Additional Data Statement Form for the Year Ending December 31,

Company: NAIC Company Code:

I. Analysis of Washington Operations by Lines of Business

See annual statement	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net Premium Income	0									
7. Total Revenues (Lines 1 to 6)	0									
15. Subtotal (Lines 8 to 14)	0									XXX
16. Net Reinsurance Recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	0	0	0	0	0	0	0	0	0	XXX
19. Claims adjustment expenses	0									
20. General administrative expenses	0									
21. Increase in reserves for accident and health contracts	0									XXX
23. Total underwriting deductions (Lines 17 to 22)	0									
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	0	0	0	0	0	0	0	0	0	0

Additional Data Statement Form for the Year Ending December 31, 0

Company: NAIC Company Code: 0

II. Analysis of the Washington Comprehensive Line

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts 4a Public Employees Benefit Board	4b True Employer Associations	4c Large Group (what is not in columns 4a or 4b)	5 Other
1. Net Premium Income	0							
7. Total Revenues (Lines 1 to 6)	0							
15. Subtotal (Lines 8 to 14)	0							
16. Net Reinsurance Recoveries	0							
17. Total hospital and medical (Lines 15 minus 16)	0	0	0	0	0	0	0	0
19. Claims adjustment expenses	0							
20. General administrative expenses	0							
21. Increase in reserves for accident and health contracts	0							
23. Total underwriting deductions (Lines 17 to 22)	0							
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	0	0	0	0	0	0	0	0

	6 List the full legal name of each True Employer Association included in column 4b
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Additional Data Statement Form for the Year Ending December 31, 0

Company: NAIC Company Code: 0

III. Group Enrollment in Washington

Total Members at end of:	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts 4a Public Employees Benefit Board	4b True Employer Associations	4c Large Group (what is not in columns 4a or 4b)	5 Other
1. Prior Year	0							
2. First Quarter	0							
3. Second Quarter	0							
4. Third Quarter	0							
5. Current Year	0							

6 List the full legal name of each True Employer Association included in column 4b (continued)
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Additional Data Statement Form for the Year Ending December 31, 0

Company: NAIC Company Code: 0

IV. Deposit or Funded Reserve or Underwriting of Indemnity Calculation

Mark the type of certificate the company holds and then fill in the data.

☐ Multiple Employer Welfare Organization (MEWA)

☐ Maintain a $200,000 restricted deposit held under a Depositary Agreement with the Commissioner.

☐ Health Maintenance Organization (HMO)

$150,000 Funded Reserve is maintained by:
☐ Cash or securities deposit
☐ Surety Bond
☐ Combination of the two

☐ Health Care Service Contractor (HCSC) **Complete both calculations**

Calculation of Deposit Requirements (WAC 284-44-320 and 284-44-330)

	A1. Premiums Collected
8.3%	A2. One-twelfth
$0	A3. Calculated Requirement (line A1 x line A2)
$150,000	A4. Minimum Indemnity
$150,000	A5. Indemnity Required (greater of line A3 or line A4)

Calculation of Indemnity Required (WAC 284-44-340)

	1 Incurred but Unpaid	2 Service Benefits	3 Non-Service (Indemnity)
B1. Line of Business Subtotal		$0	
B2. Percentage of Claim Reserve and Claim Liability	100%	0%	0%
B3. Estimated Increase (Decrease) During Ensuing Year			
B4. Adjusted Claim Reserve and Claim Liability (line B1 + line B3)			$0
B5. Policy Reserves			$0
B6. Premiums Received in Advance			$0
B7. Total Unearned Prepayments (line B5 + line B6)			$0
B8. Calculated Alternate Indemnity Requirement (line B4 + line B7)			$0
B9. Minimum Indemnity			$150,000
B10. Indemnity Required (greater of line B8 or line B9)			$150,000
B11. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31.			
B12. (Negative) means an Increase is Required; Positive means an Excess			($150,000)

Indemnity is maintained by:
☐ Cash or securities deposit
☐ Surety Bond
☐ Insurance policy

☐ Limited Health Care Service Contractor (LHCSC)

☐ LHCSC certificate held three or MORE years

	C1. Uncovered Expenditures
	C2. Anticipated increase or (decrease) in the line above
$0	C3. Total (line C1 + line C2)
25%	C4. Twenty-five percent
$0	C5. Line C3 x line C4
	C6. Policy Reserves
	C7. Premiums Received in Advance
$0	C8. Indemnity Required (line C5 + line C6 + line C7)
	C9. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31
$0	C10. (Negative) means an Increase is Required; Positive means an Excess

Indemnity is maintained by:
☐ Cash or securities deposit
☐ Surety Bond
☐ Insurance policy

☐ LHCSC certificate held for LESS than three years

	D1. Projected net premiums earned for the next year
0.5%	D2. One-half of one percent
$0	D3. Indemnity Required (line D1 x D2)

D4. insures or guarantees the LHCSC's Uncovered Expenditures and that insurer/guarantor's NAIC company code is