

Company Name _____
 Contact Name _____
 Address _____

Phone _____
 Fax _____
 E-Mail _____

Individual -- Calendar Year 1999

Product	# Policies In Force Beg of Year	# Individuals Covered Beg of Year	# New Policies Issued During the Year	# Individuals Newly Issued Coverage During the Year	# Policies Terminate During the Year	# Covered Individuals Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Earned Premium	Incurred Claims
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:										
TOTAL										

Small Employer (2-50) Group -- Calendar Year 1999

Product	# Policies In Force Beg of Year	# Individuals Covered Beg of Year	# New Policies Issued During the Year	# Individuals Newly Issued Coverage During the Year	# Policies Terminate During the Year	# Covered Individuals Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Earned Premium	Incurred Claims
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:										
TOTAL										

All Other Group -- Calendar Year 1999

Product	# Policies In Force Beg of Year	# Individuals Covered Beg of Year	# New Policies Issued During the Year	# Individuals Newly Issued Coverage During the Year	# Policies Terminate During the Year	# Covered Individuals Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Earned Premium	Incurred Claims
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:										
TOTAL										