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	2	3	4	5	6	7	8	9	10	11	12	13	14
		Comprehensive (Medical & Hospital)												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-term Care	Other Health	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 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. 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
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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)
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

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

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 Year			
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