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## CONTINENTAL GENERAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71404							
Guarantee Issue	\$9,353	\$15,012	\$0	0	2	0	2
Individually Underwritten	\$1,780,106	\$1,243,944	\$0	0	24	12	36
Out-of-State Individually Underwritten	\$1,939,663	\$894,627	\$0	0	0	0	0
Accident Only	\$10,906	\$652	\$0	0	45	0	45
Dental	\$348	\$1,525	\$0	0	8	3	11
Disability Income	\$77,622	\$107,709	\$0	0	0	0	0
Hospital Indemnity	\$5,086	\$1,152	\$0	0	8	0	8
Limited Benefit	\$15,367	\$7,575	\$3,731	0	47	28	75
Long Term Care	\$964,611	\$834,284	\$0	0	393	169	562
Medicare Supplement	\$10,757,596	\$9,204,814	\$0	0	3,493	0	3,493
<b>TOTAL</b>	<b>\$15,560,658</b>	<b>\$12,311,294</b>	<b>\$3,731</b>	<b>0</b>	<b>4,020</b>	<b>212</b>	<b>4,232</b>

## CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68500							
Individually Underwritten	\$5,426	\$5,267	\$0	0	3	0	3
Hospital Indemnity	\$69,667	\$43,973	\$3,143	0	188	0	188
Limited Benefit	\$3,019	\$0	\$0	0	17	0	17
Long Term Care	\$30,040	\$67,257	\$0	0	0	0	0
Medicare Supplement	\$13,891,530	\$11,070,774	\$10,243	40	6,066	0	6,066
<b>TOTAL</b>	<b>\$13,999,682</b>	<b>\$11,187,271</b>	<b>\$13,386</b>	<b>40</b>	<b>6,274</b>	<b>0</b>	<b>6,274</b>





















































































































































































































