Additional Data Statement Form for the Year Ending December 31,

Company: NAIC Company Code:

I. Analysis of Washington Operations by Lines of Business

☐ See annual statement	1 Total	2 Comprehensive (Medical & Hospital) Individual	3 Comprehensive (Medical & Hospital) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-term Care	13 Other Health	14 Other Non-Health
1. Net Premium Income	0													
7. Total Revenues (Lines 1 to 6)	0													
15. Subtotal (Lines 8 to 14)	0													XXX
16. Net Reinsurance Recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
19. Claims adjustment expenses	0													
20. General administrative expenses	0													
21. Increase in reserves for accident and health contracts	0													XXX
23. Total underwriting deductions (Lines 17 to 22)	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Additional Data Statement Form for the Year Ending December 31, 0

Company: NAIC Company Code: 0

II. Analysis of the Washington Comprehensive Line

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)	
1. Net Premium Income	0								
7. Total Revenues (Lines 1 to 6)	0								
15. Subtotal (Lines 8 to 14)	0								
16. Net Reinsurance Recoveries	0								
17. Total hospital and medical (Lines 15 minus 16)	0	0	0	0	0	0	0	0	0
19. Claims adjustment expenses	0								
20. General administrative expenses	0								
21. Increase in reserves for accident and health contracts	0								
23. Total underwriting deductions (Lines 17 to 22)	0	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	0	0	0	0	0	0	0	0	0

6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c	
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Additional Data Statement Form for the Year Ending December 31, 0

Company: NAIC Company Code: 0

III. Group Enrollment in Washington

Total Members at end of:	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts 4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)	5 Other
1. Prior Year	0								
2. First Quarter	0								
3. Second Quarter	0								
4. Third Quarter	0								
5. Current Year	0								

6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c (continued)
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Company: NAIC Company Code: 0

IV. Deposit or Funded Reserve or Underwriting of Indemnity Calculation

Mark the type of certificate the company holds and then fill in the data.

☐ Multiple Employer Welfare Organization (MEWA)

☐ Maintain a $200,000 restricted deposit held under a Depositary Agreement with the Commissioner.

☐ Health Maintenance Organization (HMO)

$150,000 Funded Reserve is maintained by:
☐ Cash or securities deposit
☐ Surety Bond
☐ Combination of the two

☐ Health Care Service Contractor (HCSC) **Complete both calculations**

Calculation of Deposit Requirements (WAC 284-44-320 and 284-44-330)

	A1. Premiums Collected
8.3%	A2. One-twelfth
$0	A3. Calculated Requirement (line A1 x line A2)
$150,000	A4. Minimum Indemnity
$150,000	A5. Indemnity Required (greater of line A3 or line A4)

Calculation of Indemnity Required (WAC 284-44-340)

	1 Incurred but Unpaid	2 Service Benefits	3 Non-Service (Indemnity)
B1. Line of Business Subtotal		$0	
B2. Percentage of Claim Reserve and Claim Liability	100%	0%	0%
B3. Estimated Increase (Decrease) During Ensuing Yea			
B4. Adjusted Claim Reserve and Claim Liability (line B1 + line B3)			$0
B5. Policy Reserves			$0
B6. Premiums Received in Advance	$10,000		$0
B7. Total Unearned Prepayments (line B5 + line B6)			$0
B8. Calculated Alternate Indemnity Requirement (line B4 + line B7)			$0
B9. Minimum Indemnity			$150,000
B10. Indemnity Required (greater of line B8 or line B9)			$150,000
B11. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31.			
B12. (Negative) means an Increase is Required; Positive means an Excess			($150,000)

Indemnity is maintained by:
☐ Cash or securities deposit
☐ Surety Bond
☐ Insurance policy

☐ Limited Health Care Service Contractor (LHCSC)

☐ LHCSC certificate held three or MORE years

	C1. Uncovered Expenditures
	C2. Anticipated increase or (decrease) in the line above
$0	C3. Total (line C1 + line C2)
25%	C4. Twenty-five percent
$0	C5. Line C3 x line C4
	C6. Policy Reserves
	C7. Premiums Received in Advance
$0	C8. Indemnity Required (line C5 + line C6 + line C7)
	C9. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31
$0	C10. (Negative) means an Increase is Required; Positive means an Excess

Indemnity is maintained by:
☐ Cash or securities deposit
☐ Surety Bond
☐ Insurance policy

☐ LHCSC certificate held for LESS than three years

	D1. Projected net premiums earned for the next year
0.5%	D2. One-half of one percent
$0	D3. Indemnity Required (line D1 x D2)

D4. _____ insures or guarantees the LHCSC's Uncovered Expenditures and that insurer/guarantor's NAIC company code is