

NEW JERSEY MEDICARE SUPPLEMENT UNDER 50 PLAN CARRIER MARKET SHARE REPORT

2011

This Report must be completed in accordance with the provisions of N.J.A.C. 11:4-23A et seq. and certified to by a duly authorized officer of the Carrier. Reports must be completed and returned on or before March 1 annually. *If you have any questions regarding completion of this form, please call 1-800-628-7734.*

Completed Reports for the calendar year 2010 are to be returned to:

New Jersey Medicare Supplement Under 50 Plan

c/o Pool Administrators Inc.
628 Hebron Avenue, Suite 212
Glastonbury, CT 06033

PART A. CARRIER INFORMATION

1. Carrier Name: _____

2. Carrier Address: _____

3. NAIC # (including Group #): _____

4. Is the specifically-named carrier an Affiliated Carrier: _____ yes _____ no

a. If Yes, is this Report the combined report for all Affiliated Carriers, or for the specifically Named Carrier?

_____ All Affiliated Carriers' Combined Report

_____ Specifically Named Carrier's Separate Report

b. If for all Affiliated Carriers, list the affiliated carriers and attach specifically name Carrier Reports to this Combined Report

1. _____

2. _____

3. _____

PART B. PERSONAL RESPONDENT INFORMATION

- 1. Name: *(Print or Type)*: _____
- 2. Title: _____
- 3. Telephone No. _____ Fax No. _____
- 4. Email Address _____

PART C. CERTIFICATION

I certify that the information provided in the attached Report is accurate and complete and has Been prepared in accordance with the provision of N.J.A.C. 11:4-23A, et seq.

Signature of Officer Name e & Title

Date

ALL INSURANCE CARRIERS LICENSED IN THE STATE OF NEW JERSEY MUST COMPLETE THIS FILING IN ITS ENTIRETY. IF THERE ARE ZERO PREMIUMS TO REPORT – PLEASE INDICATE “NONE” OR “ZERO” ON THE GRID PAGE (Page 3 of 3)

THANK YOU

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 24, NJ, Col 2-Total Direct Premiums Earned. line 26:					
Property & Casualty Companies Net Premiums Earned	Page 19, NJ, Col 2-Direct Premiums Earned, lines 13, 15.1-15.4, 15.6-15.7:					
Health Companies Net Premiums Earned	Page 29, NJ Col 1-Total 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)	
All Medicare Advantage premium including Part D premium	
Self-Funded Arrangements	
Accident 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	