

May 16, 2016

Debra Pierce, AMCM, PIR  
Chief Market Conduct Examiner  
Division of Insurance and Financial Oversight  
Georgia Department of Insurance  
2 Martin Luther King, Jr. Drive  
Suite 602, West Tower  
Atlanta, Georgia 30334

Re: Quarterly Claim Report for 1<sup>st</sup> Quarter 2016

Dear Mrs. Peirce,

Enclosed is a signed affidavit confirming the data uploaded via uplink to the secure website of RRC on May 15, 2016. The upload contains the quarterly data for the above referenced period, pursuant to Georgia Department of Insurance Directive 13-Exam-2.

Name of Entity	Processing Entity Indicator	Type of Claim Indicator	Number of Electronic Claim Lines	Number of Paper Claim Lines	Total Number of Claim Lines	Final Disposition Amount
Main Company Name	00	A or A, B , etc. if more than 1 type of claim	9,999,999	9,999,999	9,999,999	\$107,999,999.00
Name of Pharmacy Vendor	01	J				
Name of Dental Vendor	02	C				
Name of Vision Vendor	03	D				
Name of Medicare Vendor	04	G				
Control Totals	N/A	N/A				

Provide specific verbiage to discuss any items in the file layout that needs to be explained. Specifically, fields 7, 10, 13 and 15. (Example: Field 10 – If Final Disposition Type is coded as an “A” please provide detailed verbiage explaining what is considered an adjustment for your Company – i.e., “Adjustments include claims where an additional payment was applied or where a refund was received from the provider.....”).

If you have any questions with the data file, please do not hesitate to contact me.

Sincerely,