

CARRIER NAME & NAIC #:						
Affiliated Company Name(s):						
Please refer to the Instructions to determine Net Earned Premium and for allowed exclusions.						
			Total Health Insurance Premiums			
Type of Reporting Entity	Ref to Annual Statement	Individual	Group	Stop Loss	Other	Total
Life Companies Net Premiums Earned	Page 25, NJ, Col 2 lines 24-26:					
Property & Casualty Companies Net Premiums Earned	Page 20, NJ, Col 2 lines 13, 15.1-15.4, 15.6-15.7:					
Health Companies Net Premiums Earned	Page 30. NJ line 15:					
Total Health Insurance Premium						

LESS: Allowable exclusions (below) – Please show excluded amounts in the total column only—	
Stop Loss (as defined in Net Earned Premium)	
Medicare Advantage premium from Federal Government (do not exclude Medicare Advantage premium from Insureds)	
Self-Funded Arrangements	
Accidental Death & Dismemberment	
Credit Disability	
Dental (only exclude premium on policies sold separately)	
Vision (only exclude premium on policies sold separately)	
Prescription Drug (only exclude premium on policies sold separately)	
Long Term Care	
Disability Income	
Hospital Indemnity	
Short Term Travel	
Specified Disease (Indemnity)	
Accident (Indemnity)	
Limited Benefit (Indemnity)	
Federal Employee Health Benefits Act Premium	
Other exclusion not specified (specifically refer to the Law that allows the exclusion)	
Total Deductions/Exclusions	
NET EARNED PREMIUMS	