

Office of Risk Assessment  
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[www.insurance.ohio.gov](http://www.insurance.ohio.gov)

**Office of Risk Assessment  
50 W. Town Street, Ste. 300**

**RECEIVED**  
**MAR 06 2017**  
**OFFICE OF RISK  
ASSESSMENT**  
**Ohio Department of Insurance**  
John R. Kasich – Governor  
Mary Taylor – Lt. Governor Director  
***Exhibit of Premiums, Enrollment and Utilization - HMO***

**io Department of Insurance**  
John R. Kasich – Governor  
Mary Taylor – Lt. Governor Director

The Great Seal of the State of Ohio, featuring a circular design with a central shield depicting a plow, a sheaf of wheat, and a sheaf of corn, surrounded by a border with the text "THE GREAT SEAL OF THE STATE OF OHIO".

NAIC Group Code 0901 STATEMENT AS OF 12/31/2016 OF THE Connecticut General Life Insurance Company

## HMO BUSINESS IN THE STATE OF OHIO

NAIC Company Code 62308

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Comprehensive (H & M.)												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>													
1. Prior Year	11												
2. First quarter	10												
3. Second Quarter	10												
4. Third Quarter	10												
5. Current Year	7												
<b>6. Current Year Member Months</b>	<b>84</b>												
<b>Total Member Ambulatory Encounters for year:</b>	<b>0</b>												
7. Physician	0												
8. Non-Physician	0												
9. Total	0												
<b>10. Hospital Patient Days Incurred</b>													
<b>11. Number of Inpatient Admissions</b>													
<b>12. Health Premiums Written</b>	<b>403</b>												
<b>13. Life Premiums Direct</b>													
<b>14. Property/Casualty Premiums Written</b>													
<b>15. Health Premiums Earned</b>	<b>418</b>												
<b>16. Property/Casualty Premiums Earned</b>													
<b>17. Amount Paid for Provision of Health Care Services</b>	<b>-19</b>												
<b>18. Amount incurred for Provision of Health Care Services</b>	<b>-19</b>												

\*\* Quarterly Filing – Year to Date