

Company Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**Individual -- Calendar Year 2000**

<b>Product</b>	<b># Policies In Force Beg of Year</b>	<b># Individuals Covered Beg of Year</b>	<b># New Policies Issued During the Year</b>	<b># Individuals Newly Issued Coverage During the Year</b>	<b># Policies Terminate During the Year</b>	<b># Covered Individuals Terminated During the Year</b>	<b># Policies In Force End of Year</b>	<b># Individuals Covered End of Year</b>	<b>Earned Premium</b>	<b>Incurred Claims</b>
Accident										
Comprehensive Medical										
PPO										
Non-PPO										
Dental										
PPO										
Non-PPO										
Disability Income										
Hospital Expense										
Hospital Indemnity										
Limited Benefit										
Long Term Care										
Medical Expense										
Medicare Supplement										
Specified Disease										
Vision										
PPO										
Non-PPO										
Other:										
Other:										
<b>TOTAL</b>										

**Small Employer (2-50) Group -- Calendar Year 2000**

<b>Product</b>	<b># Policies In Force Beg of Year</b>	<b># Individuals Covered Beg of Year</b>	<b># New Policies Issued During the Year</b>	<b># Individuals Newly Issued Coverage During the Year</b>	<b># Policies Terminate During the Year</b>	<b># Covered Individuals Terminated During the Year</b>	<b># Policies In Force End of Year</b>	<b># Individuals Covered End of Year</b>	<b>Earned Premium</b>	<b>Incurred Claims</b>
Accident										
Comprehensive Medical PPO										
Non-PPO										
Dental PPO										
Non-PPO										
Disability Income										
Hospital Expense										
Hospital Indemnity										
Long Term Care										
Medical Expense										
Medicare Supplement										
Specified Disease										
Stop Loss										
Vision PPO										
Non-PPO										
Other:										
Other:										
<b>TOTAL</b>										

**All Other Group -- Calendar Year 2000**

<b>Product</b>	<b># Policies In Force Beg of Year</b>	<b># Individuals Covered Beg of Year</b>	<b># New Policies Issued During the Year</b>	<b># Individuals Newly Issued Coverage During the Year</b>	<b># Policies Terminate During the Year</b>	<b># Covered Individuals Terminated During the Year</b>	<b># Policies In Force End of Year</b>	<b># Individuals Covered End of Year</b>	<b>Earned Premium</b>	<b>Incurred Claims</b>
Accident										
Comprehensive Medical PPO										
Non-PPO										
Dental PPO										
Non-PPO										
Disability Income										
Hospital Expense										
Hospital Indemnity										
Long Term Care										
Medical Expense										
Medicare Supplement										
Specified Disease										
Stop-loss										
Vision PPO										
Non-PPO										
Other:										
Other:										
<b>TOTAL</b>										