delaware					
14. Dutchess					
15. Erie					
16. Essex					
17. Franklin					
18. Fulton					
19. Genesee					
20. Greene					
21. Hamilton					
22. Herkimer					
23. Jefferson					
24. Kings					
25. Lewis					
26. Livingston					
27. Madison					
28. Monroe					
29. Montgomery					
30. Nassau					
31. New York					
32. Niagara					
33. Oneida					
34. Onondaga					
35. Ontario					
36. Orange					
37. Orleans					
38. Oswego					
39. Otsego					
40. Putnam					
41. Queens					
42. Rensselaer					
43. Richmond					
44. Rockland					
45. Saratoga					
46. Schenectady					
47. Schoharie					
48. Schuyler					
49. Seneca					
50. Steuben					
51. St. Lawrence					
52. Suffolk					
53. Sullivan					
54. Tioga					
55. Tompkins					
56. Ulster					
57. Warren					
58. Washington					
59. Wayne					
60. Westchester					
61. Wyoming					
62. Yates					
63. Total NY Direct					
64. Other					
65. Plus Reinsurance Assumed (NY)					
66. Total NY Gross					
67. Less Premiums Ceded (NY)					
68. Total NY Net					

Direct Premium by New York Counties

For the Year Ended December 31, 2020

County	25 Medicare Supplement	26 Medicare Part D Prescription	27 Medicare	28 Out of Network – HMO POS	29 Essential Plan	30[(a)] Other
1. Albany						
2. Allegany						
3. Bronx						
4. Broome						
5. Cattaraugus						
6. Cayuga						
7. Chautauqua						
8. Chemung						
9. Chenango						
10. Clinton						
11. Columbia						
12. Cortland						
13. Delaware						
14. Dutchess						
15. Erie						
16. Essex						
17. Franklin						
18. Fulton						
19. Genesee						
20. Greene						
21. Hamilton						
22. Herkimer						
23. Jefferson						
24. Kings						
25. Lewis						
26. Livingston						
27. Madison						
28. Monroe						
29. Montgomery						
30. Nassau						
31. New York						
32. Niagara						
33. Oneida						
34. Onondaga						
35. Ontario						
36. Orange						
37. Orleans						
38. Oswego						
39. Otsego						
40. Putnam						
41. Queens						
42. Rensselaer						
43. Richmond						
44. Rockland						
45. Saratoga						
46. Schenectady						
47. Schoharie						
48. Schuyler						
49. Seneca						
50. Steuben						
51. St. Lawrence						
52. Suffolk						
53. Sullivan						
54. Tioga						
55. Tompkins						
56. Ulster						
57. Warren						
58. Washington						
59. Wayne						
60. Westchester						
61. Wyoming						
62. Yates						
63. Total NY Direct						
64. Other						
65. Plus Reinsurance Assumed (NY)						
66. Total NY Gross						
67. Less Premiums Ceded (NY)						
68. Total NY Net						

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

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

FOR EACH RISK-BEARING ENTITY

Report #13 -- Part A: BALANCE SHEET as of the Most Recently Ended Fiscal Year

NAME OF RISK BEARING ENTITY: .....

	1 Current Year End	2 Previous Year End
ASSETS:		
1. Cash		
2. Investments		
3. Accrued Interest Receivable		
4. Capitation Refund Receivable		
5. Stop-loss Insurance Receivable[(a)]		
6. Accounts Receivable		
7. Intercompany Clearing		
8. Aggregate Write-ins for Other Assets		
9. TOTAL ASSETS		
LIABILITIES AND FUND BALANCE:		
LIABILITIES:		
10. Claims Payable — Reported		
11. Claims Payable — Incurred But Not Reported		
12. Reserve for Contingency		
13. Accrued Expenses		
14. Withhold Payable		
15. Other Accrued Expenses		
16. Aggregate Write-ins for Other Liabilities		
17. TOTAL LIABILITIES		
FUND BALANCE		
18. Fund Balance (Deficit)		
19. TOTAL LIABILITIES AND FUND BALANCE		
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of items for 8 from overflow page		
0899. Total (Items 0801 thru 0803 plus 0898)(Item 8 above)		
1601.		
1602.		
1603.		
1698. Summary of items for 16 from overflow page		
1699. Total (Items 1601 thru 1603 plus 1698)(Item 16 above)		

(a) Stop-loss insurance provider: …….NAIC No.: ……..

Report #13 -- Part B: STATEMENT OF OPERATIONS (For the year Ending.....)
NAME OF RISK BEARING ENTITY: .....

	Aggregate Amount		Reporting Insurer[(c)]	
	1 Current Year	2 Previous Year	3 Current Year	4 Previous Year
INCOME:				
1. Capitation Revenue				
2. Stop-loss Insurance Premiums			XXX	XXX
3. Investment Income			XXX	XXX
4. Aggregate Write-ins for Other Income			XXX	XXX
5. TOTAL INCOME (Line 1 – 2 + 3 + 4)			XXX	XXX
EXPENSES:				
6. Claims Incurred				
7. Stop-loss Insurance Recoveries			XXX	XXX
8. Administrative Expense			XXX	XXX
9. Aggregate Write-ins for Other Expenses			XXX	XXX
10. Total Expenses (Line 6 – 7 + 8 + 9)			XXX	XXX
11. Gain/(Loss) (Line 5 – 10)			XXX	XXX
12. Prior Period Adjustment [(a)]			XXX	XXX
13. Extraordinary Adjustments [(b)]			XXX	XXX
14. Aggregate Write-ins for Gain or Loss to Fund Balance			XXX	XXX
15. Changes to Fund Balances (Line 11 + 12 + 13 + 14)			XXX	XXX
DETAILS OF WRITE-INS:				
0401.			XXX	XXX
0402.			XXX	XXX
0403.			XXX	XXX
0498. Summary for Item 4 from overflow page			XXX	XXX
0499. Totals (Lines 0401 thru 0403 plus 0498)(Line 4 above)			XXX	XXX
0901.			XXX	XXX
0902.			XXX	XXX
0903.			XXX	XXX
0998. Summary for Item 9 from overflow page			XXX	XXX
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)			XXX	XXX
1401.			XXX	XXX
1402.			XXX	XXX
1403.			XXX	XXX
1498. Summary for Item 14 from overflow page			XXX	XXX
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)			XXX	XXX

(a) Describe the Prior Period Adjustment: ……
(b) Describe the Extraordinary Adjustment: ……
(c) For the risk-bearing entity's operating results as respect to the reporting Insurer (i.e. columns 3 and 4), only line #1, Capitation Revenue, and line #6, Claims Incurred, need to be completed.

Report #13 -- Part C:

List all other HMO's, insurers, PHSP's and other entities with which the risk-bearing entity contracts to assume risk:

1 Name of Insurer/HMO/Other

Report #13 -- Part D: Department of Financial Services Insurance Regulation No. 164 Risk Transfer Arrangement Required Data For the Year

NAME OF RISK BEARING ENTITY: .....

1. Name of the Chief Financial Officer of Risk-bearing entity.
   ……

2. Effective date of the Risk Transfer Arrangement: _____

3. This year's total estimated annual in-network capitation from all HMO's, insurers, PHSP's, etc.: $_____

4. This year's total estimated annual in-network capitation from reporting Insurer: $_____

5.1. This year's total estimated annual in-network capitation from reporting Insurer excluded from financial security deposits: $_____

5.2. Reason for exclusion: (see footnote) _____

6.1. Amount of financial security deposit with reporting Insurer: $_____

6.2. Form of financial security deposit: (see footnote) _____

7.1 Has the risk transfer agreement been approved by the Department of Financial Services pursuant to Regulation No. 164? Yes [ ] No [ ]

7.2 If Yes, what was the date approved? _____

Enter corresponding number for Line 5.2 Response:

1. Health care services provided directly by health care provider that is not an intermediary.
2. Health care services provided directly by health care provider's guaranteeing parent corp., which is a health care facility.
3. Health care services provided by employees of the health care provider.
4. Health care services provided directly by employees of the health care provider's guaranteeing parent corp. which is a health care facility.
5. Health care services provided by sub-capitated participating provider who is paid by the health care provider no later than the first day of the month following receipt by the health care provider.
6. Health care services provided by a participating provider who is paid a salary by the health care provider.
7. Health care provider is eligible for elimination of financial security deposit, per Regulation No. 164, Part 101.5(c).

Enter corresponding number for Line 6.2 Response:

1. Letter of Credit
2. Trust Arrangement
3. Stop Loss Insurance
4. Funds Withheld
5. Guaranteeing Parent Corporation
6. Other Method, per Reg. 164, Part 101.5(b)(5)

Funds held by the reporting Insurer, owed to a health care provider pursuant to a risk-sharing arrangement in satisfaction of the financial security deposit requirement of Regulation No. 164, Section 101.5(b), should be reported on Page 2 of the NAIC Annual Statement Blank in the appropriate category of invested assets (e.g., cash). The Insurer should establish a corresponding liability, which should be reported on Page 3 of the NAIC Annual Statement Blank as write-in to Line 23 for the Health Blank and Line 25 for the Life Blank under the account title "Funds Held Per Reg. No. 164, Section 101.5(b)(3).

Pursuant to Department of Financial Services Insurance Regulation No. 164 [11 NYCRR 101.5(b)(3)], financial security deposits in the form of funds held must be kept in individual accounts separate from all other funds. If the Insurer is holding more than one such security deposit, they must be kept in different accounts, or in different, clearly identifiable subaccounts of the same master account. The Insurer should itemize the accounts in the NAIC Annual Statement, Schedule E – Part 3 – Special Deposits. The total amount of such deposits in Schedule E – Part 3 should agree with the corresponding liability on page 3 of the NAIC Annual Statement Blank.

SPECIAL INSTRUCTIONS

YS2020JURAT1 **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

YS2020JURAT2 **COMPANY NAME INFORMATION**

YS2020JURAT3 **COMPANY ADDRESS INFORMATION**

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

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

YS2020JURAT4 **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

YS2020JURAT5 **COMPANY OFFICERS/DIRECTORS/TRUSTEES**

Table Length: Variable

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

Value of Column 5 is YES if New Officer

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

YS2020JURAT6 **VENDOR INFORMATION**

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

YS2020INTER **NEW YORK INTERROGATORIES**

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

YS2020NOTES **NEW YORK NOTES TO FINANCIAL STATEMENT**

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

YS2020SPEXSCINT **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

Column 1 = Yes/No Response
Column 2 = Explanation

YS2020SCG **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 $200,000
Lines 0500001-0599996 = Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of $160,000
Line 9999999 = Total

YS2020SCL **SCHEDULE L**

Table Length: Variable

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

YS2020SCSRPT2 **SCHEDULE SR - PART 2 - REINSURANCE SCHEDULE**

Column 1 = Reinsurer
Lines 0000001-9999996 = Reinsurer

YS2020AHPEE **ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT**

Table Length: Variable

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

Valid Values:
Column 1A Non-New York Business = Z

Section A INDIVIDUAL BUSINESS

Lines 0110001 - 0119996 = Comprehensive Major Medical With Contract Reserves
Lines 0120001 - 0129996 = Comprehensive Major Medical Without Contract Reserves
Lines 0210001 - 0219996 = Short Term Medical With Contract Reserves
Lines 0220001 - 0229996 = Short Term Medical Without Contract Reserves
Lines 0310001 - 0319996 = Other Medical (Non-Comprehensive)With Contract Reserves
Lines 0320001 - 0329996 = Other Medical (Non-Comprehensive)Without Contract Reserves
Lines 0410001 - 0419996 = Specified / Named Disease With Contract Reserves
Lines 0420001 - 0429996 = Specified / Named Disease Without Contract Reserves
Lines 0510001 - 0519996 = Limited Benefit With Contract Reserves
Lines 0520001 - 0529996 = Limited Benefit Without Contract Reserves
Lines 0610001 - 0619996 = Student With Contract Reserves
Lines 0620001 - 0629996 = Student Without Contract Reserves
Lines 0710001 - 0719996 = Accident Only or AD&D With Contract Reserves
Lines 0720001 - 0729996 = Accident Only or AD&D Without Contract Reserves
Lines 0810001 - 0819996 = Disability Income – Short Term With Contract Reserves
Lines 0820001 - 0829996 = Disability Income – Short Term Without Contract Reserves
Lines 0910001 - 0919996 = Disability Income – Long Term With Contract Reserves
Lines 0920001 - 0929996 = Disability Income – Long Term Without Contract Reserves
Lines 1010001 - 1019996 = Long Term Care With Contract Reserves
Lines 1020001 - 1029996 = Long Term Care Without Contract Reserves
Lines 1110001 - 1119996 = Medicare Supplement (Medigap) With Contract Reserves
Lines 1120001 - 1129996 = Medicare Supplement (Medigap) Without Contract Reserves
Lines 1210001 - 1219996 = Dental With Contract Reserves
Lines 1220001 - 1229996 = Dental Without Contract Reserves
Lines 1310001 - 1319996 = State Children's Health Insurance Program With Contract Reserves
Lines 1320001 - 1329996 = State Children's Health Insurance Program Without Contract Reserves
Lines 1410001 - 1419996 = Medicare With Contract Reserves
Lines 1420001 - 1429996 = Medicare Without Contract Reserves
Lines 1510001 - 1519996 = Medicaid With Contract Reserves
Lines 1520001 - 1529996 = Medicaid Without Contract Reserves
Lines 1610001 - 1619996 = Other Individual Business With Contract Reserves
Lines 1620001 - 1629996 = Other Individual Business Without Contract Reserves

Section B GROUP BUSINESS

Comprehensive Major Medical

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

Other Medical (Non-Comprehensive)

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

YS2020AHPEESUM PT1, PT2, PT3, & PT4

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

YS2020PREMTAXI COMPUTATION of 206 PREMIUM BASE

Line 02.3, Column 1 = Description of Other Addition on line 2.3
Line 03.6, Column 1 = Description of Other Deduction on line 3.6

YS2020JURAT10 COMPUTATION of 206 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

YS2020RP13A **REPORT #13A BALANCE SHEET as of Most Recently Ended Fiscal Year**

0000001 Column 1F = Name of Risk Bearing Entity.
0000002 Column 1F = Name of Stop-Loss Insurance Provider
0000002 Column 2F = NAIC#

YS2020RP13B **REPORT #13B STATEMENT of OPERATIONS**

0000001 Column 1F = Describe the Prior Period Adjustment.
0000002 Column 1F = Describe the Extraordinary Adjustment
0000003 Column 2F = DATE (MM/DD/YYYY format).

YS2020RP13C **REPORT #13C**

Lines 0000001-9999996 = Names of HMO's, insurers, PHSP's and other entities with which the risk bearing entity contracts to assume risk.

YS2020RP13D **REPORT #13D Regulation No. 164 Risk Transfer Arrangement Required Data For the Year**

Lines 2 and 7.2 = DATE (MM/DD/YYYY format).