OKLAHOMA HEALTH INSURANCE HIGH RISK POOL
2013 PREMIUM REPORTING FORM - TITLE 36 OS §§ 6531 et. seq.

ALL property and casualty insurance companies, life insurance companies, reinsurers, health maintenance organizations (HMO's), preferred provider organizations (PPO's), prepaid health plans, fraternal benefit societies, and not-for-profit hospital service and medical indemnity plans writing accident and health premiums in Oklahoma must complete and attest to the following information. THIS FORM IS DUE WITH THE FILING OF THE ANNUAL STATUTORY STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2012.

COMPANY NAME_____

ADDRESS _____

CONTACT PERSON_____

PHONE NUMBER (_____)_____OK COMPANY LICENSE# __ __ __ __

LINE	OKLA PREMIUM*	EXEMPT**	NET PREMIUM	COVERED LIVES***
Group Policies	_____	_____	_____	_____
Collectively Renewable	_____	_____	_____	_____
Non-cancelable	_____	_____	_____	_____
Guaranteed Renewable	_____	_____	_____	_____
Nonrenewable	_____	_____	_____	_____
Other Accident	_____	_____	_____	_____
All other A&H	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

Please provide additional information on the type of policies any claim for exemption represents.
IMPORTANT NOTICE: If this form is not returned by 3/1/13 with your annual filing, the A&H premiums from your state page will be used in all calculations to determine assessments under 36 OS § 6536.4 and 6539.
*****This is "Direct Written Premium". If your company filed a state page with Oklahoma, this amount must match the exhibit. **Note:** stop loss coverage for self-insured plans is included. **Please attach a letter providing information about the exemptions claimed, specifically the types of policies and the amounts for each type.**
****** Exempt policies are policies covering: short-term accidents only; fixed-indemnity; limited benefit; specified accident; specified disease; Medicare supplement; Medicare; long term care; limited benefit expense; medical payment or personal injury coverage in a motor vehicle policy; coverage issued as a supplement to liability insurance; disability; workers compensation (36 OS § 6532(8)). FEHB premiums (federal employees) are also exempt.
*** For informational purposes only. Include Oklahoma insureds including spouses and dependents. Do not include exempt policies and reinsurance coverage where the primary insurer is also reporting covered lives.

Certification: I, _____, as an appropriate officer of the above listed Oklahoma Insurance Company, do certify the above information as true and correct to the best of my knowledge.

All inquires to:
Frazier Farley, Mgr.
P.O. Box 50429
Midwest City, OK 73140-5429
(405) 741-8434 and fax #(405) 732-8953

_____
Officer

_____
Title

_____
Print Name/Date

Revised 10/12