(Company Name)

(Statement as of )

(NAIC Company Code)

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS (Gain and Loss Exhibit) Required to be filed on a Quarterly basis

	1												
Please report amounts on a quarter-to-date basis	1 Total	2 Comprehensive (Hospital & Medical)	3 Medical Only	4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-term Care	13 Other
1. Net premium income		,			-	-							
2. Change in unearned premium reserves and reserve for rate													
credit													
3. Fee-for-service (net of \$ medical expenses)		1											
4. Risk revenue													
5. Aggregate write-ins for other health care related revenues													
6. Total revenues (Lines 1 to 5)													
7. Medical/hospital benefits													
8. Other professional services													
9. Outside referrals													
10. Emergency room and out-of-area													
11. Aggregate write-ins for other medical and hospital													
12. Incentive pool and withhold adjustments													
13. Subtotal (Lines 7 to 12)													
14. Net reinsurance recoveries													
15. Total medical and hospital (Lines 13 minus 14)													
16. Claims adjustment expenses													
17. General administrative expenses													
18. Increase in reserves for accident and health contracts													
19. Total underwriting deductions (Lines 15 to 18)													
20. Net underwriting gain or (loss) ( Line 6 minus Line 19)													
DETAILS OF WRITE-INS													
0501													
0502													
0503													
0504													
0598 Summary of remaining write-ins for Line 5													
0599 Totals (Lines 0501through 0503 plus 0598)(Line 5 above)													
1101													
1102													
1103													
1198 Summary of remaining write-ins for Line 11													
1199 Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)													