

**SUPPLEMENTAL RATING QUESTIONNAIRE**  
**(Business of 2014)**

**Please state any overall risk appetite and risk tolerance statement(s) that have been established or approved by a Board or senior management that apply to the company and provide guidance in providing policyholder security and creating stakeholder value. The risk appetite and risk tolerance statements may be a mix of qualitative and quantitative statements. If no such statements have been formally approved by a Board or senior management, please answer "None".**

BUSINESS LINES - GROUP ACCIDENT AND HEALTH (A&H)

(FULL DOLLAR AMOUNTS)

12a. Please supply information on the various types of GROUP A&H insurance specified below for 2014.

GROUP A&H	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)
Type of Coverage	First Year Premium	Total Direct Premium Written (Ex. 1, Part 1, Col. 8&9, Ln. 20.1)	Total Net Premium Written (Sch. H, Part 1, Line 1)	Net Premium Earned (Sch. H, Part 1, Line 2)	Incurred Claims (Sch. H, Part 1, Line 3)	Increase in Reserves (Sch. H, Part 1, Line 6)	Expenses Incurred (Sch. H, Part 1, Line 4 plus Line 10 plus Line 11)	Underwriting Gain/(Loss) (Sch. H, Part 1, Line 12)	Statutory Operating Gain after Policyholder Divs. And before FIT
1. Medicare Supplement									
2. Medicare Part D									
2a. Medicare Part D Supplemental Benefits									
3. Disability Income - LTD									
4. Disability Income - STD									
5. Credit									
6. Hospitalization / Major Medical:									
(a) Indemnity / Managed Indemnity									
(b) PPO									
(c) POS									
(d) HMO									
(e) Other (Multiple Plan Option)									
(f) FEHBP									
(g) Other									
7. Limited benefit medical									
8. Student									
9. Dental									
10. Long-Term Care									
11. Dread Disease:									
(a) Cancer - Unlimited Benefits									
(b) Cancer - All Other									
(c) Heart									
(d) Other									
12. Hospital Indemnity									
13. AD&D									
14. Critical Illness									
15. Vision									
16. Stop Loss/Minimum Premium Policies									
17. Administrative Services Only	X X X	X X X	X X X	X X X	X X X	X X X		X X X	
18. Other Premium Equivalents*	X X X	X X X	X X X	X X X	X X X	X X X		X X X	
19. Other Group Coverages*									
20. TOTAL Group A&H (Must equal Annual Statement Schedule and Line indicated in column heading)									

\* Please describe "All Other ...." product types, using the space below and the NOTES PAGE, if necessary.

(1) \_\_\_\_\_  
(2) \_\_\_\_\_

12b. Please provide the amount of premium equivalents on Administrative Services Only business as of December 31, 2014. (1) \$ \_\_\_\_\_

12c. Please provide the amount of premium equivalents on Stop Loss / Minimum Premium Policy and other fee based business as of December 31, 2014. (1) \$ \_\_\_\_\_

12d. Please provide Unearned Premium Reserve: (1) \$ \_\_\_\_\_

12e. Please provide Premium Stabilization Reserve: (1) \$ \_\_\_\_\_

12f. Please provide an explanation of any significant changes affecting any of these lines of business, as well as rate increases, expansion or reduction in new business writings, termination of an existing coverage, etc., using the space below and the NOTES PAGE, if necessary.

(1) \_\_\_\_\_

12g. Please provide a description of the types of reinsurance treaties you maintain for these lines of business, including any special provisions (such as stop-loss, catastrophic, etc.), using the space below and the NOTES PAGE, if necessary.

(1) \_\_\_\_\_

12h. Provide the amount of your first year premium that is:

12i. Provide the amount of your total net premium written that is:

Voluntary (100% employee paid)	Employer Sponsored

**CYBER RISK SECTION**

**23. CYBER INSURANCE PURCHASED:** Please complete if your company purchases cyber risk protection, either as a standalone policy or as a sublimit within another policy. If multiple coverages fall under a single policy or sublimit, enter those on a single row below with the corresponding limits. If protection for coverages are purchased separately, please provide the largest limits purchased separately on each row below. Only include amounts pertaining to the Cyber Risk Coverages.

(01)	(02)	(03)	(04)	(05)	(06)	(07)
Types of Coverage Purchased***	Per Occurrence Sublimit (\$000s)	Aggregate Sublimit (\$000s)	Standalone Policy Per Occurrence Limit (\$000s)	Standalone Policy Aggregate Limit (\$000s)	Per Occurrence Deductible **** (\$000s)	Aggregate Deductible **** (\$000s)
1.						
2.						
3.						
4.						
5.						

\*\*\* (i.e. Property, Business Interruption, Theft, Liability, etc.)

\*\*\*\* if applicable

**INVESTMENTS SECTION - CREDIT RATINGS FOR HEALTH INSURANCE COMPANIES**

(FULL DOLLAR AMOUNTS)

**10. Please provide the following detail for assets held as of December 31, 2014.**

ASSET CLASSES	Credit Rating Category					
	(01) Class 1	(02) Class 2	(03) Class 3	(04) Class 4	(05) Class 5	(06) Class 6
1. Preferred Stock (SCH. D)						
2. Other Invested Assets: Bonds (SCH. BA)						
3. Other Invested Assets: Preferred Stock (SCH. BA)						
4. Working Capital Finance Notes (SCH. BA)						