



STATE OF MISSOURI
 DEPARTMENT OF INSURANCE
**SUPPLEMENT TO PAGE 20 OF
 ANNUAL STATEMENT FOR YEAR ENDING
 DECEMBER 31, 2005**

MAIL TO: STATE OF MISSOURI
 DEPARTMENT OF INSURANCE
 STATISTICS SECTION
 P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102-0690

COMPANY NAME				NAIC GROUP NO.	NAIC COMPANY NO.
(1) LINE OF BUSINESS	(2) DIRECT PREMIUMS WRITTEN	(3) DIRECT PREMIUMS EARNED	(4) DIRECT DEFENSE & COST CONTAINMENT EXPENSE INCURRED	(5) DIRECT LOSSES PAID	(6) DIRECT LOSSES INCURRED
1. & 2. Fire & Allied Lines					
(a) Dwelling					
(b) Commercial					
(c) Farm					
3. Farmowners Multi-Peril					
4. (a) Home Owners Multi-Peril					
(b) Dwelling Owners Multi-Peril (ACV)					
5. Commercial Multi-Peril					
6. Mobile Homes					
7. Growing Crops					
8. Ocean Marine					
9. Inland Marine (Including Auto Cargo)					
10. Financial Guaranty					
11. Medical Malpractice Liability					
(a) Physicians and Surgeons					
(b) Dentists					
(c) Nurses					
(d) Hospitals					
(e) Managed Care Organization errors & omissions					
(f) Other					
12. Earthquake					
14. All Accident & Health (see reverse side)					
16. Direct Workers Compensation					
17. Other Liability					
(a) Bodily Injury & Property Damage					
(b) Warranty Programs/Service Contracts					
(c) Excess Workers Compensation					
18. Product Liability					
Bodily Injury & Property Damage					
19. (a) (1) Priv. Pass. Auto Lia. Bodily Injury					
(2) Priv. Pass. Auto Lia. Property Damage					
(3) Priv. Pass. Auto Medical Payments					
(4) Priv. Pass. Uninsured Motorist					
(5) Priv. Pass. Underinsured Motorist					
(6) Priv. Pass. Acc. Death & Disability/Dismemberment					
(b) (1) Comm. Auto Liability Bodily Injury					
(2) Comm. Auto Liability Property Damage					
(3) Comm. Auto Medical Payments					
(4) Comm. Auto Uninsured/Underinsured Motorist					
21. (a) (1) Priv. Pass. Auto Comprehensive					
(2) Priv. Pass. Auto Collision					
(b) (1) Comm. Auto Comprehensive					
(2) Comm. Auto Collision					
22. Aircraft					
23. Fidelity					
24. Surety					
25. Glass					
26. Burglary & Theft					
27. Boiler & Machinery					
28. (a) Credit Property (excluding V.S.I.)					
(b) Credit Casualty					
(c) Credit Unemployment					
(d) Vendor/Lenders Single Interest, Collateral Prot. etc.					
29. Mortgage Guaranty					
30. Title					
31. Professional Liability (excluding a & b)					
(a) Lawyers Malpractice					
(b) Real Estate Malpractice					
32. Umbrella					
33. Other Specific (specify)					
34. National Flood Insurance Program					
35. Federal Crop Insurance Corporation					
TOTALS ALL BUSINESS IN MISSOURI					
PLEASE PRINT - COMPANY REPRESENTATIVE				TELEPHONE NUMBER	

**INSTRUCTIONS FOR ACCIDENT & HEALTH PORTION
OF
SUPPLEMENT TO PAGE 20 OF ANNUAL STATEMENT**

The break down for Accident & Health business has been expanded. All companies writing Accident & Health business will need to complete the additional information per the following outline.

- a) Number of Insureds as of December 31 of Report Year: For individual policies, the number of insureds must include dependents. For group policies, the number of insureds must equal the number of certificate holders, plus all dependents.
- b) Comprehensive Medical Expense: This category includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured persons primary health benefit coverage. Do not include plans covering less than 50% of incurred expenses.
- c) Limited Benefit: Includes vision, nursing care (other than long-term care), hospital indemnity and any other single service plan or program, not otherwise reported herein.
- d) Small Employer (2-50 employees) (Line B.1a): This term means major medical or comprehensive group medical expense insurance coverage that is subject to the group market provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).
- e) Association (Line B.1c): This term means major medical or comprehensive group medical expense insurance coverage sold to members of associations THAT IS NOT subject to the group market provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).
- f) Small Employer (3-25 employees) (Line 7.1): This term means major medical or comprehensive group medical expense coverage that is subject to The Missouri Small Employer Health Insurance Availability Act.
- g) Stop Loss: Include any premium for employer self-funded group health plan excess loss coverage, including any such coverage issued or provided through minimum premium plans or other self-funded health benefit plans.
- h) Medicare Part D: Pursuant to the Medicare Modernization Act, companies writing prescription drug coverage, through Medicare Part D, must report their data on line numbers 4.13 and/or 5.13.

COMPANY NAME: _____ NAIC GROUP NO. _____ NAIC COMPANY NO. _____

ACCIDENT & HEALTH INSURANCE	NUMBER OF INSUREDS	DIRECT PREMIUMS WRITTEN	DIRECT PREMIUMS EARNED	DIVIDENDS PAID OR CREDITED ON DIRECT BUSINESS	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED
INDIVIDUAL BUSINESS						
4.1) Comprehensive Medical Expense (see definition above)						
4.2) Medicare Supplement						
4.3) Long Term Care						
4.4) Specified Disease						
4.5) Accident Only						
4.6) Disability Income						
4.7) Dental						
4.8) Limited Benefit						
4.9) Short Term Credit Disability (less than 10 years)						
4.10) Long Term Credit Disability (Mortgage)						
4.11) Credit Unemployment						
4.12) Stop Loss						
4.13) Medicare Part D						
4.15) TOTAL INDIVIDUAL						
GROUP BUSINESS						
5.1) Comprehensive Medical Expense						
a) Small employer (2-50 employees)						
b) Large employer/union (over 50 employees)						
c) Association						
d) Discretionary						
e) Federal Employees (line 23.1)						
5.2) Medicare Supplement						
5.3) Long Term Care						
5.4) Specified Disease						
5.5) Accident Only						
5.6) Disability Income						
5.7) Dental						
5.8) Limited Benefit						
5.9) Short Term Credit Disability (less than 10 years)						
5.10) Long Term Credit Disability (Mortgage)						
5.11) Credit Unemployment						
5.12) Stop Loss						
5.13) Medicare Part D						
5.15) TOTAL GROUP						
6) ALL ACCIDENT & HEALTH						
ADDITIONAL SMALL EMPLOYER COMPREHENSIVE MEDICAL EXPENSE INFORMATION						
	NUMBER OF INSUREDS	DIRECT PREMIUMS WRITTEN	DIRECT PREMIUMS EARNED	DIVIDENDS PAID OR CREDITED ON DIRECT BUSINESS	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED
7.1) Small employer (3-25 employees)						
7.2) Number of insured employers reported on Line B.1a:						
7.3) Number of insured employers reported on Line 7.1:						

Explanation if premiums are reported, but no insureds: _____

PLEASE PRINT - COMPANY REPRESENTATIVE _____ TELEPHONE NUMBER _____