

CY2016 Life & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes

Scope Period: January 1, 2016 through December 31, 2016

If you need any assistance during the filing process,
please contact the Office at:

GAPReporting@flor.com



FLORIDA OFFICE OF
INSURANCE REGULATION

Reports are due no later than Monday, April 3, 2017 at 11:59pm

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The Florida Office of Insurance Regulation (Office) is conducting an examination of the Florida Life, Accident & Health market pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes. This communication is being sent to your company's last GAP filer and the company financial statement contact.

Compliance reports are to be submitted on an individual company basis. Group reports will not be accepted.

The items indicated below are to be submitted to the Office no later than 11:59 PM ET, April 3, 2017.

Additionally, the following item is required to be included in your company's submission:

- Your company's submission must contain a Notarized Affidavit, signed by a company officer, stating the information provided is true and correct.

Please note: Additional underlying documentation shall be available upon request of the Office.

The Data Collection and Analysis Modules (DCAM) application located at <https://apps.fldfs.com/DCAM/Logon.aspx> is required to be used to submit your data.

The required data reporting template may be downloaded from within DCAM beginning, January 1, 2017.

The user's guide for DCAM is located at <https://apps.fldfs.com/DCAM/Help/DCAMUserGuide.pdf>.

Changes to this year's template:

- Tabs *GAP_1386* and *GAP_Supplemental* have been removed.
- Added tab *Life Annuity* that collects information on life insurance and annuity business for the calendar year (see detailed instructions).
- Tab *GAP_1094*:
 - Combined *In-State* and *Out-of-State* for *Grandfathered* and *Transitional Major Medical* segments.
 - Combined lines 17-19 (*Accident Only, Accidental Death & Dismemberment, and Blanket Accident/Sickness*) from the previous year's template into one line (2) under *Other Accident & Health Coverages*.
 - Line 23 from last year's template (*Hospital Indemnity*) has been merged into the *Limited Benefit* segment on line 8 under *Other Accident & Health Coverages*.
 - Line 17 now includes as *Other: Prepaid Health Services* not listed above (including *ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services*), *Champus/Tricare Supplement, Travel, and Student coverages*
 - Line 18 now includes *HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Health Healthy Kids, Florida Health Flex Plans, self-insured business. Do Not Include: credit (group and individual), or credit A&H (group and individual)*

Required Filers and General Reporting Definitions

Section 624.316, F.S., authorizes the Office of Insurance Regulation (the "Office") to examine all insurers regarding "affairs, transactions, accounts, records, and assets." Section 627.9175, F.S., reads, in part, "Each health insurer, prepaid limited health services organization, and health maintenance organization shall submit, no later than April 1 of each year, to the office information concerning health and accident insurance coverage and medical plans being marketed and currently in force in this state."

The required filers include the following Florida Certification of Authority Categories:

- (1) FRATERNAL BENEFIT SOCIETY
- (2) PROPERTY AND CASUALTY INSURER
- (3) HEALTH MAINTENANCE ORGANIZATION (HMO)
- (4) PRE-PAID LIMITED HEALTH SERVICE ORGANIZATION
- (5) LIFE AND HEALTH INSURER

having one or more of the following Florida Lines of Business active during the calendar reporting year:

- a. FRATERNAL HEALTH
- b. ACCIDENT AND HEALTH
- c. DENTAL SERVICE PLAN CORPORATION (PREPAID DENTAL)
- d. AMBULANCE SERVICE
- e. OPTOMETRIC SERVICES
- f. PHARMACEUTICAL SERVICES
- g. HEALTH MAINTENANCE ORGANIZATIONS
- h. PREPAID LIMITED HEALTH SERVICE ORGANIZATION
- i. MENTAL HEALTH SERVICES
- j. SUBSTANCE ABUSE SERVICES
- k. CHIROPRACTIC SERVICES
- l. PODIATRIC CARE SERVICES
- m. MISC. - PLHSO
- n. LIFE
- o. VARIABLE ANNUITIES
- p. GROUP LIFE AND ANNUITIES
- q. VARIABLE LIFE
- r. FRATERNAL LIFE

The electronic filing via the Industry Portal (<https://iportal.fldfs.com>) of this information is required pursuant to Section 627.316, F.S., and Rules 690-137.004 and 690-154.112(3), Florida Administrative Code.

Specific instructions on the use of the Industry Portal's Data Reporting module are available upon request from

GAPReporting@flor.com

"NO DATA FILING" is to be used if the reporting entity had

- **no direct Florida health premiums (written or earned) during the calendar reporting year**
- **no direct Florida health losses incurred during the calendar reporting year**
- **no enrolled Florida resident groups or primary insureds as of December 31st of the calendar reporting year.**
- **no life insurance policies or annuity contracts in force in the State of Florida as of December 31st of the calendar reporting year.**

"DATA FILING" is to be used by all other reporting entities. The data template contained in this category includes:

- (1) *Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents, OIR-B2-1094*
- (2) *Report of Life Insurance and Annuity business in the State of Florida under the Life Annuity tab*

IF YOU HAVE ADDITIONAL QUESTIONS CONTACT THE MARKET DATA COLLECTION SECTION AT 850-413-3147 OR EMAIL TO:

GAPReporting@flor.com

Section A: Contact Information Please provide company and individual contact information on this worksheet		VALIDATION CHECKS
		Required Data Field Complete?
Reporting Period - Year	CY2016	TRUE
Please provide the name of the individual responsible for the coordination and submission of the requested Premium and Enrollment information		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC Code? (Enter five zeroes if none)		FALSE
What is the Florida Company Code?		FALSE
What is the Company's FEIN?		FALSE
What is the State of domicile?		FALSE
Consumer Information Website		FALSE

Section B: To be completed by all carriers		TOTAL DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED	RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED (AUTO-CALCULATION)	WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS (AUTO-CALCULATION)	EMPLOYERS/ GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY	PRIMARY ENROLLEES AT END OF REPORTING CY	COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSURED AT END OF REPORTING CY	COVERED LIVES AT END OF REPORTING CY (AUTO-CALCULATION)	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS	VALIDATION CHECKS
ACA Major Medical and/or Hospital/Surgical/Medical Expense -- On Exchange Only													
1.A	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
3.A	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.A	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.A	51-100 Member Groups										0		FALSE
6.A	101+ Member Groups (FS 627.652)										0		FALSE
7.A	Conversion										0		FALSE
ACA Major Medical and/or Hospital/Surgical/Medical Expense -- Off Exchange													
1.B	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
3.B	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.B	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.B	51-100 Member Groups										0		FALSE
6.B	101+ Member Groups (FS 627.652)										0		FALSE
7.B	Conversion										0		FALSE
Grandfathered Major Medical and/or Hospital/Surgical/Medical Expense (In-State and Out-of-State)													
1.G	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
2.G	Individually Underwritten										0		FALSE
3.G	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.G	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.G	51-100 Member Groups										0		FALSE
6.G	101+ Member Groups (FS 627.652)										0		FALSE
7.G	Conversion										0		FALSE
Transitional Major Medical and/or Hospital/Surgical/Medical Expense (In-State and Out-of-State)													
1.T	Guarantee Issue (HIPAA, FS 627.6487(3))										0		FALSE
2.T	Individually Underwritten										0		FALSE
3.T	Self-Employed or Sole Proprietor (FS 627.6699)										0		FALSE
4.T	2 - 50 Member Groups (FS 627.6699)										0		FALSE
5.T	51-100 Member Groups										0		FALSE
6.T	101+ Member Groups (FS 627.652)										0		FALSE
7.T	Conversion										0		FALSE
Total Major Medical		\$0	\$0			\$0		0	0	0	0	0	
OTHER ACCIDENT and HEALTH COVERAGES													
8	Administrative Services Only (ASO) (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only"; report lives in categories shown)										0		FALSE
9	Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness										0		FALSE
10	Dental										0		FALSE
11	Prescription Drug										0		FALSE
12	Vision										0		FALSE
13	Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term)										0		FALSE

Section B: To be completed by all carriers		TOTAL DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED	RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED (AUTO-CALCULATION)	WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS (AUTO-CALCULATION)	EMPLOYERS/ GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY	PRIMARY ENROLLEES AT END OF REPORTING CY	COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY	COVERED LIVES AT END OF REPORTING CY (AUTO-CALCULATION)	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS	VALIDATION CHECKS
14	Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan)										0		FALSE
15	Limited Benefit (includes Hospital Indemnity, Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)										0		FALSE
Long-Term Care													
16	Long Term Care-Comprehensive (includes all forms that may be made comprehensive through rider selection and any extension of benefit riders providing comprehensive benefits)										0		FALSE
17	Long Term Care-Facility Only (includes any extension of benefit riders providing facility only benefits)										0		FALSE
18	Long Term Care-Non-Facility Only (includes any extension of benefit riders providing non-facility only benefits)										0		FALSE
Total Long-Term Care (auto-calculation)		\$0	\$0 Not Applicable			\$0 Not Applicable		0	0	0	0		TRUE
19	Long Term Care-Accelerated Benefit Rider (includes all those attached to life or annuity products)										0		FALSE
20	Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care)										0		FALSE
21	Medicare Supplement										0		FALSE
22	Medicare Advantage (Medicare+Choice)										0		FALSE
23	Other - Includes Prepaid Health Services not listed above (including ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services), Champus/Tricare Supplement, Travel, Student coverages										0		FALSE
24	Misc. - On this line include the following: HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business Do Not Include: credit (group and individual), or credit A&H (group and individual)										0		FALSE
RECONCILIATION													
25	Accident and Health Insurance Premiums and Losses, Including Policy Membership and Other Fees as reported to the Office in Annual Financial Statement										0		FALSE
26	Auto Calculation of Total of lines 1-24 (If "Total Direct Premiums Earned" and/or "Direct Losses Incurred" are different from line 25, address this issue by uploading an explanatory letter addressed to the Office via the "Explanatory Information" function in "Filing Component List" section)	\$0	\$0 Not Applicable						0	0	0		TRUE

Life Insurance & Annuities		Life Insurance										Annuities						Totals(Life and Annuity) (Auto-Calculated)	Validation Checks Required Data Fields Complete?		
		Term Life				Universal Life			Whole Life & Other			Fixed Annuities			Variable Annuities					Total (Auto-Calculated)	
NAIC Line Number	Line Description	Annual Renewable Term	Level Premium Term	Credit/Decreasing Term	Group Term	Fixed UL	Indexed UL	Variable UL	Whole Life	Variable Life	Industrial Policies	Total (Auto-Calculated)	Fixed Deferred Non-Qualified Annuity	Fixed Deferred Qualified Annuity	Fixed Immediate Annuity	Variable Deferred Non-Qualified Annuity	Variable Deferred Qualified Annuity	Variable Immediate Annuity	Total (Auto-Calculated)		(Auto-Calculated)
From Life Insurance Part 1:																					
1	Life insurance											0							0	0	False
2	Annuity considerations											0							0	0	False
3	Deposit-type contract funds											0							0	0	False
4	Other considerations											0							0	0	False
5	Totals (direct premiums and annuity considerations)											0							0	0	False
6.1	Paid in cash or left on deposit (direct dividends to policyholders - life insurance)											0							0	0	False
6.2	Applied to pay renewal premiums (direct dividends to policyholders - life insurance)											0							0	0	False
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period (direct dividends to policyholders)											0							0	0	False
6.4	Other life insurance (direct dividends to policyholders)											0							0	0	False
6.5	Totals (direct dividends to policyholders)											0							0	0	False
7.1	Paid in cash or left on deposit (annuities)											0							0	0	False
7.2	Applied to provide paid-up annuities (annuities)											0							0	0	False
7.3	Other (annuities - direct dividends to policyholders)											0							0	0	False
7.4	Totals (annuities - direct dividends to policyholders)											0							0	0	False
8	Grand totals (direct dividends to policyholders)											0							0	0	False
9	Death benefits (direct claims and benefits paid)											0							0	0	False
10	Matured endowments (direct claims and benefits paid)											0							0	0	False
11	Annuity benefits (direct claims and benefits paid)											0							0	0	False
12	Surrender values and withdrawals for life contracts (direct claims and benefits paid)											0							0	0	False
13	Aggregate write-ins for miscellaneous direct claims and benefits paid (direct claims and benefits paid)											0							0	0	False
14	All other benefits, except accident and health (direct claims and benefits paid)											0							0	0	False
15	Totals (direct claims and benefits paid)											0							0	0	False
From Life Insurance Part 2: (The following eight lines are broken down by (.a) being the amount and (.b) being the number of policies)																					
20	In force December 31, prior year (Amount)											0							0	0	False
20.1	In force December 31, prior year (Number of Policies)											0							0	0	False
21	Issued during year (Amount)											0							0	0	False
21.1	Issued during year (Number of Policies)											0							0	0	False
22	Other changes to in-force (Net) (Amount)											0							0	0	False
22.1	Other changes to in-force (Net) (Number of Policies)											0							0	0	False
23	In force December 31 of current year (Amount)											0							0	0	False
23.1	In force December 31 of current year (Number of Policies)											0							0	0	False
Line Numbers below do not map to the NAIC Blanks																					
100	New Issue Single Premium (Amount)											0							0	0	False
101	New Issue Single Premium (Number of Policies)											0							0	0	False
102	New Issue Resulting from Replacements (Amount)											0							0	0	False
103	New Issue Resulting from Replacements (Number of Policies)											0							0	0	False
104	New Issue Resulting from Conversions (Amount)											0							0	0	False
105	New Issue Resulting from Conversions (Number of Policies)											0							0	0	False
106	Lapses During the Year (Amount)											0							0	0	False
107	Lapses During the Year (Number of Policies)											0							0	0	False
108	Expired During the Year (Amount)											0							0	0	False
109	Expired During the Year (Number of Policies)											0							0	0	False
110	Surrenders Paid During the Year (Amount)											0							0	0	False
111	Surrenders Paid During the Year (Number of Policies)											0							0	0	False
112	Number of Policies where Insurance was Increased During the Year											0							0	0	False
113	Number of Policies where Insurance was Decreased During the Year											0							0	0	False
114	Total Covered Lives (including riders)											0							0	0	False