



## BULLETIN 16-03

### TO: ALL INSURERS AUTHORIZED TO TRANSACT HEALTH INSURANCE BUSINESS IN THE STATE OF ALASKA AND OTHER INTERESTED PARTIES

### RE: ANNUAL SURVEY ON HEALTH INSURANCE

AS 21.06.110 requires the director to report on an annual basis "statistical information regarding health insurance, including the number of individual and group policies sold or terminated in the state" and "the annual percentage of health claims paid in the state that meets the requirements of AS 21.36.495(a) and (d)." In order for the division to comply with this statutory requirement, all insurers licensed to transact health insurance business in Alaska must email a completed survey, or a statement that their company reported no direct premiums or paid claims on their annual statement, by **May 6, 2016**.

Please note that **stop loss insurance is considered health insurance in Alaska**. Therefore, stop loss insurance must be reported on the survey.

All companies that report any direct premiums or paid claims in the annual statement must submit a survey. If your company does not have any 2015 data, simply email [insinfo@alaska.gov](mailto:insinfo@alaska.gov) with "NO DATA TO REPORT" in the body of the email and provide contact information. Include the full company name and NAIC number in the subject line.

Please take care to review and follow the survey instructions. The information provided in this survey is used in analyzing the health insurance market in Alaska. Summary data from the survey is reported to the Alaska Legislature and the public. It is critical that insurers provide accurate information.

Before sending, please verify that the premium and claim data balance to the premium and claim data reported in the National Association of Insurance Commissioners Annual Statement State Page for Alaska or **explain the difference**, as described in the survey instructions.

The [survey](#) and [instructions](#) are available at <http://commerce.alaska.gov/web/ins/StatutesRegulationsBulletinsExamsOrders/Bulletins.aspx> under Bulletin B16-03 and must be completed in Microsoft Excel and submitted electronically.

1. Fill in the requested data according to the survey instructions.
2. Save the document with the following file name format "ABC Ins Co-NAIC12345-2016.xls."
3. Email the completed survey as an attachment to [insinfo@alaska.gov](mailto:insinfo@alaska.gov). Include the full company name and NAIC number in the subject line.

If you have questions regarding the survey or instructions, contact Jake Lauten at (907) 465-5471 or [jacob.lauten@alaska.gov](mailto:jacob.lauten@alaska.gov).

Dated this 7<sup>th</sup> day of March, 2016



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Lori Wing-Heier  
Division Director