



DEPARTMENT OF INSURANCE  
STATE OF NORTH DAKOTA

Glenn Pomeroy  
Commissioner of Insurance

**BULLETIN 93-2**

TO: All Companies Writing Accident and Health Insurance Coverage

FROM: Glenn Pomeroy, Commissioner *GP*

DATE: June 4, 1993

SUBJECT: Survey of 1992 Accident and Health Experience

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Enclosed is a request for information form. The North Dakota Legislative Assembly established a new small employer insurance program this session (House Bill No. 1504). One of the requirements under this legislation is to collect data on small employer group policies. This information will be used to establish the assessments necessary to fund the reinsurance pool, as stipulated in the legislation.

In addition to the small employer information, the Department requests similar data for other policy categories. This information will be utilized for other public policy projects underway.

The data requested pertains to 1992 year-end figures for accident and health insurance for the State of North Dakota only. If your company does not have accident and health business in North Dakota, please return this form marked "NONE". If your company only reinsures accident and health business in North Dakota, please return this form marked "REINSURANCE ONLY".

Thank you for your assistance. Please return the data to the North Dakota Insurance Department by June 21, 1993. If questions arise, contact Vance Magnuson at 224-4977.

GP/njb  
Enclosure





	Written Premium	Earned Premium	Claims Paid	Claims Incurred	No. of Policies/ Certif.	No. of Insured Lives**
<b>HOSPITAL/SURGICAL EXPENSE</b>						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
<b>LONG-TERM CARE (INCLUDING HOME HEALTH CARE)</b>						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
<b>MAJOR MEDICAL</b>						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
<b>MEDICARE SUPPLEMENT</b>						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
<b>VISION</b>						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
<b>MISCELLANEOUS ACCIDENT &amp; HEALTH</b>						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
<b>GRAND TOTAL***</b>						
	_____	_____	_____	_____	_____	_____

INCLUDE DEPENDENTS WHEN DETERMINING LIVES INSURED  
 SHOULD EQUAL THE ANNUAL STATEMENT STATE PAGE FIGURES