

Michigan Health Insurance Enrollment, Premiums & Losses

Submission Required By:
ALL Property & Casualty Insurers, Life &
Health Insurers, HMOs, HMDI, AFDS and
Fraternal Benefit Societies

2011

DUE 4/1/12

Bar Code Required - Place Bar Code Here

All companies listed in the "Submission Required By..." box must file this form even if no activity occurred during the year.

Name of Company

NAIC number

Complete all columns for each line where business is reported as of December 31 of the reporting year.

Enter all monetary amounts in whole dollars. (If no activity, indicate "NONE")

The Michigan Health Insurance Enrollment, Premiums, and Losses form (FIS 0322) requests carriers provide Michigan data that tracks with the NAIC Accident and Health Policy Experience Exhibit ("AHPE Exhibit") Except as noted below, please follow the instructions and definitions for the AHPE Exhibit included in the Annual Statement Instructions for completing the FIS 0322 . If further explanation of the entered data is needed, please submit the explanation on a separate sheet with the corresponding line number identified.

Specific Michigan Instructions

- Section A** Lines 1a-1b: Separate experience for plans eligible for Health Savings Accounts (HSA) from other comprehensive major medical plans.
 Line 2: Include Short term and One-Time Limited Duration business as defined in MCL 500.2213b.
 Line 17a-17c: Separate stand alone Vision and Prescription experience from Other Individual business.
- Section B** Lines 1.1a-1.3b: As in Section A, provide experience separately for HSA-eligible and non-HSA eligible policies. In addition, separate experience for large groups between employers with 51-100 employees and 101 or greater employees.
 Lines 2a-2c: List experience separately for Small Group, Large Group 51-100 and Large Group 101+.
 Line 19a-19c: Separate stand alone Vision and Prescription experience from Other Group business.

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Lives Covered as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS							
1a Comprehensive Major Medical (With No HSA)							
1b. Comprehensive Major Medical (w/HSA)							

2. Short Term Medical/1-Time Limited Duration							
3. Other Medical (Not comprehensive)							
4. Specified/Named Disease							
5. Limited Benefit							
6. Student							
7. Accident Only or AD&D							
8. Disability Income -Short - Term							
9. Disability Income – Long-Term							
10. Long Term Care							
11. Medicare Supplement (Medigap)							
12. Dental – Stand Alone							
13. Children's Health Insurance Program (MiChild)							
14 Medicare Advantage							
15. Medicaid							
16. Medicare Part D – Stand Alone							
17a. Vision							
17b. Prescription							
17c. Other Coverage – Individual Write-In							
18. Total – Individual							
B. GROUP BUSINESS							
1.1a. Small Employer (2-50) Comprehensive (With No HSA)							
1.1b Small Employer (2-50) Comprehensive (W/HSA)							
1.2a. Large Employer (51 - 100) Comprehensive (With No HSA)							
1.2b Large Employer (51 - 100) Comprehensive (W/HSA)							
1.3a. Large Employer (101+) (With No HSA)							
1.3b Large Employer (101+) (W/HSA)							
2a. Multiple Employer							

Associations and Trusts – Small Group (2-50)							
2b. Multiple Employer Associations and Trusts – Large Group (51-100)							
2c. Multiple Employer Associations and Trusts Large Group (101 +)							
3. Other Associations and Trusts							
4. Other Comprehensive Major Medical							
5. Other Group							
6. Specified/Named Disease							
7. Limited Benefit and/or Indemnity							
8. Student							
9. Accident Only/AD&D							
10. Disability Income – Short-Term							
11. Disability Income – Long-Term							
12. Long-Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefit Plans							
15. Tricare							
16. Dental							
17. Medicare							
18. Medicare Part D – Stand Alone							
19a. Vision							
19b. Prescription							
19c. Other Coverage – Group Write-In							
20. Total - Group							
C. Other Business							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							

3. Administrative Services Only	XXX	XXX	XXX	XXX		
4. Administrative Services Contracts	XXX	XXX	XXX	XXX		
5. Total – Other						
D. Grand Total Individual, Group, and Other Business						

<p>Address questions regarding this form to:</p> <p>Policy Division Toll Free: (877) 999-6442 or Lansing Area: (517) 373-1866</p>	<p>Return completed form with your Michigan Annual Statement filing or send to this address before the due date:</p> <p>OFIR – Policy Division PO Box 30220 Lansing, MI 48909</p>
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CERTIFICATION I certify that I am an officer of the company named in this report, I have the authority to prepare and file this report, and I verified the Grand Totals in Columns 1 and 2 of this exhibit on this form equal amounts reported as Michigan business on your annual statement, as shown below.

- **Property & Casualty Statement** – Sum of Accident & Health lines 13-15 on Exhibit of Premiums & Losses (Statutory Page 14).
- **Life, Accident & Health Statement** – Line 26-Totals from the Accident and Health Insurance State Page.
- **Fraternal Statement** – Line 26-Totals from the Accident and Health Insurance State Page.
- **Health Statement** – Lines 12 and 18, Column 1 Total from the Exhibit of Premiums, Enrollment and Utilization State Page.

I have examined this report thoroughly, and it is true, complete, and correct to the best of my knowledge and belief.

Signature of Company Officer	Date Signed
Company Officer's Name – Typed or Printed	Person and Phone No. to contact regarding this report - Required
Company Officer's Title – Typed or Printed	Email address of contact regarding this report - Required

PA 218 of 1956 as amended requires filing by all insurers, HMOs and AFDS. Failure to file properly could result in a compliance action against the company.



Michigan Department of Licensing and Regulatory Affairs

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Visit OFIR online at: www.michigan.gov/ofir Phone OFIR toll-free at: 1-877-999-6442