



STATE OF ALASKA  
DEPARTMENT OF  
**COMMERCE**  
COMMUNITY AND  
ECONOMIC DEVELOPMENT  
Alaska Division of Insurance

*Sean Parnell, Governor*  
*Susan K. Bell, Commissioner*  
*Linda S. Hall, Director*

## BULLETIN B 12-01

**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 to comply with this statutory requirement, all insurers licensed to transact health insurance business in Alaska must respond with a completed survey, or a statement that your company reported no direct premiums or paid claims on their annual statement, via **email to the division at [insinfo@alaska.gov](mailto:insinfo@alaska.gov) by May 1, 2012.**

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

All companies that report any direct premiums or paid claims in the annual statement must submit a survey, and unless otherwise described in the instructions for out-of-state policies, the direct premiums and paid claims must match the annual statement data. If your company does not report the foregoing, simply respond by sending an e-mail to [insinfo@alaska.gov](mailto:insinfo@alaska.gov) with “**NO DATA TO REPORT**” in the body of the e-mail along with contact information. Include the full company name and NAIC number in the subject line.

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 to 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 or **explain the difference**, as described in the survey instructions.

The bulletin and survey are available on the Internet and must be completed in Microsoft Excel and submitted electronically. To access this survey on the Internet, go to the Alaska Division of Insurance web page at: [www.commerce.state.ak.us/insurance/insurance/bulletins.html](http://www.commerce.state.ak.us/insurance/insurance/bulletins.html) Select Bulletin B 12-01.

1. Open "2012 Survey Form.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 with the following format "ABC Ins Co NAIC 12345 2011.xls."
4. E-mail the completed survey as an attachment to [insinfo@alaska.gov](mailto:insinfo@alaska.gov).

If you have questions regarding the survey or instructions, contact Katie Campbell by phone, (907) 465-4607, or by e-mail at [katie.campbell@alaska.gov](mailto:katie.campbell@alaska.gov)

Dated: February 7, 2012



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Linda S. Hall  
Director