

# Amended Explanation Page

The Company is amending certain schedules of its December 31, 2019 financial statements.





## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4818

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Company Code 16231

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	10,521	9,718	803							
2. First Quarter .....	14,308	13,068	1,240							
3. Second Quarter .....	15,433	13,870	1,563							
4. Third Quarter .....	15,004	13,439	1,565							
5. Current Year .....	14,507	12,832	1,675							
6. Current Year Member Months .....	181,516	164,074	17,442							
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	14,422	12,947	1,475							
8. Non-Physician .....	4,690	4,201	489							
9. TOTAL .....	19,112	17,148	1,964							
10. Hospital Patient Days Incurred .....	3,237	2,966	271							
11. Number of Inpatient Admissions .....	556	508	48							
12. Health Premiums Written (b) .....	63,644,850	56,492,739	7,152,111							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	63,644,850	56,492,739	7,152,111							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	58,492,146	51,632,955	6,859,191							
18. Amount Incurred for Provision of Health Care Services .....	58,459,381	51,603,586	6,855,795							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4818

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 16231

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(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

**SCHEDULE S - PART 2****Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
23680	47-0698507	01/01/2019	ODYSSEY REINS CO	CT	17,940	20,494
20087	47-0355979	10/01/2019	NATIONAL IND CO	NE	2,992,248	643,588
00000	00-0000000	01/01/2019	NEW JERSEY STATE BASED REINSURANCE	NJ	6,574,526	384,700
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					9,584,714	1,048,782
<b>Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>						
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	9,845,591	4,588,828
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					9,845,591	4,588,828
2199999 Total - Accident and Health - Non-Affiliates					19,430,305	5,637,610
2299999 Total - Accident and Health					19,430,305	5,637,610
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					9,584,714	1,048,782
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					9,845,591	4,588,828
9999999 Total (Sum of 1199999 and 2299999)					19,430,305	5,637,610

## SCHEDULE S - PART 3 - SECTION 2

### Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
23680	47-0698507	01/01/2019	ODYSSEY REINS CO	CT	SSL/I	CMM	490,190						
20087	47-0355979	01/01/2019	NATIONAL IND CO	NE	QA/I	CMM	3,983,601						
4299999 Subtotal - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates							4,473,791						
4499999 Total - Separate Accounts - Authorized - Non-Affiliates							4,473,791						
4599999 Total - Separate Accounts - Authorized							4,473,791						
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
<b>Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates</b>													
00000	AA-1320000	01/01/2018	Axa France Vie	FRA	QA/I	CMM	26,017,411						
5499999 Subtotal - Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							26,017,411						
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates							26,017,411						
5699999 Total - Separate Accounts - Unauthorized							26,017,411						
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified							30,491,202						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							4,473,791						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							26,017,411						
9999999 Total (Sum of 3499999 and 6899999)							30,491,202						

## SCHEDULE S - PART 4

### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
<b>General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>														
00000	AA-1320000	01/01/2018	Axa France Vie		14,434,419	177,570	14,611,989							
2099999 Subtotal - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					14,434,419	177,570	14,611,989		X X X					
2199999 Total - General Account - Accident and Health - Non-Affiliates					14,434,419	177,570	14,611,989		X X X					
2299999 Total - General Account - Accident and Health					14,434,419	177,570	14,611,989		X X X					
2399999 Total - General Account					14,434,419	177,570	14,611,989		X X X					
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									X X X					
3099999 Total - Separate Accounts - Affiliates									X X X					
3499999 Total - Separate Accounts									X X X					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					14,434,419	177,570	14,611,989		X X X					
9999999 Total (Sum of 2399999 and 3499999)					14,434,419	177,570	14,611,989		X X X					

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....	.....	.....	.....	.....

**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(\$000 Omitted)**

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	30,491	17,419			
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	19,430	8,525			
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....		2,199			
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					



## SCHEDULE S - PART 7

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	16,811,172		16,811,172
2. Accident and health premiums due and unpaid (Line 15) .....	199,985		199,985
3. Amounts recoverable from reinsurers (Line 16.1) .....	19,430,305	(19,430,305)	
4. Net credit for ceded reinsurance .....	X X X	(29,035,602)	(29,035,602)
5. All other admitted assets (Balance) .....	4,803,421		4,803,421
6. TOTAL Assets (Line 28) .....	41,244,883	(48,465,907)	(7,221,024)
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	5,273,002	5,637,610	10,910,612
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	1,542,180		1,542,180
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	27,431,698	(15,242,907)	12,188,791
15. TOTAL Liabilities (Line 24) .....	34,246,880	(9,605,297)	24,641,583
16. TOTAL Capital and Surplus (Line 33) .....	6,998,003	X X X	6,998,003
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	41,244,883	(9,605,297)	31,639,586
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	5,637,610		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....	(19,430,305)		
23. TOTAL Ceded Reinsurance Recoverables .....	(13,792,695)		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....	15,242,907		
30. TOTAL Ceded Reinsurance Payables/Offsets .....	15,242,907		
31. TOTAL Net Credit for Ceded Reinsurance .....	(29,035,602)		