



**Department of Community
and Economic Development**

Division of Insurance

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BULLETIN B 04-06

TO: ALL INSURERS AUTHORIZED TO TRANSACT HEALTH INSURANCE
BUSINESS IN THE STATE OF ALASKA

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 21.54.020(a) and (d)”. In order to comply with this statutory requirement, all insurers licensed to transact health insurance business in Alaska must complete the survey and **return it to the division by May 31, 2004**. Please note that **stop loss insurance is considered health insurance in Alaska**. Therefore, stop loss insurance must be reported on this survey. **If no health insurance is written in Alaska, simply respond to this survey by sending an e-mail to the division that states “No health insurance written in Alaska” and provides the name of the company and contact information.**

In completing the survey 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, and summary data from the survey is reported to the Alaska legislature and the public. It is critical that you provide accurate information. Before sending the completed form to the division, 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, as described in the survey instructions.

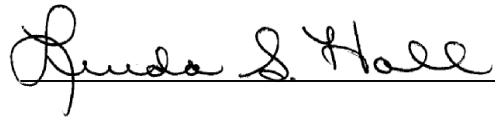
The bulletin and survey are available on the Internet. To access this survey on the Internet, go to the Alaska Division of Insurance web page at www.dced.state.ak.us/insurance/bulletins/bulletins.htm. Select Bulletin B 04 - 06 or “Survey on Health Insurance”.

The survey form can be completed in Microsoft Excel as follows:

1. Open "2003 Survey.xls" and save to your hard drive.
2. Open Microsoft Excel and the document you just saved.
3. Fill in the data requested on the survey form and save the document.
4. E-mail the completed document as an attachment to insinfo@dced.state.ak.us.

Your completed survey must be e-mailed to insinfo@dced.state.ak.us. If you have questions regarding the survey or instructions contact Donna Carroll by phone at (907) 465-5471 or by e-mail at Donna_Carroll@dced.state.ak.us.

Dated: April 9, 2004

A handwritten signature in black ink that reads "Linda S. Hall". The signature is written in a cursive style and is positioned above a solid horizontal line.

Linda S. Hall
Director