



Florida Office of Insurance Regulation

**ANNUAL REPORT
CONTRACTS ISSUED
& OUTSTANDING**

**MANAGED
CARE
COMPANY:** _____

YEAR ENDING: _____

**Number of health contracts issued and outstanding and number terminated.
[HMOs-641.26(1)(d), F.S.; PHCs-641.41(1)(c), F.S.; PLHSOs-636.043(2)(c), F.S.]**

Group subscriber contracts issued and outstanding

Individual subscriber contracts issued and outstanding

Group subscriber contracts terminated

Individual subscriber contracts terminated
