

**Cabinet for Health and Family Services  
Office of Health Data and Analytics**

**Supporting Insurer's and Stop-Loss Carrier's Quarterly Report**  
*(Due to KYAccess@ky.gov Within Thirty Days After The End Of Each Calendar Quarter)*

Insurer/Carrier: \_\_\_\_\_ Federal Tax Id. No.: \_\_\_\_\_  
D/B/A: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ Street: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
NAIC No: \_\_\_\_\_ NAIC Group No.: \_\_\_\_\_  
Phone: (Area Code) \_\_\_\_\_ Fax: (Area Code) \_\_\_\_\_  
Toll Free No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Position Title: \_\_\_\_\_

**Note:** *Include information pertaining to health benefit plans. Exclude information pertaining to employees of the Commonwealth of KY, Medicare beneficiaries, Medicaid recipients, and CHAMPUS insureds.*

REPORTING PERIOD: Year: \_\_\_\_\_ (check one) Qrt: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

TYPE OF INSURER: (Check Both if Applicable) Supporting: \_\_\_\_\_ Stop-Loss Carrier: \_\_\_\_\_

TOTAL STOP-LOSS HEALTH INSURANCE PREMIUMS EARNED FOR THIS QUARTER: \$ \_\_\_\_\_

TOTAL NUMBER OF HEALTH BENEFIT POLICIES IN FORCE BY MARKET TYPE AT THE END OF THIS REPORTING QUARTER: ( Exclude Stop-Loss Policies)

Individual	_____	Small Group	_____
Large Group	_____	Association	_____
Employer Organized Association	_____		

TOTAL HEALTH BENEFIT PREMIUMS EARNED DURING THIS REPORTING QUARTER:

(Exclude Stop-Loss Premiums): \$ \_\_\_\_\_

TOTAL HEALTH BENEFIT PREMIUMS EARNED BY THE FOLLOWING MARKET TYPES DURING THIS REPORTING QUARTER: (Exclude Stop-Loss Premiums): (The sum of the following Health Benefit Premiums earned by market type must equal the amount reported above for Total Health Benefit Premiums):

Individual:	\$ _____	Small Group:	\$ _____
Large Group:	\$ _____	Association:	\$ _____
Employer Organized Association:	\$ _____		

I, _____, certify the accuracy and validity of the information contained in this report. <i>Please Print</i>		
_____	_____	_____
(Date)	(Signature)	(Position Title)