

**TEXAS HEALTH INSURANCE RISK POOL
HEALTH BENEFIT PLAN PREMIUMS REPORTING FORM Due April 15, 2009**

<NAIC,TYPE,NAME>

AMOUNTS REPORTED FOR HEALTH BENEFIT PLAN PREMIUMS FOR TEXAS RESIDENTS

[Please complete all lines, including -0- if no premiums for a line were written.]

1. TOTAL Texas Health Benefit Plan Premiums (includes premiums on Texas employees covered under out-of-state employer and other groups) for calendar year 2008 as reported on Sch. T or State Page 20	1. \$
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2. LESS Stop-Loss Premiums included in Line 1 above	2. \$
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3. TOTAL 2008 Fully-Insured Texas Premiums (Line 1 <u>minus</u> Line 2)	3. \$
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Of the Total Fully-Insured Premiums amount shown in Line 3 above, **DEDUCT** the following coverages not subject to assessment pursuant to Texas Insurance Code, Chapter 1506, and federal law:

4. Accident Only or Disability Income or any combination of those coverages	4. \$
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5. Credit-only insurance	5. \$
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6. Coverage issued as a Supplement to Liability coverage; Liability insurance, including general liability and automobile liability; and Coverage for On-site Medical Clinics	6. \$
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7. Workers' Compensation or Similar Insurance	7. \$
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8. Automobile Medical Payment Insurance	8. \$
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9. Insurance under which benefits are payable With or Without Regard to Fault & which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance	9. \$
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10. Other similar coverage, specified by federal regulations under HIPAA , under which benefits for medical care are secondary or incidental to other insurance benefits	10. \$
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11. If provided as Stand-alone Coverage :	
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a. Limited scope Dental or Vision benefits	11 a. \$
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b. Benefits for Long-term Care, Nursing Home Care, Home Health Care, Community-based Care or any combination of these benefits	11 b. \$
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c. Other similar, limited benefits specified by federal regulations under HIPAA	11 c. \$
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12. If provided as Stand-alone Coverage , with no coordination of benefits with and not contingent on any group health plan maintained by the same plan sponsor:	
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a. Coverage only for a Specified Disease or Illness	12 a. \$
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b. Hospital Indemnity or Other Fixed Indemnity	12 b. \$
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13. Medicare Supplement Insurance, subject to Ch. 1652, including Medicare Select	13. \$
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14. Small Employer Health Insurance, subject to Subchapters D-H, Ch. 1501 (does not include Co-ops treated as large employers)	14. \$
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15. Employees Retirement System , Chapter 1551, & Teacher Retirement System , Ch. 1575	15. \$
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16. Federal Employees Health Benefits (FEHB) Program, 5 U.S.C. §8909	16. \$
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17. Medicare , Title XVIII, & Medicaid , Title XIX, Social Security Act	17. \$
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18. TRICARE & CHAMPUS , 32 CFR 199	18. \$
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19. Children's Health Insurance Program (CHIP) , Title XXI, Social Security Act	19. \$
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20. Total Fully-Insured Premiums Exempt from Assessment (total of Lines 4 through 19)	20. \$
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21. NET ASSESSABLE FULLY-INSURED HEALTH BENEFIT PLAN PREMIUMS FOR 2008 (Line 3 less Line 20)	21. \$
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I hereby certify that the above information is, to the best of my knowledge, complete and correct and that:

I have attached a true and correct copy of the: 2008 Annual Statement Form Schedule T (for HMOs, L/H Insurers, & Fraternal); or Annual State Page 20 (for P&C Insurers); and

If claiming the Small Employer Group premium exclusion (Line 14), I have also attached a copy of Figure 48/Form 1212 CERT DATA filed with the Texas Department of Insurance for the 2008 reporting year.

Print Preparer's Name: _____ Print Preparer's Title: _____

Preparer's Signature: _____ Date Prepared: _____