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

Company:
NAIC Company Code:
I. Analysis of Washington Operations by Lines of Business

|  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\square$ See annual statement | Total | Comprehensive (Hospital \& Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX <br> Medicaid | 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 | 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 |  |  |  |  |  |  |  |  |  |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | 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


Form IC-13A-HC (Rev. 11/19) and Form IC-14-HMO (Rev. 11/19)

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

## Company:

NAIC Company Code: 0
III. Group Enrollment in Washington


## Additional Data Statement Form for the Year Ending December 31, 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)



Health Care Service Contractor (HCSC)
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 $\times$ 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)


## Limited Health Care Service Contractor (LHCSC)

## $\square$ LHCSC certificate held three or MORE years

C1. Uncovered Expenditures
C2. Anticipated increase or (decrease) in the line above
$\$ 0 \quad$ C3. Total (line C1 + line C2)
$25 \%$ C4. Twenty-five percent
$\$ 0 \quad$ 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: | $\square$ |
| :--- |
| Cash or securita |
| $\square$ | Surety Bond

LHCSC certificate held for LESS than three years

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

D4.

