SPECIFIED DISEASE/CRITICAL ILLNESS POLICY CALENDAR YEAR EXPERIENCE DATA

| CARRIER NAME | | | | _ NAME OF PERSON COMPLETING FORM _ | | | | |
|---|-----------------------------|-----------------|----------------|---|-----------------------------|----------------------|----------------|---------------|
| ADDRE | SS | | | | | | | |
| TITLE | | | | _ PHONE | | | | |
| POLICY FORM NO.* | | | | DATE | | | | |
| DATE POLICY FILED BY NJ YEAR <u>NATIONWIDE</u> DATA | | | | _ ORIGINAL ANTICIPATED LOSS RATIO <u>NEW JERSEY</u> <u>DATA</u> | | | | |
| | #of Policies In Force | Paid Premium | Paid Claims | | #of Policies in Force | Paid Pre- mium | Paid Claims | Loss Ratio |
| 2001 | | | | | | | | |
| 2002 | | | | | | | | |
| 2003 | | | | | | | | |
| 2004 | | | | | | | | |
| 2005 | | | | | | | | |
| 2006 | | | | | | | | |
| 2007 | | | | | | | | |
| 2008 | | | | | | | | |
| 2009 | | | | | | | | |
| 2010 | | | | | | | | |

* Complete one report for each policy form for which policies issued in New Jersey remain inforce.

Return completed reports to:

New Jersey Department of Banking and Insurance Health Insurance Bureau PO Box 470 Trenton, NJ 08625