



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

Merit Health Insurance Company

NAIC Group Code 01260 , 01260 NAIC Company Code 18750 Employer's ID Number 36-3856181
(Current Period) (Prior Period)

Organized under the Laws of Illinois , State of Domicile or Port of Entry Illinois
 Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 11/23/1992 Commenced Business 01/08/1993

Statutory Home Office 5215 Old Orchard Road, Suite 600 , Skokie, IL, US 60077
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 5215 Old Orchard Road, Suite 600
(Street and Number)
Skokie, IL, US 60077 224-935-9809
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 5215 Old Orchard Road, Suite 600 , Skokie, IL, US 60077
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 14100 Magellan Plaza
(Street and Number)
Maryland Heights, MO, US 63043 , 314-387-5006
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact David P. Kunz , 314-387-5006
(Name) (Area Code) (Telephone Number) (Extension)
dpkunz@magellanhealth.com 314-387-5407
(E-Mail Address) (Fax Number)

OFFICERS

<u>Mostafa Kamal</u> , <u>President</u>	<u>Andrew Mark Cummings</u> , <u>Secretary</u>
<u>Jeffrey Nelson West</u> , <u>Treasurer</u>	

OTHER OFFICERS

<u>Linton Clarke Newlin</u> , <u>Vice-President</u>	<u>Michael Patrick McQuillen</u> , <u>Assistant Secretary</u>
<u>John DiBernardi</u> , <u>Assistant Secretary</u>	<u>Sanjeev Srivastava</u> , <u>Vice-President</u>
<u>Anne McCabe</u> , <u>Vice-President</u>	

DIRECTORS OR TRUSTEES

<u>Mostafa Kamal</u> , <u>Michael Vallino</u> , <u>Julie Ann Billingsley</u> , <u>Jeffrey Nelson West</u>
<u>Barry Smith</u> , <u>Sanjeev Srivastava</u> , <u>Sakib Hassan #</u> , <u>Daniel Gregoire</u>

State of
 County of

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mostafa Kamal
 President

Andrew Mark Cummings
 Secretary

Jeffrey Nelson West
 Treasurer

Subscribed and sworn to before me this
 day of _____,

- a. Is this an original filing? Yes [] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables		29,190,665		45,776,937	.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	0	29,190,665	0	45,776,937	0	0

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	0	.0.0	0	.0
Other Payments:						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments	4,910,320	.8.8	XXX	XXX		4,910,320
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments	50,861,994	.91.2	XXX	XXX		50,861,994
12. Total other payments	55,772,314	100.0	XXX	XXX	0	55,772,314
13. Total (Line 4 plus Line 12)	55,772,314	100 %	XXX	XXX	0	55,772,314

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,511									1,511
3. Second Quarter	1,754									1,754
4. Third Quarter	1,853									1,853
5. Current Year	1,915									1,915
6. Current Year Member Months	21,017									21,017
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,825,608									1,825,608
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,825,608									1,825,608
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,314,202									1,314,202
18. Amount Incurred for Provision of Health Care Services	1,314,202									1,314,202

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,825,608

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2016

NAIC Company Code

18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	2,083									2,083
3. Second Quarter	2,615									2,615
4. Third Quarter	3,160									3,160
5. Current Year	3,508									3,508
6. Current Year Member Months	31,906									31,906
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,364,560									2,364,560
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,364,560									2,364,560
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,908,804									1,908,804
18. Amount Incurred for Provision of Health Care Services	1,908,804									1,908,804

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,364,560

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	953									953
3. Second Quarter	1,084									1,084
4. Third Quarter	1,142									1,142
5. Current Year	1,182									1,182
6. Current Year Member Months	12,962									12,962
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,065,335									1,065,335
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,065,335									1,065,335
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	889,373									889,373
18. Amount Incurred for Provision of Health Care Services	889,373									889,373

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,065,335

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	565									565
3. Second Quarter	686									686
4. Third Quarter	758									758
5. Current Year	785									785
6. Current Year Member Months	8,286									8,286
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	694,458									694,458
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	694,458									694,458
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	880,978									880,978
18. Amount Incurred for Provision of Health Care Services	880,978									880,978

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$694,458

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	282									282
3. Second Quarter	392									392
4. Third Quarter	480									480
5. Current Year	568									568
6. Current Year Member Months	4,868									4,868
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	445,517									445,517
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	445,517									445,517
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	386,919									386,919
18. Amount Incurred for Provision of Health Care Services	386,919									386,919

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$445,517

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	321									321	
3. Second Quarter	431									431	
4. Third Quarter	565									565	
5. Current Year	687									687	
6. Current Year Member Months	5,544									5,544	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	546,463									546,463	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	546,463									546,463	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	558,600									558,600	
18. Amount Incurred for Provision of Health Care Services	558,600									558,600	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$546,463

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,864									1,864
3. Second Quarter	2,131									2,131
4. Third Quarter	2,241									2,241
5. Current Year	2,348									2,348
6. Current Year Member Months	25,510									25,510
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,066,973									2,066,973
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,066,973									2,066,973
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,021,484									2,021,484
18. Amount Incurred for Provision of Health Care Services	2,021,484									2,021,484

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,066,973

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2016

NAIC Company Code

18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	219									219
3. Second Quarter	263									263
4. Third Quarter	274									274
5. Current Year	297									297
6. Current Year Member Months	3,125									3,125
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	255,374									255,374
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	255,374									255,374
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	256,500									256,500
18. Amount Incurred for Provision of Health Care Services	256,500									256,500

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$255,374

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,621									1,621
3. Second Quarter	1,821									1,821
4. Third Quarter	1,932									1,932
5. Current Year	2,016									2,016
6. Current Year Member Months	22,002									22,002
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,926,710									1,926,710
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,926,710									1,926,710
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,040,220									2,040,220
18. Amount Incurred for Provision of Health Care Services	2,040,220									2,040,220

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,926,710

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,152									1,152
3. Second Quarter	1,342									1,342
4. Third Quarter	1,410									1,410
5. Current Year	1,475									1,475
6. Current Year Member Months	15,960									15,960
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,372,485									1,372,485
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,372,485									1,372,485
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,572,413									1,572,413
18. Amount Incurred for Provision of Health Care Services	1,572,413									1,572,413

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,372,485

30.IN



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	501									501
3. Second Quarter	549									549
4. Third Quarter	573									573
5. Current Year	623									623
6. Current Year Member Months	6,737									6,737
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	675,744									675,744
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	675,744									675,744
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	721,966									721,966
18. Amount Incurred for Provision of Health Care Services	721,966									721,966

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$675,744

30.1A



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,085									1,085
3. Second Quarter	1,241									1,241
4. Third Quarter	1,333									1,333
5. Current Year	1,406									1,406
6. Current Year Member Months	15,063									15,063
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,363,479									1,363,479
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,363,479									1,363,479
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	932,104									932,104
18. Amount Incurred for Provision of Health Care Services	932,104									932,104

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,363,479

30.KY



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,422								4,422	
2. First Quarter	700									700
3. Second Quarter	874									874
4. Third Quarter	940									940
5. Current Year	998									998
6. Current Year Member Months	10,457									10,457
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	941,699									941,699
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	925,110								(16,589)	941,699
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,208,014								4,910,321	1,297,693
18. Amount Incurred for Provision of Health Care Services	(2,162,031)								(3,459,724)	1,297,693

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$941,699

30.LA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	492									492
3. Second Quarter	725									725
4. Third Quarter	963									963
5. Current Year	1,108									1,108
6. Current Year Member Months	9,117									9,117
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	760,182									760,182
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	760,182									760,182
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	535,348									535,348
18. Amount Incurred for Provision of Health Care Services	535,348									535,348

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$760,182

30.ME



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,995									1,995
3. Second Quarter	2,661									2,661
4. Third Quarter	3,266									3,266
5. Current Year	3,789									3,789
6. Current Year Member Months	32,985									32,985
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,813,945									2,813,945
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,813,945									2,813,945
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,280,450									2,280,450
18. Amount Incurred for Provision of Health Care Services	2,280,450									2,280,450

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,813,945

30.MD



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,140									1,140
3. Second Quarter	1,411									1,411
4. Third Quarter	1,568									1,568
5. Current Year	1,686									1,686
6. Current Year Member Months	17,179									17,179
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,882,979									1,882,979
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,882,979									1,882,979
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,697,394									1,697,394
18. Amount Incurred for Provision of Health Care Services	1,697,394									1,697,394

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,882,979

30.MI



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2016

NAIC Company Code

18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	339									339
3. Second Quarter	330									330
4. Third Quarter	361									361
5. Current Year	380									380
6. Current Year Member Months	4,055									4,055
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	444,102									444,102
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	444,102									444,102
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	464,461									464,461
18. Amount Incurred for Provision of Health Care Services	464,461									464,461

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$444,102

30.MN



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	553									553
3. Second Quarter	612									612
4. Third Quarter	680									680
5. Current Year	711									711
6. Current Year Member Months	7,555									7,555
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	856,677									856,677
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	856,677									856,677
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,177,506									1,177,506
18. Amount Incurred for Provision of Health Care Services	1,177,506									1,177,506

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$856,677

30.MO



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	154									154
3. Second Quarter	172									172
4. Third Quarter	187									187
5. Current Year	205									205
6. Current Year Member Months	2,217									2,217
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	216,273									216,273
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	216,273									216,273
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	204,571									204,571
18. Amount Incurred for Provision of Health Care Services	204,571									204,571

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$216,273

30.MT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	421									421
3. Second Quarter	452									452
4. Third Quarter	460									460
5. Current Year	488									488
6. Current Year Member Months	5,527									5,527
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	488,443									488,443
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	488,443									488,443
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	319,485									319,485
18. Amount Incurred for Provision of Health Care Services	319,485									319,485

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$488,443

30.NE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	469									469	
3. Second Quarter	681									681	
4. Third Quarter	825									825	
5. Current Year	934									934	
6. Current Year Member Months	8,226									8,226	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	681,163									681,163	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	681,163									681,163	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	646,401									646,401	
18. Amount Incurred for Provision of Health Care Services	646,401									646,401	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$681,163

30.NH



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	114									114	
3. Second Quarter	153									153	
4. Third Quarter	169									169	
5. Current Year	179									179	
6. Current Year Member Months	1,817									1,817	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	134,978									134,978	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	134,978									134,978	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	189,310									189,310	
18. Amount Incurred for Provision of Health Care Services	189,310									189,310	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$134,978

30.NM



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	8,863									8,863
3. Second Quarter	11,266									11,266
4. Third Quarter	13,638									13,638
5. Current Year	15,669									15,669
6. Current Year Member Months	136,862									136,862
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,795,737									12,795,737
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	12,795,737									12,795,737
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,011,483									11,011,483
18. Amount Incurred for Provision of Health Care Services	11,011,483									11,011,483

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,795,737

30.NY



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	2,688									2,688	
3. Second Quarter	3,023									3,023	
4. Third Quarter	3,186									3,186	
5. Current Year	3,551									3,551	
6. Current Year Member Months	36,259									36,259	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	3,239,641									3,239,641	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	3,239,641									3,239,641	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	2,833,390									2,833,390	
18. Amount Incurred for Provision of Health Care Services	2,833,390									2,833,390	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,239,641

30.NC



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	124									124	
3. Second Quarter	131									131	
4. Third Quarter	139									139	
5. Current Year	153									153	
6. Current Year Member Months	1,724									1,724	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	176,236									176,236	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	176,236									176,236	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	97,282									97,282	
18. Amount Incurred for Provision of Health Care Services	97,282									97,282	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$176,236

30.ND



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

30.OK

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	1,091									1,091	
3. Second Quarter	1,359									1,359	
4. Third Quarter	1,495									1,495	
5. Current Year	1,623									1,623	
6. Current Year Member Months	16,384									16,384	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,467,602									1,467,602	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,467,602									1,467,602	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,554,951									1,554,951	
18. Amount Incurred for Provision of Health Care Services	1,554,951									1,554,951	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,467,602

30.PA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2016

NAIC Company Code

18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.SC



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	167									167
3. Second Quarter	180									180
4. Third Quarter	181									181
5. Current Year	204									204
6. Current Year Member Months	2,274									2,274
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	219,991									219,991
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	219,991									219,991
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	329,286									329,286
18. Amount Incurred for Provision of Health Care Services	329,286									329,286

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$329,286

30.SD



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1,663									1,663
3. Second Quarter	1,940									1,940
4. Third Quarter	2,059									2,059
5. Current Year	2,175									2,175
6. Current Year Member Months	23,155									23,155
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,982,782									1,982,782
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,982,782									1,982,782
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,078,575									2,078,575
18. Amount Incurred for Provision of Health Care Services	2,078,575									2,078,575

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,982,782

30.TN



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	2,999									2,999	
3. Second Quarter	3,823									3,823	
4. Third Quarter	4,166									4,166	
5. Current Year	4,446									4,446	
6. Current Year Member Months	45,552									45,552	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	3,951,948									3,951,948	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	3,951,948									3,951,948	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,199,054									4,199,054	
18. Amount Incurred for Provision of Health Care Services	4,199,054									4,199,054	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,951,948

30.TX



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	182									182
3. Second Quarter	218									218
4. Third Quarter	219									219
5. Current Year	239									239
6. Current Year Member Months	2,582									2,582
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	245,454									245,454
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	245,454									245,454
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	217,691									217,691
18. Amount Incurred for Provision of Health Care Services	217,691									217,691

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$245,454

30.UT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.VT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	5,489									5,489
3. Second Quarter	6,363									6,363
4. Third Quarter	6,976									6,976
5. Current Year	7,836									7,836
6. Current Year Member Months	77,075									77,075
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7,058,024									7,058,024
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	7,058,024									7,058,024
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,845,524									5,845,524
18. Amount Incurred for Provision of Health Care Services	5,845,524									5,845,524

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,058,024

30.VA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	340									340
3. Second Quarter	401									401
4. Third Quarter	434									434
5. Current Year	477									477
6. Current Year Member Months	4,934									4,934
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	498,798									498,798
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	498,798									498,798
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	363,016									363,016
18. Amount Incurred for Provision of Health Care Services	363,016									363,016

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$498,798

30.WV



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2016

NAIC Company Code

18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

30.WI

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code 01260

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2016

NAIC Company Code 18750

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									0
3. Second Quarter	1									1
4. Third Quarter	80									80
5. Current Year	15									15
6. Current Year Member Months	124									124
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	12,673									12,673
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	12,673									12,673
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	35,561									35,561
18. Amount Incurred for Provision of Health Care Services	35,561									35,561

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,673

30.WY



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Merit Health Insurance Company

2.

(LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2016						NAIC Company Code	18750
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	4,422	0	0	0	0	0	0	0	4,422	0	
2. First Quarter	42,140	0	0	0	0	0	0	0	0	42,140	
3. Second Quarter	51,085	0	0	0	0	0	0	0	0	51,085	
4. Third Quarter	57,713	0	0	0	0	0	0	0	0	57,713	
5. Current Year	63,676	0	0	0	0	0	0	0	0	63,676	
6. Current Year Member Months	619,040	0	0	0	0	0	0	0	0	619,040	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	55,472,032	0	0	0	0	0	0	0	0	55,472,032	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	55,455,444	0	0	0	0	0	0	0	(16,589)	55,472,032	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	55,772,315	0	0	0	0	0	0	0	4,910,321	50,861,994	
18. Amount Incurred for Provision of Health Care Services	47,402,270	0	0	0	0	0	0	0	(3,459,724)	50,861,994	

(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 \$ 55,581,327

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	22,528,489		22,528,489
2. Accident and health premiums due and unpaid (Line 15).....	2,238,190		2,238,190
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	122,188,451		122,188,451
6. Total assets (Line 28)	146,955,129	0	146,955,129
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	843,480	0	843,480
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	87,827,793		87,827,793
15. Total liabilities (Line 24).....	88,671,272	0	88,671,272
16. Total capital and surplus (Line 33).....	58,283,857	XXX	58,283,857
17. Total liabilities, capital and surplus (Line 34)	146,955,130	0	146,955,130
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
					.0000019411	NASDAQ	Magellan Health, Inc. Magellan Pharmacy Services, Inc. Magellan Behavioral Health of New Jersey, LLC		UIP	Stockholders	Ownership	100.0	Magellan Health, Inc.	N	1
01260	Magellan Health, Inc.	12632	52-2310906					NJ	NIA	Magellan Health, Inc. Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
									IA	Magellan Behavioral Health of New Jersey, LLC	Ownership	100.0	Magellan Health, Inc.	N	0
									UDP	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	47019	23-2759528				Magellan Healthcare, Inc. Merit Behavioral Care Corporation Magellan Behavioral Health of Pennsylvania, Inc.		NIA	Magellan Healthcare, Inc. Merit Behavioral Care Corporation	Ownership	100.0	Magellan Health, Inc.	N	0
								PA	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	18750	36-3856181				Merit Health Insurance Company	IL	RE	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	97292	57-0724249				Magellan Life Insurance Company	DE	DS	Magellan Life Insurance Company	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	14447	45-4229574				Florida MHS, Inc.	FL	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	14441	46-0856929				Magellan Behavioral Health of Nebraska, Inc. Magellan Health Services of Arizona, Inc.		NE	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
									NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	14641	45-5337737				Magellan Complete Care of Arizona, Inc.	AZ	IA	Magellan Health Services of Arizona, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
							AlphaCare Holdings, Inc.		NIA	Magellan Healthcare, Inc.	Ownership	84.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	15280	38-3889400				AlphaCare of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	84.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	15550	46-4188169				Magellan Complete Care of Louisiana, Inc.	LA	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	15681	47-1084674				Magellan Complete Care of Nebraska, Inc.	NE	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	16043	81-0983027				Magellan Complete Care of Virginia, LLC	VA	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
01260	Magellan Health, Inc.	15924	46-4457706				Magellan Complete Care of Pennsylvania, Inc.	PA	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	0
												0.0			0
												0.0			0
												0.0			0

41

Asterisk	Explanation
1	From time to time, BlackRock, Inc. and its affiliates have owned 10% or more of the stock of Magellan Health, Inc. The Company believes that BlackRock has filed disclaimers of control with respect to any such ownership.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	58-1076937	Magellan Health, Inc.					6,826,303				6,826,303	
	52-2135463	Magellan Healthcare, Inc.					98,200				98,200	
18750	36-3856181	Merit Health Insurance Company	4,500,000				(11,294,996)				(6,794,996)	
97292	57-0724249	Magellan Life Insurance Company	(4,500,000)								(4,500,000)	
	46-3708039	Magellan Rx					4,370,493				4,370,493	
											0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | <u>Responses</u> |
|---|------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

- | | |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? |YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|---------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |YES..... |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |SEE EXPLANATION..... |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |YES..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |SEE EXPLANATION..... |

APRIL FILING

- | | |
|--|---------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |YES..... |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |NO..... |

AUGUST FILING

- | | |
|--|---------------------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |SEE EXPLANATION..... |
|--|---------------------------|

Explanation:

11.

13.

14. Merit Health Insurance Company has less than 100 stockholders, thus this filing is not required.

15.

16.

18. Merit Health Insurance Company is not requesting relief related to the 5-year rotation requirement.

19. Merit Health Insurance Company is not requesting relief related to the one-year cooling off period for independent CPAs.

20. Merit Health Insurance Company is not requesting relief related to the audit committee requirement.

21.

23.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24.

25.

26. Merit Health Insurance Company's premiums are less than \$500 million, thus this filing is not required.

Bar code:

11. 
1 8 7 5 0 2 0 1 6 3 6 0 5 9 0 0 0

13. 
1 8 7 5 0 2 0 1 6 2 0 7 0 0 0 0 0

15. 
1 8 7 5 0 2 0 1 6 3 7 1 0 0 0 0 0

16. 
1 8 7 5 0 2 0 1 6 3 7 0 0 0 0 0 0

21. 
1 8 7 5 0 2 0 1 6 3 0 6 0 0 0 0 0

23. 
1 8 7 5 0 2 0 1 6 2 1 3 0 0 0 0 0

24. 
1 8 7 5 0 2 0 1 6 2 1 6 5 9 0 0 0

25. 
1 8 7 5 0 2 0 1 6 2 1 7 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
 *EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. ACA Taxes.....			2,069,450		2,069,450
2505. Training Expenses.....	(1,527)		1,214		(313)
2506. Bad Debt Expense related to uninsured plans.....			(222,673)		(222,673)
2597. Summary of remaining write-ins for Line 25 from Page 14	(1,527)	0	1,847,991	0	1,846,464



**SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

01260

NAIC Company Code

18750

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	54,345,804	XXX		XXX	54,345,804
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	0	XXX		XXX	0
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	1,126,228	XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	1,502,345	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	55,472,033	XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	1,502,345	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	56,974,378	XXX	0	XXX	54,345,804
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	80,555,776	XXX		XXX	80,555,776
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	16,083,154	XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	45,776,937	XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	50,861,994	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	50,861,994	XXX	0	XXX	80,555,776
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	4,370,493	XXX		XXX	4,370,493
15. Expenses Incurred.....	4,370,493	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	1,741,891	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(30,580,465)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2016

(To Be Filed By March 1)

Of The Merit Health Insurance Company Insurance Company
 Address (City, State and Zip Code) Skokie, IL 60077.....
 NAIC Group Code 01260..... NAIC Company Code 18750..... Employer's ID Number 36-3856181.....

Life Supplement - Exhibit 5

NONE

Life Supp. - Exhibit 5 - Interrogatories

NONE

Exhibit 7 - Deposit Type Contracts

NONE

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 3 - Section 1

NONE



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,825,608	1,825,608		1,314,202	1,314,202
25.6 Totals (sum of Lines 25.1 to 25.5)	1,825,608	1,825,608	0	1,314,202	1,314,202
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,825,608	1,825,608	0	1,314,202	1,314,202

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, etc.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, etc.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	445,517	445,517		386,919	386,919
25.6 Totals (sum of Lines 25.1 to 25.5)	445,517	445,517	0	386,919	386,919
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	445,517	445,517	0	386,919	386,919

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	546,463	546,463		558,600	558,600
25.6 Totals (sum of Lines 25.1 to 25.5)	546,463	546,463	0	558,600	558,600
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	546,463	546,463	0	558,600	558,600

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2,066,973	2,066,973		2,021,484	2,021,484
25.6 Totals (sum of Lines 25.1 to 25.5)	2,066,973	2,066,973	0	2,021,484	2,021,484
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,066,973	2,066,973	0	2,021,484	2,021,484

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: Group policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,926,710	1,926,710		2,040,220	2,040,220
25.6 Totals (sum of Lines 25.1 to 25.5)	1,926,710	1,926,710	0	2,040,220	2,040,220
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,926,710	1,926,710	0	2,040,220	2,040,220

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, etc.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, etc.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, etc.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, etc.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident only policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF **Maine**

DURING THE YEAR **2016**

NAIC Group Code **01260**

LIFE INSURANCE

NAIC Company Code **18750**

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	760,182	760,182		535,348	535,348
25.6 Totals (sum of Lines 25.1 to 25.5)	760,182	760,182	0	535,348	535,348
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	760,182	760,182	0	535,348	535,348

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2,813,945	2,813,945		2,280,450	2,280,450
25.6 Totals (sum of Lines 25.1 to 25.5)	2,813,945	2,813,945	0	2,280,450	2,280,450
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,813,945	2,813,945	0	2,280,450	2,280,450

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: Group policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and various accident only categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	856,677	856,677		1,177,506	1,177,506
25.6 Totals (sum of Lines 25.1 to 25.5)	856,677	856,677	0	1,177,506	1,177,506
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	856,677	856,677	0	1,177,506	1,177,506

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: Group policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, etc.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, etc.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and All other (b).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	3,239,641	3,239,641		2,833,390	2,833,390
25.6 Totals (sum of Lines 25.1 to 25.5)	3,239,641	3,239,641	0	2,833,390	2,833,390
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,239,641	3,239,641	0	2,833,390	2,833,390

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$...
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$...
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	219,991	219,991		329,286	329,286
25.6 Totals (sum of Lines 25.1 to 25.5)	219,991	219,991	0	329,286	329,286
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	219,991	219,991	0	329,286	329,286

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,982,782	1,982,782		2,078,575	2,078,575
25.6 Totals (sum of Lines 25.1 to 25.5)	1,982,782	1,982,782	0	2,078,575	2,078,575
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,982,782	1,982,782	0	2,078,575	2,078,575

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident only policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and Policy Exhibit.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	498,798	498,798		363,016	363,016
25.6 Totals (sum of Lines 25.1 to 25.5)	498,798	498,798	0	363,016	363,016
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	498,798	498,798	0	363,016	363,016

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, etc.

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, etc.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2016 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2016

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	0	0	(a)	0	No. of Policies	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	55,472,033	55,455,444	0	55,772,315	47,402,270
25.6 Totals (sum of Lines 25.1 to 25.5)	55,472,033	55,455,444	0	55,772,315	47,402,270
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	55,472,033	55,455,444	0	55,772,315	47,402,270

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0