Company Name)					•	(Statement as of)			(NAIC Company Code)				
	Al	NALYSIS OF O					n and Loss Exhib	oit)					
			Require	ed to be filed	d on a Quart	erly basis							
	_1	2 Comprehensive (Hospital &	3	4 Medicare	5	6	7 Federal Employees	8 Title XVIII	9 Title XIX	10	11 Disability	12 Long-term	13
Please report amounts on a quarter-to-date basis	Total	Medical)	Medical Only	Supplement	Dental Only	Vision Only	Health Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
. Net premium income													
 Change in unearned premium reserves and reserve for rate predit 													
3. Fee-for-service (net of \$ medical expenses)													
Risk revenue													
5. Aggregate write-ins for other health care related revenues													
i. Total revenues (Lines 1 to 5)													
. Medical/hospital benefits													
Other professional services													
Outside referrals													
Emergency room and out-of-area													
Aggregate write-ins for other medical and hospital													
Incentive pool and withhold adjustments													
3. Subtotal (Lines 7 to 12)													
Net reinsurance recoveries													
5. Total medical and hospital (Lines 13 minus 14)													
Claims adjustment expenses													
7. General administrative expenses													
Increase in reserves for accident and health contracts													
9. Total underwriting deductions (Lines 15 to 18)													
20. Net underwriting gain or (loss) (Line 6 minus Line 19)													
DETAILS OF WRITE-INS													
501													
502													
5503													
504													
598 Summary of remaining write-ins for Line 5													
599 Totals (Lines 0501through 0503 plus 0598)(Line 5 above)													
101		<u> </u>											
102													
103													
198 Summary of remaining write-ins for Line 11													
199 Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)													