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Health Insurers Show 14 Percent Increase in Use of MIB Data Six Companies Sign on as New Health Members

Las Vegas, NV – Institute 2007, AHIP’s Annual Meeting (June 20, 2007) – MIB, the insurance industry’s leading provider of information used to detect omissions and material misrepresentations on insurance applications today announced that inquiries to its MIB Checking Service from member health insurers jumped fourteen percent in the first six months of fiscal year 2007, as compared to the same period last year. Greater use of the MIB database by health plans and insurance companies reflects the addition of several new members as well as increased application activity within existing health members. Among those recently onboard with MIB are: Alliance Health and Life Insurance Company, American Republic Insurance and World Insurance, and Medical Mutual of Ohio.

“We’re implementing our programs with MIB in June and July,” says Meg Brown, chief underwriter for American Republic and World Insurance. “We already have an admirably low rescission rate, and we think MIB will allow us to improve performance even further. Frankly, as use of MIB becomes more widespread among health insurers, we want to be sure we have access to the same data our competitors have.”

“Companies and health plans selling individual medical expense insurance are increasingly seeking new tools to give them a better understanding of their applicants’ medical profiles up front,” says Douglas M. Mertz, MIB Solutions’ vice president. “MIB information is the fastest, most cost-effective way to help determine if medical statements on applications are

accurate and complete.” Policies issued under erroneous medical histories penalize everyone — companies are impacted by unexpected claim costs and difficult rescissions and reformations, and the additional costs are born by every policyholder in the form of inflated premiums. “MIB helps companies better identify material misrepresentations on their applications so insurers can make more informed decisions around the risks they underwrite,” says Mertz.

“Our market presence is expanding as more companies realize MIB’s strong protective value,” says Lee B. Oliphant, MIB Solutions’ executive vice president. “MIB’s impact on the bottom line is considerable. A recent Milliman study conducted with USHEALTH demonstrated a nearly six percentage point improvement in their loss ratio by incorporating MIB at initial underwriting.”

MIB is a secure, cooperative data exchange formed by the North American insurance industry more than a century ago to detect and deter fraud on applications for medically underwritten insurance. It operates the most extensive database of medical information on individuals who have previously applied for health, life, disability income, critical illness and long-term care insurance in North America.

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About MIB Solutions, Inc.

MIB Solutions develops products that help insurance companies make better underwriting and risk management decisions. It markets the MIB Checking Service to health insurers and health plans, significantly improving their loss ratios by reducing applicant fraud. Other offerings include Audit Focus, a product that enhances life underwriting audits and improves mortality risk management; and the Claims Activity Index, an industry-wide, anti-fraud database for life and disability income claims. The company’s Actuarial and Statistical Research Group is at the forefront of mortality and morbidity research for life insurers providing an industry-wide perspective and metrics for compliance and business decisions. MIB Solutions, Inc. is an MIB Group company (www.mib.com/health).

About MIB Group

MIB Group is the premier provider of Internet-based information and knowledge services to the risk management market in North America and is a leading facilitator of electronic insurance commerce.