

**RATE INCREASE INFORMATION
FOR
HEALTH & ACCIDENT**

In addition to all other requirements for accident and health insurance rate increase filings, the following information must be provided in the exact form shown below.

Name of Company _____

Policy Form No. _____

Type of Policy: _____
(Medicare Supplement, Long Term Care, Major Medical, etc.)

Date of Current Rate Increase _____ Percentage of Current Rate Increase _____

Date of Last Five (5) Year Increases _____

Percent of Last Five (5) Year Increases _____

Last Five (5) Years Loss Ratio _____

No. of MS Insureds* _____

*Number of Mississippi Insureds refers to the number of insureds covered under individual policies and/or group policies.