



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2019**  
 OF THE CONDITION AND AFFAIRS OF THE

**Merit Health Insurance Company**

(Name)

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 Daniel Miller , 314-387-4304  
(Name) (Area Code) (Telephone Number) (Extension)  
dmiller1@magellanhealth.com 314-387-5407  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<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>		

**DIRECTORS OR TRUSTEES**

<u>Mostafa Kamal</u>	<u>Michael Vallino</u>	<u>Julie Ann Billingsley</u>	<u>Jeffrey Nelson West</u>
<u>Joel Barnes</u>	<u>Daniel Gregoire</u>		

State of .....

ss

County of .....

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 2019 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	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	59,078,439	38,541,895	3,933,699	40,006,075	63,012,138	63,012,138
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)	59,078,439	38,541,895	3,933,699	40,006,075	63,012,138	63,012,138

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

Exhibit 4 - Claims Unpaid

**NONE**

Exhibit 5 - Amounts Due From Parent, Subs

**NONE**



**ANNUAL STATEMENT FOR THE YEAR 2019 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 .....	(8,361)	.0.0	XXX	XXX		(8,361)
6. Contractual fee payments .....	.0	.0.0	XXX	XXX		
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 .....	50,542,180	100.0	XXX	XXX		50,542,180
12. Total other payments .....	50,533,819	100.0	XXX	XXX	0	50,533,819
13. Total (Line 4 plus Line 12)	50,533,819	100 %	XXX	XXX	0	50,533,819

**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
<b>NONE</b>					
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 .....	<b>NONE</b>					
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 2019 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 2019						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 .....	1,325									1,325	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(7)									(7)	
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).....	6,834									6,834	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	6,834									6,834	
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										

(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 \$ .....6,834

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ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	6,928										6,928	
2. First Quarter .....	7,334										7,334	
3. Second Quarter .....	7,327										7,327	
4. Third Quarter .....	7,491										7,491	
5. Current Year .....	7,863										7,863	
6. Current Year Member Months .....	86,390										86,390	
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	0	
10. Hospital Patient Days Incurred .....	0											
11. Number of Inpatient Admissions .....	0											
12. Health Premiums Written (b) .....	4,867,592										4,867,592	
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	4,867,592										4,867,592	
16. Property/Casualty Premiums Earned .....	0											
17. Amount Paid for Provision of Health Care Services .....	4,183,992										4,183,992	
18. Amount Incurred for Provision of Health Care Services .....	4,183,992										4,183,992	

(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 \$ .....4,867,592

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ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	979									979	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year .....	0										
6. Current Year Member Months	(21)									(21)	
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).....	6,926									6,926	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	6,926									6,926	
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										

(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 \$ .....6,926

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ANNUAL STATEMENT FOR THE YEAR 2019 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 California		DURING THE YEAR 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	745									745	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year .....	0										
6. Current Year Member Months	(11)									(11)	
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) .....	4,483									4,483	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	4,483									4,483	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	1,276									1,276	
18. Amount Incurred for Provision of Health Care Services	1,276									1,276	

(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 \$ .....4,483

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ANNUAL STATEMENT FOR THE YEAR 2019 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 Connecticut		DURING THE YEAR 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	804									804	
2. First Quarter .....	778									778	
3. Second Quarter .....	822									822	
4. Third Quarter .....	880									880	
5. Current Year .....	959									959	
6. Current Year Member Months	10,080									10,080	
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).....	658,294									658,294	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	658,294									658,294	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	742,349									742,349	
18. Amount Incurred for Provision of Health Care Services	742,349									742,349	

(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 \$ .....658,294

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ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	653									653	
2. First Quarter .....	745									745	
3. Second Quarter .....	843									843	
4. Third Quarter .....	944									944	
5. Current Year .....	1,071									1,071	
6. Current Year Member Months .....	10,382									10,382	
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) .....	815,915									815,915	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	815,915									815,915	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	975,675									975,675	
18. Amount Incurred for Provision of Health Care Services .....	975,675									975,675	

(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 \$ .....815,915

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ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	1,836									1,836	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(8)									(8)	
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).....	8,052									8,052	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	8,052									8,052	
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										

(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 \$ .....8,052

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ANNUAL STATEMENT FOR THE YEAR 2019 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 Hawaii		DURING THE YEAR 2019						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.HI

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	432									432	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(38)									(38)	
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).....	(1,320)									(1,320)	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	(1,320)									(1,320)	
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										

(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 \$ .....(1,320)

30.ID



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	1,665									1,665	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(7)									(7)	
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).....	7,868									7,868	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	7,868									7,868	
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										

(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 \$ .....7,868

30.1L



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	1,379									1,379	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(29)									(29)	
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).....	181									181	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	181									181	
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										

(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 \$ .....181

30.IN



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019								NAIC Company Code	18750
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8		
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year			929									929
2. First Quarter			0									
3. Second Quarter			0									
4. Third Quarter			0									
5. Current Year			0									
6. Current Year Member Months			(9)									(9)
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)			1,098									1,098
13. Life Premiums Direct			0									
14. Property/Casualty Premiums Written			0									
15. Health Premiums Earned			1,098									1,098
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									

(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 \$ .....1,098

30.1A



ANNUAL STATEMENT FOR THE YEAR 2019 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 Kansas		DURING THE YEAR 2019						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.KS

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	1,177									1,177	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(6)									(6)	
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).....	6,168									6,168	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	6,168									6,168	
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										

(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 \$ .....6,168

30.KY



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	970									970	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year .....	0										
6. Current Year Member Months	(12)									(12)	
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) .....	3,078									3,078	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	3,078									3,078	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	(8,361)								(8,361)		
18. Amount Incurred for Provision of Health Care Services	(8,361)								(8,361)		

(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 \$ .....3,078

30.LA



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	544									544	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(13)									(13)	
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).....	2,989									2,989	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,989									2,989	
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										

(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 \$ .....2,989

30.ME



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	5,101									5,101	
2. First Quarter .....	5,554									5,554	
3. Second Quarter .....	6,006									6,006	
4. Third Quarter .....	6,534									6,534	
5. Current Year .....	7,100									7,100	
6. Current Year Member Months	73,422									73,422	
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).....	4,627,836									4,627,836	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	4,627,836									4,627,836	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	4,871,336									4,871,336	
18. Amount Incurred for Provision of Health Care Services	4,871,336									4,871,336	

(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 \$ .....4,627,836

30.MD



ANNUAL STATEMENT FOR THE YEAR 2019 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 Massachusetts		DURING THE YEAR 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.MA



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	2,082									2,082	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year .....	0										
6. Current Year Member Months	(8)									(8)	
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) .....	26,140									26,140	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	26,140									26,140	
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										

(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 \$ .....26,140

30.MI



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	507									507	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year .....	0										
6. Current Year Member Months	(9)									(9)	
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).....	56,508									56,508	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	56,508									56,508	
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										

(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 \$ .....56,508

30.MN



ANNUAL STATEMENT FOR THE YEAR 2019 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 Mississippi		DURING THE YEAR 2019						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.MS

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	869										869	
2. First Quarter .....	0											
3. Second Quarter .....	0											
4. Third Quarter .....	0											
5. Current Year .....	0											
6. Current Year Member Months .....	(5)										(5)	
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	0	
10. Hospital Patient Days Incurred .....	0											
11. Number of Inpatient Admissions .....	0											
12. Health Premiums Written (b) .....	7,629										7,629	
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	7,629										7,629	
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											

(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 \$ .....7,629

30.MO



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	223									223	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year .....	0										
6. Current Year Member Months	2									2	
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).....	1,166									1,166	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,166									1,166	
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										

(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 \$ .....1,166

30.MT



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	651									651	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(13)									(13)	
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).....	5,008									5,008	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	5,008									5,008	
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										

(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 \$ .....5,008

30.NE



ANNUAL STATEMENT FOR THE YEAR 2019 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 Nevada		DURING THE YEAR 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.NV



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	527									527	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(68)									(68)	
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) .....	(88)									(88)	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	(88)									(88)	
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										

(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 \$ .....(88)

30.NH



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	183									183	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0									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).....	1,129									1,129	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,129									1,129	
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										

(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 \$ .....1,129

30.NM



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	27,140									27,140	
2. First Quarter .....	27,691									27,691	
3. Second Quarter .....	28,467									28,467	
4. Third Quarter .....	29,749									29,749	
5. Current Year	31,287									31,287	
6. Current Year Member Months	342,344									342,344	
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).....	23,550,937									23,550,937	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	23,550,937									23,550,937	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	25,074,524									25,074,524	
18. Amount Incurred for Provision of Health Care Services	25,074,524									25,074,524	

(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 \$ .....23,550,937

30.NY



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	2,804									2,804	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(19)									(19)	
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).....	8,303									8,303	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	8,303									8,303	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	1,726									1,726	
18. Amount Incurred for Provision of Health Care Services	1,726									1,726	

(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 \$ .....8,303

30.NC



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	181									181	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(2)									(2)	
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).....	1,338									1,338	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,338									1,338	
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										

(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 \$ .....1,338

30.ND



ANNUAL STATEMENT FOR THE YEAR 2019 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 Ohio		DURING THE YEAR 2019						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.OH

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 Oregon		DURING THE YEAR 2019						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. OR

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	1,646									1,646	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(19)									(19)	
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).....	9,245									9,245	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	9,245									9,245	
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										

(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 \$ .....9,245

30.PA



ANNUAL STATEMENT FOR THE YEAR 2019 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 Rhode Island		DURING THE YEAR 2019						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.RI

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.SC



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	266										266	
2. First Quarter .....	0											
3. Second Quarter .....	0											
4. Third Quarter .....	0											
5. Current Year	0											
6. Current Year Member Months	(2)										(2)	
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	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	1,051										1,051	
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	1,051										1,051	
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											

(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 \$ .....1,051

30.SD



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	1,776									1,776	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(54)									(54)	
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).....	356									356	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	356									356	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	(14)									(14)	
18. Amount Incurred for Provision of Health Care Services	(14)									(14)	

(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 \$ .....356

30.TN



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	3,245										3,245	
2. First Quarter .....	0											
3. Second Quarter .....	0											
4. Third Quarter .....	0											
5. Current Year .....	0											
6. Current Year Member Months	(48)										(48)	
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	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b) .....	4,281										4,281	
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	4,281										4,281	
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											

(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 \$ .....4,281

30.TX



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019								NAIC Company Code	18750
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8		
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			385									385
2. First Quarter .....			0									
3. Second Quarter .....			0									
4. Third Quarter .....			0									
5. Current Year .....			0									
6. Current Year Member Months .....			(4)									(4)
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) .....			174									174
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			174									174
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									

(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 \$ .....174

30.UT



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.VT



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	19,394									19,394	
2. First Quarter .....	17,940									17,940	
3. Second Quarter .....	18,155									18,155	
4. Third Quarter .....	18,313									18,313	
5. Current Year .....	18,286									18,286	
6. Current Year Member Months	215,980									215,980	
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) .....	13,464,836									13,464,836	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	13,464,836									13,464,836	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services .....	14,691,315									14,691,315	
18. Amount Incurred for Provision of Health Care Services	14,691,315									14,691,315	

(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 \$ .....13,464,836

30.VA



ANNUAL STATEMENT FOR THE YEAR 2019 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 Washington		DURING THE YEAR 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.WA



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	464									464	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year .....	0										
6. Current Year Member Months .....	(10)									(10)	
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) .....	1,419									1,419	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	1,419									1,419	
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										

(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 \$ .....1,419

30.WV



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	118									118	
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	(3)									(3)	
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).....	5									5	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	5									5	
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										

(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 \$ .....5

30.WY



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019						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 .....	87,928	0	0	0	0	0	0	0	0	0	87,928	
2. First Quarter .....	60,042	0	0	0	0	0	0	0	0	0	60,042	
3. Second Quarter .....	61,620	0	0	0	0	0	0	0	0	0	61,620	
4. Third Quarter .....	63,911	0	0	0	0	0	0	0	0	0	63,911	
5. Current Year	66,566	0	0	0	0	0	0	0	0	0	66,566	
6. Current Year Member Months	738,175	0	0	0	0	0	0	0	0	0	738,175	
Total Member Ambulatory Encounters for Year:												
7. Physician .....	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	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	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	48,155,429	0	0	0	0	0	0	0	0	0	48,155,429	
13. Life Premiums Direct .....	0	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	0	
15. Health Premiums Earned .....	48,155,429	0	0	0	0	0	0	0	0	0	48,155,429	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	50,533,819	0	0	0	0	0	0	0	0	(8,361)	50,542,180	
18. Amount Incurred for Provision of Health Care Services	50,533,819	0	0	0	0	0	0	0	0	(8,361)	50,542,180	

(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 \$ .....48,155,429

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 2019 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	5,087,007		5,087,007
2. Accident and health premiums due and unpaid (Line 15).....	14,247,409		14,247,409
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).....	75,516,296		75,516,296
6. Total assets (Line 28)	94,850,711	0	94,850,711
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	0		0
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).....	60,288,186		60,288,186
15. Total liabilities (Line 24).....	60,288,186	0	60,288,186
16. Total capital and surplus (Line 33).....	34,562,525	XXX	34,562,525
17. Total liabilities, capital and surplus (Line 34)	94,850,711	0	94,850,711
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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 2019 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					
	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	6 Totals
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 2019 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)	*
00000		00000			19411	NASDAQ	Magellan Health, Inc.....	DE	UIP	Stockholders.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Pharmacy Services, Inc.....	DE	NIA	Magellan Health, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					4-D Pharmacy Management Systems, LLC.....	MI	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					AdvoCare of Tennessee, Inc.....	TN	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Method, LLC (f/k/a CDMI, LLC).....	RI	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Administrative Services, LLC.....	DE	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Behavioral of Michigan, Inc.....	MI	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Health Services of California, Inc - Employer Services.....	CA	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Rx Management IPA, Inc.....	NY	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Rx Pharmacy, LLC.....	DE	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					ONCORE Healthcare, LLC.....	DE	NIA	Magellan Rx Pharmacy, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Pharmacy Solutions, Inc.....	DE	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Rx Management, LLC.....	DE	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
01260	Magellan Health Inc.....	12632	52-2310906				Magellan Behavioral Health of New Jersey, LLC.....	NJ	IA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Veridicus Holdings, LLC.....	UT	NIA	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					VRx, LLC.....	UT	NIA	Veridicus Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					VRx Pharmacy, LLC.....	UT	NIA	Veridicus Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Veridicus Consulting, LLC.....	UT	NIA	Veridicus Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Veridicus Rx, LLC.....	UT	NIA	Veridicus Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Alliance Enrollment Technology, LLC.....	UT	NIA	Veridicus Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Veridicus Acquisitions, LLC.....	UT	NIA	Veridicus Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Healthcare, Inc.....	DE	UIP	Magellan Health, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Armed Forces Services Corporation.....	VA	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	

**ANNUAL STATEMENT FOR THE YEAR 2019 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)	*
00000		00000					Arizona Biodyne, Inc.....	AZ	NIA	Magellan Healthcare, Inc..... Senior Health Holdings Inc./Magellan Healthcare,	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					AlphaCare Holdings, Inc..... Continuum Behavioral Healthcare Corporation.....	DE	NIA	Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	3
00000		00000					Magellan Healthcare, Inc.....	DE	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Cobalt Therapeutics, LLC.....	DE	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Cobalt Software, LLC..... Granite Alliance Insurance Company.....	DE	NIA	Cobalt Therapeutics, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
01260	Magellan Health Inc.....	15100	46-1792156				Magellan Healthcare, Inc.....	UT	IA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					MBC of America, Inc..... Empire Community Delivery Systems Inc.....	DE	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					MBC of America, Inc.....	NY	NIA	MBC of America, Inc.....	Ownership.....	16.7	Magellan Health, Inc.....	N	
01260	Magellan Health Inc.....	14447	45-4229574				Florida MHS, Inc.....	FL	IA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Behavioral Health of Connecticut, L.L.C.....	CT	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Choices for Families, LLC.....	NE	NIA	Magellan Healthcare, Inc.....	Ownership.....	60.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Complete Care, Inc..... Magellan Complete Care of Virginia, LLC.....	DE	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
01260	Magellan Health Inc.....	16043	81-0983027				Magellan Complete Care of Louisiana, Inc.....	VA	IA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
01260	Magellan Health Inc.....	15550	46-4188169				Magellan Complete Care of Nebraska.....	LA	IA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Complete Care of Nebraska.....	NE	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
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	
00000		00000					Magellan Complete Care of Texas, Inc.....	TX	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Healthcare Provider Group.....	MD	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Medicaid Administration, Inc.....	VA	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Medicaid Administration, Inc.....	CAN	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					FHC, Inc.....	OH	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Provider Synergies, LLC..... Human Affairs Internationl of California, Inc.....	CA	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Behavioral Health of Florida, Inc.....	FL	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	

ANNUAL STATEMENT FOR THE YEAR 2019 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)	*
00000		00000					Magellan Behavioral Health of Nebraska, Inc.	NE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Behavioral Health Systems, LLC	UT	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Health QIO, LLC	NE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Health Services of Arizona, Inc.	AZ	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
01260	Magellan Health Inc	14641	45-5337737				Magellan Complete Care of Arizona, Inc (f/k/a Magellan of Arizona)	AZ	IA	Magellan Health Services of Arizona, Inc	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					Magellan Health Services of New Mexico	NM	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					Charter Fairmont Behavioral Health System, Inc.	PA	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					HealthPeaksMD, LLC (f/k/a Magnet Health, LLC)	DE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
01260	Magellan Health Inc	18750	36-3856181				Merit Health Insurance Company	IL	RE	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
01260	Magellan Health Inc	97292	57-0724249				Magellan Life Insurance Company	DE	IA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					The Management Group, LLC	WI	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					U.S. IPA Providers, Inc.	NY	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					Merit Behavioral Care Corporation	DE	UDP	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					Magellan HRSC, Inc	OH	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
01260	Magellan Health Inc	47019	23-2759528				Magellan Behavioral Health of Pennsylvania, Inc.	PA	IA	Merit Behavioral Care Corporation	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					Continuum Behavioral Care, L.L.C.	RI	NIA	Merit Behavioral Care Corporation	Ownership	50.0	Magellan Health, Inc	N	
00000		00000					Magellan Providers of Texas, Inc	TX	NIA	Merit Behavioral Care Corporation	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					MBC of North Carolina, L.L.C.	NC	NIA	Merit Behavioral Care Corporation	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					Magellan Behavioral Care of Iowa, Inc	IA	NIA	Merit Behavioral Care Corporation	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					PPC Group, Inc	DE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					P.P.C., Inc	MO	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					National Imaging Associates, Inc	DE	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc	N	
00000		00000					Accountable Cardiac Care of Mississippi, LLC	MS	NIA	National Imaging Associates, Inc	Ownership	50.0	Magellan Health, Inc	N	

**ANNUAL STATEMENT FOR THE YEAR 2019 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)	*
00000		00000					NIA IPA of New York, Inc.....	NY	NIA	National Imaging Associates, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					National Imaging Associates of Pennsylvania, LLC.....	PA	NIA	National Imaging Associates, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					National Imaging of California, Inc.....	CA	NIA	National Imaging Associates, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					NIA Iowa, Inc.....	IA	NIA	National Imaging Associates, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					NIA/Magellan Specialty Management, Inc.....	DE	NIA	National Imaging Associates, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					SWH Holdings, Inc.....	DE	NIA	Magellan Healthcare, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Senior Health Holdings, LLC.....	DE	NIA	SWH Holdings, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Senior Health Holdings, Inc.....	DE	NIA	Senior Health Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Senior Whole Health, LLC.....	DE	NIA	Senior Health Holdings, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
01260	Magellan Health Inc.....	12776	83-0463162				Senior Whole Health of New York, Inc.....	NY	IA	Alphacare Holdings, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Senior Whole Health Management, Inc.....	DE	NIA	Senior Health Holdings, LLC.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Capital, Inc.....	DE	NIA	Magellan Health, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	
00000		00000					Magellan Financial Capital, Inc.....	NV	NIA	Magellan Health, Inc.....	Ownership.....	100.0	Magellan Health, Inc.....	N	

41.3

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.....
2	From time to time, Starboard Value LP and its affiliates have owned 10% or more of the stock of Magellan Health, Inc. The Company believes that Starboard Value LP has filed disclaimers of control with respect to any such ownership.....
3	Alphacare Holdings, Inc. is owned 86.7% by Senior Health Holdings, Inc. and 13.3% by Magellan Healthcare, Inc., on a fully diluted basis.....

ANNUAL STATEMENT FOR THE YEAR 2019 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)
18750	52-2135463	Magellan Healthcare, Inc.					86,700				86,700	
	36-3856181	Merit Health Insurance Company					(5,297,154)				(5,297,154)	
	46-3708039	Magellan Rx					5,210,454				5,210,454	
											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**

**Responses**

- 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 **if your company is engaged in the type of business covered by the supplement. 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....SEE EXPLANATION.....
- 14. 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.....
- 15. 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.....
- 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....YES.....
- 17. 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.....
- 18. 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.....
- 19. 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**

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....NO.....
- 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....YES.....
- 22. 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.....
- 23. 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.....
- 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....YES.....
- 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....YES.....

**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. Business not written
- 13. Merit Health Insurance Company has less than 100 Stockholders, thus this filing is not required.
- 14. Business not written
- 15. Business not written
- 17. Merit Health Insurance Company is not requesting relief related to the 5-year rotation requirement.
- 18. Merit Health Insurance Company is not requesting relief related to the one-year cooling off period for independent CPAs.
- 19. Merit Health Insurance Company is not requesting relief related to the audit committee requirement.
- 20. Business not written
- 22. Business not written

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23. Business not written

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 9 3 6 0 5 9 0 0 0

14.   
1 8 7 5 0 2 0 1 9 3 7 1 0 0 0 0 0

15.   
1 8 7 5 0 2 0 1 9 3 7 0 0 0 0 0 0

20.   
1 8 7 5 0 2 0 1 9 3 0 6 0 0 0 0 0

22.   
1 8 7 5 0 2 0 1 9 2 1 6 5 9 0 0 0

23.   
1 8 7 5 0 2 0 1 9 2 1 7 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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**SUPPLEMENT FOR THE YEAR 2019 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.....	47,801,338	XXX		XXX	47,801,338
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....		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.....	354,091	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.....	(2,594,100)	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	48,155,429	XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(2,594,100)	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	45,561,329	XXX	0	XXX	47,801,338
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	51,349,247	XXX		XXX	51,349,247
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.....	(19,879,441)	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.....	(19,072,364)	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.....	50,542,170	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	50,542,170	XXX	0	XXX	51,349,247
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.....	7,872,374	XXX		XXX	7,872,374
15. Expenses Incurred.....	7,872,374	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	(12,853,215)	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(11,420,284)

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# LIFE SUPPLEMENTS

For The Year Ended December 31, 2019

(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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

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(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, and DIRECT CLAIMS AND BENEFITS PAID. A large 'NONE' watermark is present across the table.

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(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid. A large 'NONE' watermark is present across the table.

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ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

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ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

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ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), Medicare Title XVIII, 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

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NONE

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ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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ACCIDENT AND HEALTH INSURANCE

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(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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

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ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), Medicare Title XVIII, and Other Individual Policies.

(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



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows for 20, 21, 22, 23. 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 Policyholder Dividends Paid, Refunds to Members 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/certificates (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), 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 .....0 and number of persons insured under indemnity only products .....0



**SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company**

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2019

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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
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

**NONE**

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. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	0	0	0	(a)	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	0	(a)	0	0	0	0	0	0

**NONE**

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	7,629	7,629			
25.6 Totals (sum of Lines 25.1 to 25.5)	7,629	7,629	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,629	7,629	0	0	0

(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



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2019

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/Refunds to Members, 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. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), Medicare Title XVIII, 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, and DIRECT CLAIMS AND BENEFITS PAID. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, and DIRECT CLAIMS AND BENEFITS PAID. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

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

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b) and Other Individual Policies.

(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



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis, Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis, Amount), 5-6 Group (No. of Certifis, Amount), 7-8 Industrial (No. of Pols. & Certifis, Amount), 9-10 Total (No. of Pols. & Certifis, Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, and DIRECT CLAIMS AND BENEFITS PAID. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, and DIRECT CLAIMS AND BENEFITS PAID. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis., Amount), 5-6 Group (No. of Certifis., Amount), 7-8 Industrial (No. of Pols. & Certifis., Amount), 9-10 Total (No. of Pols. & Certifis., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 .....0 and number of persons insured under indemnity only products .....0



SUPPLEMENT FOR THE YEAR 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2019

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/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifis., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifis., Amount), 5-6 Group (No. of Certifis., Amount), 7-8 Industrial (No. of Pols. & Certifis., Amount), 9-10 Total (No. of Pols. & Certifis., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2019

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/REFUNDS TO MEMBERS, 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. of Pols. & Certif., 2 Amount, 3 No. of Ind. Pols. & Gr. Certif., 4 Amount, 5 No. of Certif., 6 Amount, 7 No. of Pols. & Certif., 8 Amount, 9 No. of Pols. & Certif., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows. 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 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), 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 2019 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2019

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/Refunds to Members, and Direct Claims and Benefits Paid. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifis., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifis., 4 Amount, 5 No. of Certifis., 6 Amount, 7 No. of Pols. & Certifis., 8 Amount, 9 No. of Pols. & Certifis., 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 \$ 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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), Medicare Title XVIII, and Other Individual Policies.

(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