



# ANNUAL STATEMENT

For the Year Ended December 31, 2011  
of the Condition and Affairs of the

## PMC Medicare Choice Inc.

NAIC Group Code..... , NAIC Company Code..... 12178 Employer's ID Number..... 660592131  
 (Current Period) (Prior Period)  
 Organized under the Laws of Puerto Rico State of Domicile or Port of Entry Puerto Rico Country of Domicile US  
 Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ X ] No [ ]  
 Incorporated/Organized..... January 10, 2001 Commenced Business..... August 1, 2004  
 Statutory Home Office 350 Chardón Avenue..... San Juan ..... PR ..... 00917  
 (Street and Number) (City or Town, State and Zip Code)  
 Main Administrative Office 350 Chardón Avenue..... San Juan ..... PR ..... 00917 787-622-3000  
 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)  
 Mail Address P.O. Box 369292..... San Juan ..... PR ..... 00936-6292  
 (Street and Number or P. O. Box) (City or Town, State and Zip Code)  
 Primary Location of Books and Records 350 Chardón Avenue..... San Juan ..... PR ..... 00917 787-622-3000  
 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)  
 Internet Web Site Address N/A  
 Statutory Statement Contact Sonia Nieves 787-622-3000  
 (Name) (Area Code) (Telephone Number) (Extension)  
 sonia.nieves@mmmhc.com 787-620-2399  
 (E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Orlando Gonzalez	President	2. Jose Mercado	VP of Finance
3.		4.	

### OTHER

Richard Shinto	CEO	Solange De Lahongrais	Secretary
Alba Muñoz	Vicepresident	Arnaldo Rodriguez	Vicepresident
Wilson Quiroja	Vicepresident	Vivian Arthur	Vicepresident
Luis Garcia	Vicepresident	Manuel Sanchez	COO
Vilmarie Garcia	Vicepresident	Juan Arill	Vicepresident
Carlos Vivaldi	CFO	Myra Plumey	Compliance Officer

### DIRECTORS OR TRUSTEES

Richard Shinto MD	Orlando Gonzalez	Doug Malton	Robert Torricelli
Claude Chevance			

State of.....  
County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) Orlando Gonzalez	_____ (Signature) Jose Mercado	_____ (Signature)
1. (Printed Name) President	2. (Printed Name) VP of Finance	3. (Printed Name)
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2012

a. Is this an original filing? Yes [ X ] No [ ]  
 b. If no 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	73,907,847		73,907,847	86,211,596
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....	4,227		4,227	4,227
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....(2,171,230), Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....414,003, Sch. DA).....	(1,757,227)		(1,757,227)	5,417,324
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....	21,117		21,117	23,236
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	600,000	0	600,000	600,000
12. Subtotals, cash and invested assets (Lines 1 to 11).....	72,775,964	0	72,775,964	92,256,383
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	514,515		514,515	573,744
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	36,294,549	207,612	36,086,937	17,219,322
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	519,051		519,051	647,410
18.2 Net deferred tax asset.....	885,449	198,652	686,797	112,724
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....3,208,045) and other amounts receivable.....	3,944,152	734,692	3,209,460	2,825,539
25. Aggregate write-ins for other than invested assets.....	6,994,289	2,009,192	4,985,097	254,928
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	121,927,969	3,150,148	118,777,821	113,890,050
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	121,927,969	3,150,148	118,777,821	113,890,050

### DETAILS OF WRITE-INS

1101. Statutory Deposit with The Insurance Commissioner.....	600,000		600,000	600,000
1102.....			.0	
1103.....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	600,000	0	600,000	600,000
2501. Plan to Plan Receivable.....	201,048	201,048	.0	
2502. Other Receivable.....	5,238,612	253,515	4,985,097	254,928
2503. Prepaid Expenses.....	5,370	5,370	.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	1,549,259	1,549,259	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	6,994,289	2,009,192	4,985,097	254,928

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	39,544,701		39,544,701	50,997,950
2. Accrued medical incentive pool and bonus amounts.....	17,083,964		17,083,964	14,407,038
3. Unpaid claims adjustment expenses.....	317,106		317,106	436,401
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	4,100,000		4,100,000	4,800,000
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....	1,428,945		1,428,945	50,000
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....	587,475		587,475	509,055
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	8,040,956		8,040,956	4,929,863
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....			0	
20. Reinsurance in unauthorized companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....	6,741,804		6,741,804	428,151
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	16,000,000	0	16,000,000	10,641,475
24. Total liabilities (Lines 1 to 23).....	93,844,951	0	93,844,951	87,199,933
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	8,970	8,970
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	12,988,450	12,988,451
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	11,935,450	13,692,696
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	24,932,870	26,690,117
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	118,777,821	113,890,050

**DETAILS OF WRITE-INS**

2301. Statutory Deposit with The Insurance Commissioner.....	600,000		600,000	600,000
2302. Plan To Plan Payable.....			0	107
2303. Dividend Payable & Other liabilities.....	15,400,000		15,400,000	10,041,368
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	16,000,000	0	16,000,000	10,641,475
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	549,982	601,686
2. Net premium income (including \$.....0 non-health premium income).....	XXX	462,734,956	510,399,812
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	.0	.0
7. Aggregate write-ins for other non-health revenues.....	XXX	.0	.0
8. Total revenues (Lines 2 to 7).....	XXX	462,734,956	510,399,812
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		272,238,901	290,200,804
10. Other professional services.....		2,805,713	4,637,236
11. Outside referrals.....			
12. Emergency room and out-of-area.....		6,737,032	5,379,457
13. Prescription drugs.....		72,153,791	90,168,149
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		30,281,325	24,227,940
16. Subtotal (Lines 9 to 15).....	.0	384,216,762	414,613,586
<b>Less:</b>			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	.0	384,216,762	414,613,586
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....			
21. General administrative expenses.....		51,355,768	58,683,670
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	.0	435,572,530	473,297,256
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	27,162,426	37,102,556
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,952,760	1,934,921
26. Net realized capital gains or (losses) less capital gains tax of \$.....231,805.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	1,952,760	1,934,921
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	29,115,186	39,037,477
31. Federal and foreign income taxes incurred.....	XXX	8,767,377	14,543,527
32. Net income (loss) (Lines 30 minus 31).....	XXX	20,347,809	24,493,950

### DETAILS OF WRITE-INS

0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	.0	.0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	.0	.0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	.0	.0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	.0	.0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	.0	.0	.0
2901. Other income.....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0	.0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.0	.0	.0

## STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	26,690,117	25,966,319
34. Net income or (loss) from Line 32.....	20,347,809	24,493,950
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	610,114	65,820
39. Change in nonadmitted assets.....	(2,315,171)	(270,964)
40. Change in unauthorized reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....	(20,400,000)	(23,540,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	(25,008)
48. Net change in capital and surplus (Lines 34 to 47).....	(1,757,248)	723,798
49. Capital and surplus end of reporting period (Line 33 plus 48).....	24,932,869	26,690,117

## DETAILS OF WRITE-INS

4701. Other surplus adjustments.....		(25,008)
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	(25,008)

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	443,155,776	501,982,843
2. Net investment income.....	2,339,419	2,713,105
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	445,495,195	504,695,948
5. Benefit and loss related payments.....	395,507,942	413,053,404
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	48,028,783	55,160,299
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	8,640,019	28,663,998
10. Total (Lines 5 through 9).....	452,176,744	496,877,701
11. Net cash from operations (Line 4 minus Line 10).....	(6,681,549)	7,818,247
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	35,293,969	29,620,891
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	35,293,969	29,620,891
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	23,315,525	30,810,185
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	23,315,525	30,810,185
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	11,978,444	(1,189,294)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....	13,800,000	14,740,000
16.6 Other cash provided (applied).....	1,328,554	(2,059,675)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(12,471,446)	(16,799,675)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(7,174,551)	(10,170,722)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	5,417,324	15,588,046
19.2 End of year (Line 18 plus Line 19.1).....	(1,757,227)	5,417,324

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
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## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....				0
2. Medicare supplement.....				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal employees health benefits plan.....				0
6. Title XVIII - Medicare.....	462,734,956			462,734,956
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8).....	462,734,956	0	0	462,734,956
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	462,734,956	0	0	462,734,956

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	368,596,731						368,596,731			
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	368,596,731	0	0	0	0	0	368,596,731	0	0	0
2. Paid medical incentive pools and bonuses.....	27,604,399						27,604,399			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	39,544,701						39,544,701			
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	39,544,701	0	0	0	0	0	39,544,701	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	17,083,964						17,083,964			
6. Net healthcare receivables (a).....	3,208,045						3,208,045			
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	50,997,950						50,997,950			
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	50,997,950	0	0	0	0	0	50,997,950	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	14,407,038						14,407,038			
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	353,935,437	0	0	0	0	0	353,935,437	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	353,935,437	0	0	0	0	0	353,935,437	0	0	0
13. Incurred medical incentive pools and bonuses.....	30,281,325	0	0	0	0	0	30,281,325	0	0	0

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	.0									
1.2 Reinsurance assumed.....	.0									
1.3 Reinsurance ceded.....	.0									
1.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but unreported:										
2.1 Direct.....	39,544,701						39,544,701			
2.2 Reinsurance assumed.....	.0									
2.3 Reinsurance ceded.....	.0									
2.4 Net.....	39,544,701	.0	.0	.0	.0	.0	39,544,701	.0	.0	.0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	.0									
3.2 Reinsurance assumed.....	.0									
3.3 Reinsurance ceded.....	.0									
3.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Totals:										
4.1 Direct.....	39,544,701	.0	.0	.0	.0	.0	39,544,701	.0	.0	.0
4.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net.....	39,544,701	.0	.0	.0	.0	.0	39,544,701	.0	.0	.0

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid December 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					.0	
2. Medicare supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal employees health benefits plan.....					.0	
6. Title XVIII - Medicare.....	45,719,840	286,458,062	1,227,033	38,317,667	46,946,873	50,997,950
7. Title XIX - Medicaid.....					.0	
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	45,719,840	286,458,062	1,227,033	38,317,667	46,946,873	50,997,950
10. Healthcare receivables (a).....					.0	
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	15,170,354	45,644,829	2,291,761	14,792,203	17,462,115	14,407,038
13. Totals (Lines 9 - 10 + 11 + 12).....	60,890,194	332,102,891	3,518,794	53,109,870	64,408,988	65,404,988

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....	507,650	378,630		0.0	378,630	74.6			378,630	74.6
2. 2008.....	422,587	288,370		0.0	288,370	68.2			288,370	68.2
3. 2009.....	538,051	359,148		0.0	359,148	66.7			359,148	66.7
4. 2010.....	510,400	413,053		0.0	413,053	80.9			413,053	80.9
5. 2011.....	462,735	368,597		0.0	368,597	79.7	56,629	317	425,543	92.0

12.GT

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
(000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....	507,650	378,630		0.0	378,630	74.6			378,630	74.6
2. 2008.....	422,587	288,370		0.0	288,370	68.2	796		289,166	68.4
3. 2009.....	538,051	359,148		0.0	359,148	66.7	61,722	399	421,269	78.3
4. 2010.....	510,400	413,053		0.0	413,053	80.9	65,405	436	478,894	93.8
5. 2011.....	462,735	368,597		0.0	368,597	79.7	56,629	317	425,543	92.0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....					<b>NONE</b>	0.0			0	0.0
2. 2008.....				0.0		0	0.0		0	0.0
3. 2009.....				0.0		0	0.0		0	0.0
4. 2010.....				0.0		0	0.0		0	0.0
5. 2011.....				0.0		0	0.0		0	0.0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....					<b>NONE</b>	0.0			0	0.0
2. 2008.....				0.0		0	0.0		0	0.0
3. 2009.....				0.0		0	0.0		0	0.0
4. 2010.....				0.0		0	0.0		0	0.0
5. 2011.....				0.0		0	0.0		0	0.0

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - VISION ONLY**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....					<b>NONE</b>	0.0			0	0.0
2. 2008.....				0.0		0	0.0		0	0.0
3. 2009.....				0.0		0	0.0		0	0.0
4. 2010.....				0.0		0	0.0		0	0.0
5. 2011.....				0.0		0	0.0		0	0.0

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

#### SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....	XXX				
4. 2009.....	XXX	XXX			
5. 2010.....	XXX	XXX	XXX		
6. 2011.....	XXX	XXX	XXX	XXX	

#### SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....	XXX				
4. 2009.....	XXX	XXX			
5. 2010.....	XXX	XXX	XXX		
6. 2011.....	XXX	XXX	XXX	XXX	

#### SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....					<b>NONE</b>	0.0			0	0.0
2. 2008.....				0.0	0	0.0			0	0.0
3. 2009.....				0.0	0	0.0			0	0.0
4. 2010.....				0.0	0	0.0			0	0.0
5. 2011.....				0.0	0	0.0			0	0.0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....				<b>NONE</b>	0	0.0			0	0.0
2. 2008.....					0.0	0	0.0		0	0.0
3. 2009.....					0.0	0	0.0		0	0.0
4. 2010.....					0.0	0	0.0		0	0.0
5. 2011.....					0.0	0	0.0		0	0.0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
(000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID**

12.XI

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....					<b>NONE</b>	0.0			0	0.0
2. 2008.....				0.0		0	0.0		0	0.0
3. 2009.....				0.0		0	0.0		0	0.0
4. 2010.....				0.0		0	0.0		0	0.0
5. 2011.....				0.0		0	0.0		0	0.0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - OTHER**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION B - INCURRED HEALTH CLAIMS - OTHER**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	<b>NONE</b>				
2. 2007.....					
3. 2008.....		XXX			
4. 2009.....		XXX	XXX		
5. 2010.....		XXX	XXX	XXX	
6. 2011.....		XXX	XXX	XXX	XXX

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....					<b>NONE</b>	0.0			0	0.0
2. 2008.....				0.0		0	0.0		0	0.0
3. 2009.....				0.0		0	0.0		0	0.0
4. 2010.....				0.0		0	0.0		0	0.0
5. 2011.....				0.0		0	0.0		0	0.0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>POLICY RESERVE</b>									
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$.0 for investment income.....)	.0								
5. Aggregate write-ins for other policy reserves.....	4,100,000	.0	.0	.0	.0	.0	4,100,000	.0	.0
6. Totals (gross).....	4,100,000	.0	.0	.0	.0	.0	4,100,000	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (net) (Page 3, Line 4).....	4,100,000	.0	.0	.0	.0	.0	4,100,000	.0	.0
<b>CLAIM RESERVE</b>									
9. Present value of amounts not yet due on claims.....	.0								
10. Reserve for future contingent benefits.....	.0								
11. Aggregate write-ins for other claim reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded.....	.0								
14. Totals (net) (Page 3, Line 7).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
<b>DETAILS OF WRITE-INS</b>									
0501. Risk Sharing Payable.....	4,100,000						4,100,000		
0502. ....	.0								
0503. ....	.0								
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	4,100,000	.0	.0	.0	.0	.0	4,100,000	.0	.0
1101. ....	.0								
1102. ....	.0								
1103. ....	.0								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0

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(a) Includes \$.0 premium deficiency reserve.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....			1,204,790		1,204,790
2. Salaries, wages and other benefits.....			27,311,218		27,311,218
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			1,971,672		1,971,672
4. Legal fees and expenses.....			934,350		934,350
5. Certifications and accreditation fees.....			137,182		137,182
6. Auditing, actuarial and other consulting services.....			2,160,925		2,160,925
7. Traveling expenses.....			344,559		344,559
8. Marketing and advertising.....			2,148,060		2,148,060
9. Postage, express and telephone.....			2,763,327		2,763,327
10. Printing and office supplies.....			122,682		122,682
11. Occupancy, depreciation and amortization.....			765,912		765,912
12. Equipment.....			560,598		560,598
13. Cost or depreciation of EDP equipment and software.....					0
14. Outsourced services including EDP, claims, and other services.....					0
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....			83,570		83,570
17. Collection and bank service charges.....					0
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....			114,115		114,115
24. Investment expenses not included elsewhere.....					0
25. Aggregate write-ins for expenses.....	0	0	10,732,809	0	10,732,809
26. Total expenses incurred (Lines 1 to 25).....	0	0	51,355,769	0	(a) 51,355,769
27. Less expenses unpaid December 31, current year.....		317,106	1,428,945		1,746,051
28. Add expenses unpaid December 31, prior year.....		436,401	50,000		486,401
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	119,295	49,976,824	0	50,096,119

## DETAILS OF WRITE-INS

2501. Public Relations and Provider Relations.....			746,560		746,560
2502. Data Process.....			2,473,373		2,473,373
2503. Special Projects & other expenses & Bad Debt Expense.....			7,512,876		7,512,876
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	10,732,809	0	10,732,809

(a) Includes management fees of \$....49,173,067 to affiliates and \$.....0 to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....427,170	.....397,218
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....1,426,562	.....1,504,680
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....50,862	.....50,862
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....1,904,594	.....1,952,760
11. Investment expenses.....	.....	(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....0
17. Net investment income (Line 10 minus Line 16).....	.....	.....1,952,760

### DETAILS OF WRITE-INS

0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

- (a) Includes \$.....49,770 accrual of discount less \$.....609,003 amortization of premium and less \$.....23,706 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....52,899	.....	.....52,899	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....178,906	.....	.....178,906	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....231,805	.....0	.....231,805	.....0	.....0

### DETAILS OF WRITE-INS

0901. ....					
0902. ....			.....0		
0903. ....			.....0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Derivatives (Schedule DB).....			.0
8. Other invested assets (Schedule BA).....			.0
9. Receivables for securities.....			.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0
11. Aggregate write-ins for invested assets.....	2,009,192	470,542	(1,538,650)
12. Subtotals, cash and invested assets (Lines 1 to 11).....	2,009,192	470,542	(1,538,650)
13. Title plants (for Title insurers only).....			.0
14. Investment income due and accrued.....			.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	207,612	201,825	(5,787)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
15.3 Accrued retrospective premiums.....			.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.0
16.2 Funds held by or deposited with reinsured companies.....			.0
16.3 Other amounts receivable under reinsurance contracts.....			.0
17. Amounts receivable relating to uninsured plans.....			.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
18.2 Net deferred tax asset.....	198,652	162,610	(36,042)
19. Guaranty funds receivable or on deposit.....			.0
20. Electronic data processing equipment and software.....			.0
21. Furniture and equipment, including health care delivery assets.....			.0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0
23. Receivables from parent, subsidiaries and affiliates.....			.0
24. Health care and other amounts receivable.....	734,692		(734,692)
25. Aggregate write-ins for other than invested assets.....	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	3,150,148	834,977	(2,315,171)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	3,150,148	834,977	(2,315,171)

**DETAILS OF WRITE-INS**

1101. Plan to Plan Receivable.....	201,048	195,270	(5,778)
1102. Prepaid Expense.....	5,370	5,370	.0
1103. Advance to Providers.....	1,549,259	269,902	(1,279,357)
1198. Summary of remaining write-ins for Line 11 from overflow page.....	253,515	.0	(253,515)
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	2,009,192	470,542	(1,538,650)
2501. ....			.0
2502. ....			.0
2503. ....			.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.0	.0	.0

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	48,880	47,270	45,913	44,760	44,024	549,982
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	48,880	47,270	45,913	44,760	44,024	549,982

### DETAILS OF WRITE-INS

0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

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**NOTES TO FINANCIAL STATEMENTS**

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**(1) Organization and Summary of Significant Accounting Policies****(a) Organization**

PMC Medicare Choice, Inc. (the Company or PMC) was organized under the laws of the Commonwealth of Puerto Rico on December 28, 2000 and is a wholly owned subsidiary of MMM Holdings, Inc. (Holdings), a corporation organized under the laws of the Commonwealth of Puerto Rico and wholly owned by Aveta Inc. (Aveta).

The Company was organized to develop and provide Medicare Advantage Plan (MA Plan) coverage to residents of Puerto Rico who are eligible for Medicare benefits. The MA Plan offered by the Company provides plan members with full Medicare Part A and Plan B benefits plus coverage of Medicare deductibles and copayment amounts and additional benefits that Medicare does not provide. Since January 2006, the MA Plan has also offered Medicare Part D drug coverage (MA-PD plan). The MA Plan operates as a health services organization (HSO) whereby members are covered for care provided by physicians, hospitals, and other healthcare providers.

The Company offers its Medicare Advantage Plan pursuant to a contract with the United States Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services. Under the terms of this contract, CMS pays the Company a fixed amount for each member of the Company's coordinated care plan, and the Company provides the coverage to that member for the health services provided. The contract is for a period of one year commencing January 1 and ending on December 31, and can be renewed for periods of one year, as defined in the contract. The contract was renewed effective January 1, 2012 for a period of one year. The Company also provides supplemental health coverage to Medicare and Medicaid dual eligible members enrolled in a specified MA-PD plan.

On August 14, 2006, the shareholders of Holdings acquired all the outstanding common stock of the Company. Approximately \$182 million of the purchase price (including fees and expenses) was paid at closing and an additional earn-out provision provided that a potential payment of an additional \$68 million could be earned and payable over a period of up to approximately 18 months after the closing date based on the achievement of specific performance targets for Holdings's combined Puerto Rico healthcare operations, including PMC. The specific performance targets were not achieved.

Following the acquisition, the Company made a determination of the value of the assets acquired and liabilities assumed on the date of the acquisition (closing balance sheet), which resulted in \$34,400 due from the sellers under the terms of the agreements. The sellers did not agree with the values of the assets and liabilities as determined by the Company and did not pay or agree to pay any amounts due to the Company under the agreement. As a result of this dispute, the Company and the principal selling shareholders and the Shareholders' Representative (the "BER Group"), as well as certain other selling shareholders commenced several litigations with respect to adjustments to the value of the assets acquired and liabilities assumed. In August 2007, the Company offered a settlement to the former minority shareholders of PMC (the "PMC Minority Shareholders"). The settlement was offered to former minority shareholders of approximately 2,950,000 PMC Class B Shares, representing 31% of the equity. The settlement was accepted by the PMC Minority Shareholders holding approximately 2,103,000 PMC Class B Shares. The settlement provided that the Company would not seek recovery from such former shareholders related to the final values of the assets received and liabilities assumed, and the shareholders released the Company from any claims related to the transaction. The settlement provided for additional consideration of \$5.21 per share.

In February 2010, the Company offered a settlement to certain remaining PMC Minority Shareholders pursuant to which the Company would pay \$3.97 per share on April 1, 2010 under the same terms and conditions previously offered. This offer was made to PMC Minority Shareholders who held approximately 196,000 PMC Class B Shares (representing approximately 2% of the equity), and was accepted by former holders of 125,500 of such shares. Payments were made with respect to all of those shares in March and April 2010 for the amount of approximately \$524,000 and were recorded as restructuring and other charges in the accompanying statements of revenues and expenses.

Effective on October 1, 2011, the Company and the BER Group agreed to settle all outstanding claims and disputes related to the PMC acquisition (the "BER Settlement") in consideration of (i) a payment to the Company of \$1.3 million, (ii) the delivery of promissory notes from the BER Group to the Company in the aggregate amount of \$15.7 million (the "BER Notes"), (iii) the execution of agreements extending for a five-year period the exclusive service agreements between the Company and three independent physician associations controlled by the BER Group (the "IPA Service Agreements"); (iv) the execution of five year non-competition agreements by the individuals comprising the BER Group in favor of the Company (the "Non-Compete Agreements"); and (v) the delivery of mutual settlement and release agreements by all parties to the various litigations commenced in connection with the PMC acquisition (the agreements set forth in (ii), (iii), (iv) and (v) hereinafter referred to as the "PMC Settlement Agreements"). Under the terms of the Settlement Agreements, the principal and interest amounts due under the BER Notes (which are joint and several obligations of the individual shareholders comprising the BER Group) are to be reduced (and potential eliminated) in the event that (1) no breach occurs with respect to the Non-Compete Agreements during its respective term, and (2) the quality and scope of the services presently provided under the IPA Service Agreements are maintained.

In connection with the BER Settlement, the Company also executed agreements with the remaining PMC Minority Shareholders under the same terms and conditions previously offered, pursuant to which the Company paid \$3.97 per share to holders of 442,500 such shares totaling \$1,757,000.

## NOTES TO FINANCIAL STATEMENTS

The net expense associated with the settlement of approximately \$457,000 representing a payment received of \$1,300,000 and a payment made of approximately \$1,757,000 has been reflected as restructuring and other charges in the accompanying statements of revenue and expenses

The BER Notes received by the Company have not been reflected as an asset or a gain on the settlement as the realization of any such amounts would only occur as a result of a material breach of the terms of the BER Settlement by the BER Group, which is not expected to occur.

**(b) Basis of Presentation**

The accompanying statutory financial statements of the Company have been prepared in accordance with accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico (the Commissioner of Insurance), which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles. The Company adopted the National Association of Insurance Commissioners' statutory accounting practices (NAIC SAP), as the basis of its statutory accounting practices, as long as they do not contradict the provisions of the Insurance Code of the Commonwealth of Puerto Rico (the Insurance Code) or the Circular Letters issued by the Commissioner of Insurance.

The Commissioner of Insurance has the right to permit other specific practices that may deviate from prescribed practices. Prescribed statutory accounting practices (SAP) include a variety of publications of the National Association of Insurance Commissioners (NAIC) including its codification initiative contained in its accounting practices and procedures manual, as well as state laws, regulations, and general administrative rules. Permitted statutory accounting practices encompass all accounting practices not so prescribed. The Commissioner of Insurance has adopted certain permitted accounting practices that differ from those found in NAIC SAP. However, differences adopted by the Commissioner of Insurance do not have a significant effect on the net income and statutory capital and surplus of the Company.

**(c) Nonadmitted Assets**

Certain assets designated as nonadmitted assets have been excluded from the statutory statements of admitted assets, liabilities, and capital and surplus by a charge to unassigned surplus.

The nonadmitted assets charged to unassigned surplus during 2011 and 2010 are as follows:

	<b>2011</b>	<b>2010</b>
Receivables and advance to providers	\$ 2,946,126	666,997
Prepaid expenses	5,370	5,370
Deferred tax asset	198,652	162,610
	<u>\$ 3,150,148</u>	<u>834,977</u>

**(d) Use of Estimates**

The preparation of the statutory financial statements requires management of the Company to make estimates and assumptions relating to the reported amounts included in the statutory financial statements and accompanying notes. The most significant items subject to estimates and assumptions are the actuarial determination for liabilities related to medical costs, the Company's estimated risk adjustment payments receivable from CMS, and certain amounts recorded related to the Part D program. Actual results could differ from these estimates.

**(e) Recognition of Premium Revenue**

Premium revenue is recognized as revenue over the period in which service or benefits are obligated to be provided. The Company recognizes premium revenue for the Part D payments received from CMS for which it assumes risk. The Company does not record revenue related to Part D payments from CMS that represent payments for claims for which it assumes no risk (see note 4).

Substantially, all revenues recognized by the Company are received from CMS and from the Commonwealth of Puerto Rico Health Insurance Administration (ASES by its Spanish acronym). Revenues are recognized ratably over the period of coverage based on anticipated CMS and ASES reimbursement rates, number of enrollees, and expected Medicare and Medicaid eligibility. Actual amounts received from CMS and ASES are subject to adjustment based on subsequent review of members' eligibility or retroactive adjustments of reimbursement rates. An estimate is made of such retroactive adjustments based on historical trends, premiums billed, number of members, expected eligibility, and other information. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by CMS. Changes in revenues from CMS resulting from the periodic changes in risk adjustment scores for the Company's membership are recognized when the amounts become determinable and the collectability is reasonably assured. Such estimates are regularly reviewed and updated, and any resulting adjustments are included in the current year's results.

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**NOTES TO FINANCIAL STATEMENTS**

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**(f) Cash, Cash and Equivalents, and Short-Term Investments**

The Company considers all highly liquid investments with original maturities of three months or less to be cash equivalents (none at December 31, 2011 and 2010). Short-term investments are defined as short-term highly liquid investments with remaining maturities of one year or less (excluding those investments classified as cash equivalents). Short-term investments having an original maturity of less than one year are stated at cost. At December 31, 2011, short-term investments amounted to approximately \$414,000. At December 31, 2010, cash and short-term investments consisted of cash deposited in financial institutions and money market funds amounting to approximately \$5,417,000; of which approximately \$2,023,000 were short-term investments.

**(g) Investment Securities**

Debt and other debt securities, and equity securities are valued in accordance with rules promulgated by NAIC. Bonds and other debt securities eligible for amortization under such rules and nonredeemable preferred stocks are stated at amortized cost. Equity securities are carried at estimated fair value. Adjustments reflecting the unrealized appreciation or depreciation of equity securities are shown as a component of surplus, net of tax and are not included in the determination of the net gain from operations.

Realized gains or losses on the sale of investments are included in operations and are derived using the specific-identification method for determining the cost of securities sold. Interest and dividend income is recognized when earned.

A decline in the fair value of any security below cost that is deemed to be other-than-temporary impairment (OTTI) results in a reduction in carrying amount to fair value. The impairment is charged to operations and a new cost basis for the security is established. To determine whether an impairment is other-than temporary, the Company considers all available information relevant to the recoverability of the security, including past events, current conditions, and reasonable and supportable forecasts when developing estimate of cash flows expected to be collected. Evidence considered in this assessment includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end, and forecasted performance of the investee.

Premiums and discounts on bonds and other debt securities are amortized or accreted over the life of the related security as an adjustment to yield using the effective-interest method. Such amortization and accretion is included in the investment income line item in the accompanying statutory statements of revenue and expenses. Dividend and interest income are recognized when earned.

The Company's investments are exposed to three primary sources of risk: credit, interest rate, and liquidity risk. The financial statement risks, stemming from such investment risks, are those associated with the determination of estimated fair values, the diminished ability to sell certain investments in times of strained market conditions, the recognition of impairments and the recognition of income on certain investments. These financial statement risks may have a material effect on the amounts presented within the statutory financial statements.

**(h) Fair Value Measurements**

The Company follows the guidance in the provisions of SAP No. 100, *Fair Value Measurements* (SAP 100), for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the statutory financial statements on a recurring basis. SAP 100 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and also establishes a framework for measuring fair value and expands disclosures about fair value measurements. The adoption of this standard resulted in additional disclosures included in note 5 and did not have any impact on the Company's financial position, results of operations or cash flows.

The carrying amounts of cash and cash equivalents, short-term investments, receivables, accounts payable, and accrued liabilities approximate fair value because of the short-term nature of these instruments and should be collected or paid within 12 months after year-end.

The fair value of the investment securities is based on quoted market prices for those or similar investments. Additional information on the fair value of investments is included in note 5.

**(i) Medical Claim Liabilities and Medical Costs and Claims**

Medical claim liabilities are accrued as services are rendered, including claims in process and other medical liabilities and an estimate for claims incurred but not yet reported (IBNR). The IBNR is determined based upon an actuarial analysis of the Company's historical claim payment patterns, management estimates, and other statistics. In addition, the Company contracts with various service providers, which are compensated based on a capitation basis. Expenses related to these providers, which are based in part on estimates, are recorded in the period in which the related services are rendered.

The medical claim liabilities are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the statutory statements of revenue and expenses of the current period. Other medical claims liabilities include medical costs disputes based upon an analysis of potential outcomes, assuming a combination of litigation

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**NOTES TO FINANCIAL STATEMENTS**

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and settlement strategies. The actual results could differ materially from the amount recorded in the statutory financial statements of the Company.

Medical costs and claims consist of claim payments, capitation payments, risk-sharing payments, compensation to doctors and pharmacy costs, net of rebates, as well as estimates of future payments of claims provided for services rendered prior to the end of the reporting period. Capitation payments represent monthly contractual fees disbursed to physicians and other providers who are responsible for providing medical care to members. Risk-sharing payments represent amounts paid under risk-sharing arrangements with providers, including independent physician associations. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers. Rebates are recognized when the rebates are earned according to the contractual arrangements with the respective vendors. Premiums the Company pays to reinsurer are reported as an off-set to premiums, and related reinsurance recoveries are reported as reductions from medical expenses.

**(j) Income Taxes**

Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. Under SAP, the amount permitted to be recognized is more restrictive, and the effect on deferred tax assets and liabilities of a change in tax rates is recognized in the accompanying statutory statements of changes in capital and surplus in the period that includes the enactment date.

The Company reviews its deferred tax assets for recoverability and establishes a valuation allowance based on historical taxable income, projected future taxable income, applicable tax strategies, and the expected timing of the reversals of existing temporary differences. A valuation allowance is provided when it is more likely than not that some portion or all of the deferred tax assets will not be realized.

The Company is subject to Puerto Rico income taxes as an other-than-life insurance entity. Other-than-life insurance entities are taxed essentially the same as other corporations with taxable income determined on the prescribed statutory accounting practices. Also, operations are subject to an alternative minimum income tax, which is calculated based on a formula established by the existing tax laws. Any alternative minimum income tax paid may be used as a credit against the excess, if any, of regular income tax over the alternative minimum income tax in future years.

Tax credits purchased are initially recorded at cost. Gains on tax credits are deferred until the value of the tax credits utilized exceeds its cost. Losses on tax credits are recognized when known. Gains and losses on tax credits are reflected in other income in the accompanying statutory statements of revenue and expenses.

The Company accounts for uncertainty in income taxes by prescribing a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. This standard also provides guidance on derecognition, classification, interest and penalties, and disclosure. The Company recognizes interest and penalties relating to uncertain tax positions in income tax expense.

**(2) Accounting Changes and Correction of Errors**

N/A

**(3) Business Combinations and Goodwill**

N/A

**(4) Discontinued Operations**

N/A

**NOTES TO FINANCIAL STATEMENTS****(5) Investments**

The amortized cost, gross unrealized gains, gross unrealized losses, and estimated fair value of investment securities at December 31, 2011 and 2010 are as follows:

		<b>2011</b>			
		<b>Amortized</b>	<b>Gross</b>	<b>Gross</b>	<b>Estimated</b>
		<b>cost</b>	<b>unrealized</b>	<b>unrealized</b>	<b>fair value</b>
			<b>gains</b>	<b>losses</b>	
Collateralized mortgage obligations	\$	6,345,805	202,349	—	6,548,154
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities		19,217,572	367,640	—	19,585,212
Corporate bonds		29,915,402	375,586	116,684	30,174,305
Mortgage-backed securities		10,550,857	223,450	1,217	10,773,090
Asset-backed securities		4,871,672	30,465	7,608	4,894,529
Foreign securities		3,006,539	87,530	—	3,094,068
Bonds and other debt securities		73,907,847	1,287,020	125,509	75,069,358
Equity securities		3,501	726	—	4,227
	\$	<u>73,911,348</u>	<u>1,287,746</u>	<u>125,509</u>	<u>75,073,585</u>

		<b>2010</b>			
		<b>Amortized</b>	<b>Gross</b>	<b>Gross</b>	<b>Estimated</b>
		<b>cost</b>	<b>unrealized</b>	<b>unrealized</b>	<b>fair value</b>
			<b>gains</b>	<b>losses</b>	
Collateralized mortgage obligations	\$	6,907,743	219,155	—	7,126,898
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities		29,533,438	476,787	455	30,009,770
Corporate bonds		38,169,366	468,833	178,089	38,460,110
Mortgage-backed securities		7,933,613	85,066	47,958	7,970,721
Asset-backed securities		2,156,207	26,710	5,277	2,177,640
Foreign securities		1,511,229	27,111	—	1,538,340
Bonds and other debt securities		86,211,596	1,303,662	231,779	87,283,479
Equity securities		3,501	726	—	4,227
	\$	<u>86,215,097</u>	<u>1,304,388</u>	<u>231,779</u>	<u>87,287,706</u>

Proceeds from sales and maturities of bonds and other debt securities during 2011 and 2010 amounted to approximately \$35,294,000 and \$30,623,000, respectively.

Gross unrealized losses on available for sale investment securities for which other-than-temporary impairments have not been recognized and the estimated fair value of the related securities, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position as of December 31, 2011 and 2010 are as follows:

		<b>2011</b>				
		<b>Less than 12 months</b>		<b>12 months or longer</b>		<b>Total</b>
		<b>Estimated</b>	<b>Gross</b>	<b>Estimated</b>	<b>Gross</b>	<b>Gross</b>
		<b>fair value</b>	<b>unrealized</b>	<b>fair value</b>	<b>unrealized</b>	<b>unrealized</b>
			<b>losses</b>		<b>losses</b>	<b>losses</b>
Corporate bonds	\$	6,560,342	106,249	739,020	10,435	116,684
Mortgage-backed securities		510,770	1,217	—	—	1,217
Asset-backed securities		2,663,357	7,608	—	—	7,608
Total	\$	<u>9,734,469</u>	<u>115,074</u>	<u>739,020</u>	<u>10,435</u>	<u>125,509</u>

**NOTES TO FINANCIAL STATEMENTS**

2010							
		Less than 12 months		12 months or longer		Total	
		Gross	Gross	Gross	Gross	Gross	Gross
		Estimated	Estimated	Estimated	Estimated	Estimated	Estimated
		fair value	unrealized	fair value	unrealized	fair value	unrealized
			losses		losses		losses
U.S. Treasury securities and							
obligations of U.S. government							
agencies, state and authorities	\$	198,954	455	—	—	198,954	455
Corporate bonds		8,427,148	178,089	—	—	8,427,148	178,089
Mortgage-backed securities		1,993,412	47,958	—	—	1,993,412	47,958
Asset-backed securities		256,733	5,277	—	—	256,733	5,277
	Total	\$	10,876,247	231,779	—	—	10,876,247

The Company regularly monitors and evaluates the difference between the cost and estimated fair value of investments. For investments with a fair value below cost, the process includes evaluating the length of time and the extent to which cost exceeds fair value, the prospects and financial condition of the issuer, and the Company's intent and ability to retain the investment to allow for recovery in fair value, among other factors. This process is not exact and further requires consideration of risks such as credit and interest rate risks. Consequently, if an investment's cost exceeds its fair value solely due to changes in interest rates, impairment may not be appropriate. If after monitoring and analyzing, the Company determines that a decline in the estimated fair value of any fixed income or equity security below cost is other than temporary, the carrying amount of the security is reduced to its fair value. The impairment is charged to operations, and a new cost basis for the security is established. No impairments were identified nor recognized by the Company during the years ended December 31, 2011 and 2010.

The unrealized losses in fixed income securities as of December 31, 2011 were caused principally by the concerns over European sovereign debt crisis. Because the Company has the ability and intent to hold these securities until a market price recovery or maturity, these investments are not considered other-than-temporarily impaired. The Company has assessed each position for credit impairment.

The amortized cost and estimated fair value of debt securities at December 31, 2011 by contractual maturity are shown below. Expected maturities will differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

	Amortized cost	Estimated fair value
Due in one year or less	\$ 15,998,308	16,133,614
Due after one year through five years	35,941,451	36,518,939
Due after five years through ten years	199,754	201,032
Due after ten years	6,345,805	6,548,154
Mortgage and asset backed securities	15,422,529	15,667,619
	\$ 73,907,847	75,069,358

**(6) Joint Ventures, Partnerships, and Limited Liability Companies**

N/A

**(7) Investment Income**

Components of investment income for the years ended December 31, 2011 and 2010 were as follows:

	2011	2010
Cash and short-term investments	\$ 50,862	84,206
Bonds and other debt securities, and certificates of deposits	1,901,898	1,850,715
Total	\$ 1,952,760	1,934,921

**NOTES TO FINANCIAL STATEMENTS****(8) Derivative Instruments**

N/A

**(9) Income Taxes**

The income tax expense differs from the amount computed by applying the Puerto Rico statutory income tax rate of 30% in 2011 and 38.2% in 2010 to the income before income taxes as a result of the following:

		<b>2011</b>	<b>2010</b>
Computed "expected" tax expense	\$	8,734,556	14,912,317
Increase (reduction) in income benefit resulting from:			
Exempt interest income		(33,322)	(367,533)
Change in deferred income taxes		(610,115)	(65,820)
Other		66,143	(1,256)
Total	\$	<u>8,157,262</u>	<u>14,477,708</u>
Income tax	\$	8,767,377	14,543,528
Change in deferred income taxes		(610,115)	(65,820)
Total statutory income tax expense	\$	<u>8,157,262</u>	<u>14,477,708</u>

On November 15, 2010, the Commonwealth of Puerto Rico passed Law No. 171. This law gives corporations that complied with Christmas bonus requirements, a seven percent (7%) tax credit (only available in 2010) based on the regular tax, surtax and recaptured amounts but, will not be allowed against the alternative minimum tax. For the year ended December 31, 2011, the effect of this tax credit was a decrease to the Company's statutory income tax rate by approximately 270 basis points.

On March 9, 2009, the Government of Puerto Rico signed into law Act No. 7, *Special Act Declaring State of Fiscal Emergency and Establishing an Integrated Fiscal Stabilizing Plan to Save the Credit of Puerto Rico*. The plan is organized with revenue generating measures, permanent and temporary, cost reducing, and financial measures. Among the tax related measures, the law affects corporations operating in Puerto Rico by requiring a five percent (5%) surtax over the determined tax liability. These measures are effective for tax years commenced after December 31, 2008 and before January 1, 2012. For the year ended December 31, 2011 and 2010, the effect of this surcharge was an increase to the Company's statutory income tax rate by approximately 195 basis points.

On January 31, 2011, the Governor of Puerto Rico signed into laws the Internal Revenue Code for a New Puerto Rico (the New Code). This law replaces the Puerto Rico Internal Revenue Code of 1994, as amended (1994 Code), and as the latter one it covers the Puerto Rico income tax, gift and estate tax, sales and use tax, excise tax, liquor tax and their administrative provisions. The New Code retains the twenty percent (20%) regular income tax rate but establishes significant lower surtax rates and eliminates the five percent (5%) additional surtax described above established by Act No. 7. Under the New Code, the maximum rate will be 30% unless the Company makes a decision to apply the provisions of the 1994 Code for a period of 5 years, in which case the 30% would be applicable after the 5 year period. The Company elected to apply the tax rate of the New Code.

Deferred income taxes reflect the tax effects of temporary differences between carrying amounts of assets and liabilities for financial reporting purposes and income tax purposes. The deferred tax asset at December 31, 2011 and 2010 of the Company is composed of the following:

		<b>2011</b>	<b>2010</b>
Deferred tax asset on nonadmitted assets	\$	885,449	275,334
Less nonadmitted deferred tax asset		(198,652)	(162,610)
Admitted deferred tax asset	\$	<u>686,797</u>	<u>112,724</u>

Under SAP, gross deferred tax assets generally are admitted to the extent the Company's income taxes paid in prior years that can be recovered through loss carrybacks; plus the lesser of (a) the amount of gross deferred tax assets expected to be realized within one year after year-end, or (b) 10% of statutory capital and surplus as of year-end; plus any remaining deferred tax assets that can be offset against existing gross deferred tax liabilities. Companies subject to RBC can elect to admit a higher amount of deferred taxes (a) the amount of gross deferred tax assets expected to be realized within three years after year-end, or (b) 15% of statutory capital and surplus as of year-end. As further explained in note 10, the Company is in a phased transition period to achieve the minimum RBC requirements. Once the Company achieves the minimum RBC requirements it could elect to admit higher deferred taxes.

The change in deferred income taxes during 2011 and 2010 amounted to \$610,114 and \$65,820, respectively, and was credited directly to unassigned surplus.

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## NOTES TO FINANCIAL STATEMENTS

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Unrecognized tax benefits result from income tax positions taken or expected to be taken on the Company's income tax returns for which a tax benefit has not been recorded in the Company's statutory financial statements. For the years ended December 31, 2011 and 2010, there were no unrecognized tax benefits.

The Company is in the process of amending its tax returns for years ranging from 2006 through 2010 in order to reallocate certain retroactive management fees charges to their corresponding years. The amendment of these tax returns resulted in a current income tax benefit of approximately \$64,000 for the year ended December 31, 2011.

The Company's policy is to recognize interest and penalties relating to uncertain tax positions in income tax expense. For the years ended December 31, 2011 and 2010, there was no interest or penalties accrued relating to income taxes.

The Company files its income tax return with a statute of limitation. In the normal course of the business, the Company is subject to examination by various taxing authorities. As of December 31, 2011, the Company may be subject to income tax examinations for the fiscal tax years ended in 2007 through 2011.

### **(10) Information Concerning Parent, Subsidiaries and Affiliates and Other Related Parties**

Holdings provides certain management, infrastructure support, consulting, and implementation services in the operations of the Company and other subsidiaries of Holdings. For these services, which Holdings charges a management fee based on 120% of Holdings monthly operating expenses, Holdings charged the Company approximately \$30,700,000 and \$36,710,000 during the years ended December 31, 2011 and 2010, respectively. Such service charges are presented within the general and administrative expenses in the accompanying statutory statements of revenue and expenses.

On August 1, 2009, the Company entered into a delegation agreement with MSO of Puerto Rico, Inc. (MSO), an affiliate, to provide management and administrative services with respect to the network of physicians and other healthcare providers contracted by the Company in exchange for a management fee. The delegation agreement terms include a fixed and variable component. The fixed component is determined based on a fixed percentage (4%) of the total premiums earned by the Company. The variable component is the 25% of the Surplus as contractually defined in the delegation agreements. During 2011 and 2010, MSO charged the Company approximately \$26,063,000 and \$27,902,000, respectively, of which \$18,473,000 and \$20,410,000 (fixed component) and \$7,590,000 and \$7,492,000 (variable component), respectively, are included in general and administrative expenses and medical costs and claims, respectively, in the accompanying statutory statements of revenue and expenses.

The amounts due to and due from parent company and affiliates at December 31, 2011 and 2010 are noninterest-bearing.

### **(11) Debt**

N/A

### **(12) Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

N/A

### **(13) Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

N/A

### **(14) Contingencies**

#### **(a) Legal Matters**

The College of Dental Surgeons of Puerto Rico, on its own behalf and in representation of its members, v. Triple S Management Inc. The College of Dental Surgeons of Puerto Rico filed a putative class action complaint before the Court of First Instance in San Juan, Puerto Rico, on its own behalf and on behalf of its members in the Commonwealth of Puerto Rico, against 24 payors licensed in the Commonwealth of Puerto Rico, including the Company. The complaint alleges that the Company, among other payors, in violation of various state laws and statutes engaged in the following actions: (a) imposing unilateral cancellation clauses in their provider contracts, which were then used against the dentists in the event that the dentist contested the payor's payment schedules; (b) denial of payments for services rendered that allegedly were medically necessary; and (c) unilateral downcoding of claims to underpay the dentists. The plaintiffs allege that the named payors, including the Company, engaged in conduct violating the Racketeer Influenced and Corrupt Organization Act (RICO) constituting a pattern of organized crime with the intent to illegally appropriate funds that belong to the dentists in violation of the state RICO statute. The parties have been engaged in motion practice over whether the action should proceed in federal district court or commonwealth court. That motion practice is ongoing and the parties have not yet engaged in any discovery concerning the merits. In March 2011, the Company filed a Motion to Dismiss and/or for Judgment on the Pleadings, and Plaintiffs filed their Motion In Position to same on June 10, 2011. The complaint alleges damages of \$150 million against the entire group of defendants but it is not possible now to determine what the Company's share of such amount could be. Although it is too early to make a judgment as to the probability of a favorable or unfavorable outcome, the Company believes that it has valid defenses against these claims, that they are without merit and it is vigorously defending itself against them.

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## NOTES TO FINANCIAL STATEMENTS

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*PMC v. Cardio Services, Inc., Diagnostic Nuclear Medicine, Inc., Dr. Orlando Marini and Dr. Ricardo Santiago.* In 2009, the Company terminated the provider agreements of Dr. Orlando Marini and his affiliated cardiology provider entities (the “Marini Entities”) after an internal clinical review indicated the Marini Entities had submitted materially false billing documentation. Following that termination, the Company commenced an action in the First Instance Court of the Commonwealth of Puerto Rico to recover provider reimbursements related to such billings. The Marini Entities have denied all wrongdoing and have asserted counterclaims against the Company related to the terminations, including claims for lost profits and reputational damage. The case is in the early stages and the parties are currently engaged in discovery. Although the Company believes they have valid claims and valid defenses to the Marini Entities counterclaims, there can be no assurance that the Company will prevail against the Marini Entities. Notwithstanding the foregoing, in the event of an adverse ruling against the Company such a determination is not expected to have a material impact on the Company.

*Miscellaneous.* At December 31, 2011, the Company is a defendant in various other lawsuits and other claims arising in the ordinary course of business. In addition, current and past business practices of the Company are subject to review or investigation by, or subpoenas or other requests for information from, various state, commonwealth or federal health care regulatory authorities, state or commonwealth attorneys general, the U.S. Department of Justice, U.S. Attorneys, the Office of the Inspector General, and other state, commonwealth or federal authorities or bodies. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the financial position and results of operations of the Company.

From time to time in the ordinary course of business, the Company (1) denies payments for service based on factors such as medical necessity and failure to meet preauthorization requirements, and (2) determines payments for service based on contractual provisions. Certain providers have notified the Company that they disagree with its determinations and have threatened legal action. The Company has included in its medical cost liabilities a provision for the potential payments to these providers.

**(b) Audits from CMS and from the Commissioner of Insurance**

Under the terms of the agreement with CMS, the Company is subject to audits of compliance with federal regulations. During 2011 and 2010, the Company was subject to CMS audits. These audits did not have a material adverse effect on the Company’s statutory financial statements.

In connection with CMS’s continuing statutory obligation to review risk score coding practices by Medicare Advantage plans, CMS is conducting regular audits of Medicare Advantage plans for compliance by the plans and their providers with proper coding practices (sometimes referred to as “Risk Adjustment Data Validation Audits” or “RADV Audits”). The Company has not been subject to a RADV Audit to date. In December 2010, CMS published for public comment its proposed methodology for payment adjustments determined as a result of its various RADV Audits, including its methods for sampling, payment error calculation, and extrapolation of the error rate across the relevant plan population. Numerous comments challenging CMS’s methodologies were submitted to CMS by participants in the Medicare Advantage program. It is unclear when and how CMS will respond to these comments and what form the RADV Audit methodologies, including extrapolation and payment error calculations, will ultimately take. Should the Company be subject to a RADV audit in the future, it could have a material impact on the Company’s financial position and results of operations depending the final audit methodology that is implemented by CMS.

During 2008, the Company was subject to an examination of the Commissioner of Insurance covering 2007 and certain prior periods. The findings of these examinations were received in 2010 and did not have a material impact on the Company’s financial statements.

**(15) Leases**

N/A

**(16) Information about financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk**

N/A

**(17) Sale, transfer, and servicing of financial assets and extinguishments of liabilities**

N/A

**(18) Gain or loss to the reporting entity from uninsured plans and the uninsured portion of partially insured plans**

N/A

**(19) Direct premium written/produced by managing general agents/third party administrators**

N/A

**NOTES TO FINANCIAL STATEMENTS****(20) Fair Value Measurement**

The Company follows SAP No. 100, *Fair Value Measurements* (SAP 100) for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. SAP 100 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The following table presents assets and liabilities that are measured at fair value on a recurring basis at December 31, 2011 and 2010:

				Fair value measurements at reporting date using			
				As reflected			
				on the			
				statutory of			
				admitted			
				assets	Quoted		
				liabilities,	prices in		
				capital	active	Significant	
				and surplus	markets for	other	Significant
				as of	identical	observable	unobservable
				December 31	assets	inputs	inputs
				2011	(Level 1)	(Level 2)	(Level 3)
Assets:							
	Short-term investments		\$	414,003	414,003	—	—
	U.S. Treasury securities and						
	obligations of						
	U.S. government agencies						
	state and authorities			19,217,572	—	19,585,212	—
	Foreign securities			3,006,539	—	3,094,068	—
	Corporate bonds			29,915,402	—	30,174,305	—
	Mortgage-backed securities			10,550,857	—	10,773,090	—
	Asset-backed securities			4,871,672	—	4,894,529	—
	Collateralized mortgage						
	obligations			6,345,805	—	6,548,154	—
	Equity securities			4,227	—	—	4,227
	Restricted securities			600,000	600,000	—	—
		Total	\$	<u>74,926,077</u>	<u>1,014,003</u>	<u>75,069,358</u>	<u>4,227</u>

**NOTES TO FINANCIAL STATEMENTS**

				Fair value measurements at reporting date using			
				As reflected			
				on the			
				statutory of			
				admitted			
				assets	Quoted		
				liabilities,	prices in		
				capital	active	Significant	
				and surplus	markets for	other	Significant
				as of	identical	observable	unobservable
				December 31	assets	inputs	inputs
				2010	(Level 1)	(Level 2)	(Level 3)
Assets:							
	Short-term investments		\$	2,022,550	2,022,550	—	—
	U.S. Treasury securities and						
	obligations of						
	U.S. government agencies						
	state and authorities			29,533,438	—	30,009,770	—
	Foreign securities			1,511,229	—	1,538,340	—
	Corporate bonds			38,169,366	—	38,460,110	—
	Mortgage-backed securities			7,933,613	—	7,970,721	—
	Asset-backed securities			2,156,207	—	2,177,640	—
	Collateralized mortgage						
	obligations			6,907,743	—	7,126,898	—
	Equity securities			4,227	—	—	4,227
	Restricted securities			600,000	600,000	—	—
		Total	\$	88,838,373	2,622,550	87,283,479	4,227

**(21) Other Items**

Medicare prescription drug coverage is available to eligible members with Medicare. As a result, the Company renewed their contracts with CMS to offer MA-PD insurance coverage for medical and prescription drug benefits. The contract was renewed effective January 1, 2012 for a one year period.

In general, pharmacy benefits under Part D plans may vary in terms of coverage levels and out-of-pocket costs for beneficiary premiums, deductibles, and coinsurance. However, all Part D plans must offer either “standard coverage” or its actuarial equivalent (with the Company’s out-of-pocket threshold and deductible amounts that do not exceed those of standard coverage). These “defined standard” benefits represent the minimum level of benefits mandated by Congress.

The payment the Company receives monthly from CMS generally represents the Company’s bid amount for providing insurance coverage. The Company recognizes premium revenue for providing this insurance coverage ratably over the term of the annual contract. However, the CMS payment is subject to 1) risk sharing through the risk corridor provisions and 2) reinsurance subsidy in order for the Company and CMS to share the risk associated with financing the ultimate costs of the Part D benefit and (3) CMS coverage gap discount program (CGDP) subsidy (since January 2011).

The amount of revenue payable to a plan by CMS is subject to adjustment, positive or negative, based upon the application of risk corridors that compare a plan’s revenues targeted in their bids (target amount) to actual prescription drug costs. Variances exceeding certain thresholds may result in CMS making additional payments to the Company (risk sharing receivable) or require the Company to refund to CMS (risk sharing payable) a portion of the payments the Company received. Actual prescription drug costs subject to risk sharing with CMS are limited to the costs that are, or would have been, incurred under the CMS “defined standard” benefit plan (allowable risk corridor costs). The Company recognizes any changes in the risk sharing receivable from or payable to CMS as an adjustment to premium revenue.

Reinsurance subsidies represent payments from CMS for claims the Company paid for which the Company assumed no risk. Claims paid above the out-of-pocket or catastrophic threshold for which the Company is not at risk are all reimbursed by CMS through the reinsurance subsidy for Part D plans offering the standard coverage. The Company accounts for these subsidies, net of withdrawals, as a liability for amounts held under uninsured plans in the statutory statements of admitted assets, liabilities, and capital and surplus and as a financing activity in the statutory statements of cash flows. The Company does not recognize premium revenue or claims expense for these CMS subsidies.

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**NOTES TO FINANCIAL STATEMENTS**

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Effective January 1, 2011, Part D sponsors must provide the discounts for applicable drugs in the Medicare Part D coverage gap (difference between the initial coverage limit and the catastrophic coverage threshold) at point-of-sale under the CGDP. Part D sponsors receive monthly prospective payments from CMS under the CGDP. These prospective payments provide cash flows to Part D sponsors for advancing the gap discounts at the point of sale. The Company accounts for these prospective payments or subsidies as a liability in the statutory statements of admitted assets, liabilities and capital and surplus and as a financing activity in the statutory statements of cash flows. On a quarterly basis, CMS invoices drug manufacturers for discounts provided by Part D sponsors which are recorded as an account receivable from manufacturers (approximately \$4,985,000 at December 31, 2011) as part of other receivables in the accompanying statutory statements of admitted assets, liabilities and capital and surplus. Manufacturers remit payments for invoiced amounts directly to Part D sponsors. The prospective payments made to Part D sponsors are reduced by the discount amounts invoiced to manufacturers. The Company does not recognize premium revenue or claims expense for these CMS prospective payments or invoiced amounts to manufacturers.

These estimates of amounts due to or from CMS are primarily determined on the prescription drug benefit claim data submitted by plans to CMS in the form of Prescription Drug Event (PDE) data records. The Company used PDE submission reports and data, claims paid data, and actuarial assumptions pursuant to CMS risk sharing and reinsurance guidelines in order to estimate the final settlement amounts due to or from CMS.

The Company recorded at December 31, 2011 a risk sharing payable of approximately \$4,100,000 that is reported as aggregate health policy reserves and a reinsurance receivable of approximately \$627,000 (including low income cost-sharing liability of approximately \$1,500) reported as an offsetting component of liabilities for amounts held under uninsured plans in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus. The Company has a CGDP liability at December 31, 2011 amounting to approximately \$7,369,000 reported as a liability for amounts held under uninsured plans in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus.

The Company recorded at December 31, 2010 a risk sharing payable of approximately \$4,800,000 that is reported as aggregate health policy reserves and a reinsurance liability of approximately \$428,000 (including low income cost-sharing liability of approximately \$14,000) reported as liabilities for amounts held under uninsured plans in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus.

The Part D amounts due to or from CMS are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate balance may be in excess or less than the amount provided. The methodology for making such estimates and for establishing the resulting Part D balances are continually reviewed, and adjustments, if any, are reflected in the current year. The final Part D amounts due to or from CMS are determined within one year after the contract year-end. The Company recorded changes in estimates for Part D amounts due to or from CMS that decreased income before taxes in the amounts of approximately \$1,109,000 and \$617,000 for the years ended December 31, 2011 and 2010, respectively.

The Company also receives premiums to enhance the drug benefit coverage to Medicaid-eligible members under the Medicare Platino Program sponsored by ASES. At December 31, 2011 and 2010, the Company has receivables from ASES of approximately \$1,187,000 and \$1,232,000, respectively, which are reflected as a component of premium receivables in the accompanying statutory statements of admitted assets, liabilities and capital and surplus.

Pharmacy benefit costs are recognized as incurred. The Company has subcontracted the pharmacy claims administration to a third-party pharmacy benefit manager.

**(22) Events Subsequent**

N/A

**(23) Reinsurance**

N/A

**(24) Retrospectively Rated Contract & Contracts Subject to Redetermination**

N/A

**NOTES TO FINANCIAL STATEMENTS****(25) Change in Incurred Claims and Claims adjustment Expenses**

The activity in the medical claim liabilities during the years ended December 31, 2011 and 2010 are as follows:

					<b>2011</b>	<b>2010</b>
Medical claim liabilities at beginning of year				\$	53,705,534	50,910,543
Medical costs and claims:						
	Current period insured events				368,783,000	389,593,170
	Prior periods insured events				<b>(2,355,000)</b>	<b>(1,032,000)</b>
			Total incurred		366,428,000	388,561,170
Payment for claims:						
	Current period insured events				330,757,597	341,577,652
	Prior periods insured events				47,022,929	44,188,527
			Total paid		377,780,526	385,766,179
Medical claim liabilities at end of year				\$	42,353,008	53,705,534

The above table shows the components of changes in medical claim liabilities for the periods indicated. Medical claim liabilities includes claims in process and other medical claims liabilities as well as provisions for the estimate of incurred but not reported claims and provisions for disputed claims obligations. Such estimates are developed using actuarial principles and assumptions that consider among other things, contractual requirements, historical utilization trends and payment patterns, benefit changes, medical inflation, seasonality, membership, and other relevant factors.

Because medical claim liabilities includes various actuarially developed estimates, the Company's actual medical costs and claims expense may be more or less than the Company's previously developed estimates.

The incurred claims for prior period insured events during 2011 and 2010 were lower due to a favorable development of claims liabilities that is attributed to lower-than-expected cost per service and utilization trends.

**(26) Intercompany Pooling Arrangements**

N/A

**(27) Structured Settlements**

N/A

**(28) Health Care Receivables**

N/A

**(29) Participating Policies**

N/A

**(30) Premium Deficiency Reserves**

N/A

**(31) Anticipated Salvage and Subrogation**

N/A

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES - GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [ X ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]
- 1.3 State regulating? \_\_\_\_\_
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ X ] No [ ]
- 2.2 If yes, date of change: 08/15/2006
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2007
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/08/2005
- 3.4 By what department or departments? \_\_\_\_\_
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [ X ]
- 4.12 renewals? Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [ X ]
- 4.22 renewals? Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]
- 6.2 If yes, give full information: \_\_\_\_\_

- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]
- 7.2 If yes,
- 7.21 State the percentage of foreign control .....%
- 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. \_\_\_\_\_

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
KPMG LLP American International Plaza Suite 1100 250 Munoz Rivera Ave. San Juan PR 00918

- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: \_\_\_\_\_

- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: \_\_\_\_\_

- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ]
- 10.6 If the answer to 10.5 is no or n/a, please explain. \_\_\_\_\_

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Judah Rabinowitz, Aveta, Fort Lee New Jersey

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company \_\_\_\_\_

12.12 Number of parcels involved .....  
 12.13 Total book/adjusted carrying value .....

- 12.2 If yes, provide explanation. \_\_\_\_\_

## GENERAL INTERROGATORIES

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ X ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ X ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ X ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

### PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

### PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

- 20.11 To directors or other officers \$.....0
- 20.12 To stockholders not officers \$.....0
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

- 20.21 To directors or other officers \$.....0
- 20.22 To stockholders not officers \$.....0
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

- 21.21 Rented from others .....
- 21.22 Borrowed from others .....
- 21.23 Leased from others .....
- 21.24 Other .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]

22.2 If answer is yes:

- 22.21 Amount paid as losses or risk adjustment .....
- 22.22 Amount paid as expenses .....
- 22.23 Other amounts paid .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. ....

### PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)? Yes [ X ] No [ ]

24.2 If no, give full and complete information relating thereto.

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [ X ]

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs. ....

24.6 If answer to 24.4 is no, report amount of collateral for other programs. ....

24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]

24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

- 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [ ] No [X]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements .....
  - 25.22 Subject to reverse repurchase agreements .....
  - 25.23 Subject to dollar repurchase agreements .....
  - 25.24 Subject to reverse dollar repurchase agreements .....
  - 25.25 Pledged as collateral .....
  - 25.26 Placed under option agreements .....
  - 25.27 Letter stock or securities restricted as to sale .....
  - 25.28 On deposit with state or other regulatory body \$.....600,000
  - 25.29 Other .....
- 25.3 For category (25.27) provide the following:
- | 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|----------------------------|------------------|-------------|
|                            |                  |             |
- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.

- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]
- 27.2 If yes, state the amount thereof at December 31 of the current year: .....
28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]
- 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- | 1<br>Name of Custodian(s) | 2<br>Custodian's Address |
|---------------------------|--------------------------|
| Bank of New York          |                          |

- 28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:
- | 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|              |                  |                              |

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]
- 28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:
- | 1<br>Central Registration Depository Number(s) | 2<br>Name | 3<br>Address |
|--|-----------|--------------|
|  |           |              |

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj. Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	73,907,847	75,069,358	1,161,511
30.2 Preferred stocks.....			0
30.3 Totals.....	73,907,847	75,069,358	1,161,511

- 30.4 Describe the sources or methods utilized in determining the fair values:  
SVD
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]
- 32.2 If no, list exceptions:

- PART 1 - COMMON INTERROGATORIES - OTHER**
- 33.1 Amount of payments to trade associations, service organizations and state or national organizations for advertising purposes for 2011 \$.....0
- 33.2 List the name of the organization and the amount paid if any such payment represented 5% or more of the total payments to **NONE**

**PART 1 - COMMON INTERROGATORIES - OTHER**

trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? \$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

**NONE**

**GENERAL INTERROGATORIES (continued)**

**PART 2 - HEALTH INTERROGATORIES**

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only .....
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....
- 1.31 Reason for excluding .....

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. .....
- 1.6 Individual policies:
  - Most current three years:
    - 1.61 Total premium earned .....
    - 1.62 Total incurred claims .....
    - 1.63 Number of covered lives .....
  - All years prior to most current three years:
    - 1.64 Total premium earned .....
    - 1.65 Total incurred claims .....
    - 1.66 Number of covered lives .....
- 1.7 Group policies:
  - Most current three years:
    - 1.71 Total premium earned .....
    - 1.72 Total incurred claims .....
    - 1.73 Number of covered lives .....
  - All years prior to most current three years:
    - 1.74 Total premium earned .....
    - 1.75 Total incurred claims .....
    - 1.76 Number of covered lives .....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	462,734,956	510,399,812
2.2 Premium Denominator.....	462,734,956	510,399,812
2.3 Premium Ratio (2.1/2.2).....	100.0	100.0
2.4 Reserve Numerator.....	60,728,665	70,204,988
2.5 Reserve Denominator.....	60,728,665	70,204,988
2.6 Reserve Ratio (2.4/2.5).....	100.0	100.0

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits? Yes [ ] No [X]
- 3.2 If yes, give particulars: .....

- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No [ ]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]
- 5.2 If no, explain: .....

- 5.3 Maximum retained risk (see instructions):
  - 5.31 Comprehensive medical \$.....0
  - 5.32 Medical only \$.....0
  - 5.33 Medicare supplement \$.....0
  - 5.34 Dental and vision \$.....0
  - 5.35 Other limited benefit plan \$.....0
  - 5.36 Other \$.....0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

.....

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes [X] No [ ]
- 7.2 If no, give details: .....

- 8. Provide the following information regarding participating providers:
  - 8.1 Number of providers at start of reporting year .....6,687
  - 8.2 Number of providers at end of reporting year .....0

- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]
- 9.2 If yes, direct premium earned:
  - 9.21 Business with rate guarantees between 15-36 months .....
  - 9.22 Business with rate guarantees over 36 months .....

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [X] No [ ]
- 10.2 If yes:
  - 10.21 Maximum amount payable bonuses \$.....0
  - 10.22 Amount actually paid for year bonuses \$.....0
  - 10.23 Maximum amount payable withholds \$.....0
  - 10.24 Amount actually paid for year withholds \$.....0

**GENERAL INTERROGATORIES (continued)**

**PART 2 - HEALTH INTERROGATORIES**

- 11.1. Is the reporting entity organized as:
  - 11.12 A Medical Group/Staff Model, Yes [ ] No [X]
  - 11.13 An Individual Practice Association (IPA), or Yes [ ] No [X]
  - 11.14 A Mixed Model (combination of above)? Yes [ ] No [X]
- 11.2. Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No [ ]
- 11.3. If yes, show the name of the state requiring such net worth. \_\_\_\_\_
- 11.4. If yes, show the amount required. \$.....0
- 11.5. Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]
- 11.6. If the amount is calculated, show the calculation:  
 \_\_\_\_\_  
 \_\_\_\_\_

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area

- 13.1. Do you act as a custodian for health savings account? Yes [ ] No [X]
- 13.2. If yes, please provide the amount of custodial funds held as of the reporting date. .....
- 13.3. Do you act as an administrator for health savings accounts? Yes [ ] No [X]
- 13.4. If yes, please provide the balance of the funds administered as of the reporting date. .....

## FIVE-YEAR HISTORICAL DATA

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>Balance Sheet Items (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28).....	118,777,820	113,890,050	113,723,447	109,260,712	129,619,317
2. Total liabilities (Page 3, Line 24).....	93,844,950	87,199,933	87,757,128	63,565,360	71,456,536
3. Statutory surplus.....					
4. Total capital and surplus (Page 3, Line 33).....	24,932,870	26,690,117	25,966,319	45,695,352	58,162,781
<b>Income Statement Items (Page 4)</b>					
5. Total revenues (Line 8).....	462,734,956	510,399,812	538,051,017	422,587,695	507,650,746
6. Total medical and hospital expenses (Line 18).....	384,216,762	414,613,586	417,275,332	340,083,349	410,784,828
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....	51,355,768	58,683,670	52,170,530	44,739,651	37,525,909
9. Net underwriting gain (loss) (Line 24).....	27,162,426	37,102,556	68,605,155	37,764,695	59,340,009
10. Net investment gain (loss) (Line 27).....	1,952,760	1,934,921	1,114,370	2,616,229	4,077,796
11. Total other income (Lines 28 plus 29).....			267,582		
12. Net income or (loss) (Line 32).....	20,347,809	24,493,950	41,542,281	25,253,152	52,211,041
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11).....	(6,681,549)	7,818,247	62,903,789	70,253,486	(45,909,243)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	24,932,870	26,690,117	25,965,592	45,695,352	58,162,781
15. Authorized control level risk-based capital.....	16,301,686	17,644,652	18,268,497	15,161,140	18,293,130
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7).....	44,024	48,880	54,233	53,410	49,761
17. Total member months (Column 6, Line 7).....	549,982	601,686	625,588	605,633	691,095
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	83.0	81.2	77.6	80.5	80.9
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....	94.1	92.7	87.2	91.1	88.3
23. Total underwriting gain (loss) (Line 24).....	5.9	7.3	12.8	8.9	11.7
<b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>					
24. Total claims incurred for prior years (Line 13 Col. 5).....	64,408,988	63,748,482	48,234,771	55,003,498	96,447,340
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	65,404,988	62,718,962	52,331,210	54,090,035	96,447,341
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [ ] No [ ]

If no, please explain:

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama.....AL	N							.0	
2. Alaska.....AK	N							.0	
3. Arizona.....AZ	N							.0	
4. Arkansas.....AR	N							.0	
5. California.....CA	N							.0	
6. Colorado.....CO	N							.0	
7. Connecticut.....CT	N							.0	
8. Delaware.....DE	N							.0	
9. District of Columbia.....DC	N							.0	
10. Florida.....FL	N							.0	
11. Georgia.....GA	N							.0	
12. Hawaii.....HI	N							.0	
13. Idaho.....ID	N							.0	
14. Illinois.....IL	N							.0	
15. Indiana.....IN	N							.0	
16. Iowa.....IA	N							.0	
17. Kansas.....KS	N							.0	
18. Kentucky.....KY	N							.0	
19. Louisiana.....LA	N							.0	
20. Maine.....ME	N							.0	
21. Maryland.....MD	N							.0	
22. Massachusetts.....MA	N							.0	
23. Michigan.....MI	N							.0	
24. Minnesota.....MN	N							.0	
25. Mississippi.....MS	N							.0	
26. Missouri.....MO	N							.0	
27. Montana.....MT	N							.0	
28. Nebraska.....NE	N							.0	
29. Nevada.....NV	N							.0	
30. New Hampshire.....NH	N							.0	
31. New Jersey.....NJ	N							.0	
32. New Mexico.....NM	N							.0	
33. New York.....NY	N							.0	
34. North Carolina.....NC	N							.0	
35. North Dakota.....ND	N							.0	
36. Ohio.....OH	N							.0	
37. Oklahoma.....OK	N							.0	
38. Oregon.....OR	N							.0	
39. Pennsylvania.....PA	N							.0	
40. Rhode Island.....RI	N							.0	
41. South Carolina.....SC	N							.0	
42. South Dakota.....SD	N							.0	
43. Tennessee.....TN	N							.0	
44. Texas.....TX	N							.0	
45. Utah.....UT	N							.0	
46. Vermont.....VT	N							.0	
47. Virginia.....VA	N							.0	
48. Washington.....WA	N							.0	
49. West Virginia.....WV	N							.0	
50. Wisconsin.....WI	N							.0	
51. Wyoming.....WY	N							.0	
52. American Samoa.....AS	N							.0	
53. Guam.....GU	N							.0	
54. Puerto Rico.....PR	L		.462,734,956					.462,734,956	
55. U.S. Virgin Islands.....VI	N							.0	
56. Northern Mariana Islands.....MP	N							.0	
57. Canada.....CN	N							.0	
58. Aggregate Other alien.....OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal.....XXX		.0	.462,734,956	.0	.0	.0	.0	.462,734,956	.0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								.0	
61. Total (Direct Business).....(a)	1	.0	.462,734,956	.0	.0	.0	.0	.462,734,956	.0

**DETAILS OF WRITE-INS**

5801.....								.0	
5802.....								.0	
5803.....								.0	
5898. Summary of remaining write-ins for line 58.....		.0	.0	.0	.0	.0	.0	.0	.0
5899. Total (Lines 5801 thru 5803 + 5898) (Line 58 above).....		.0	.0	.0	.0	.0	.0	.0	.0

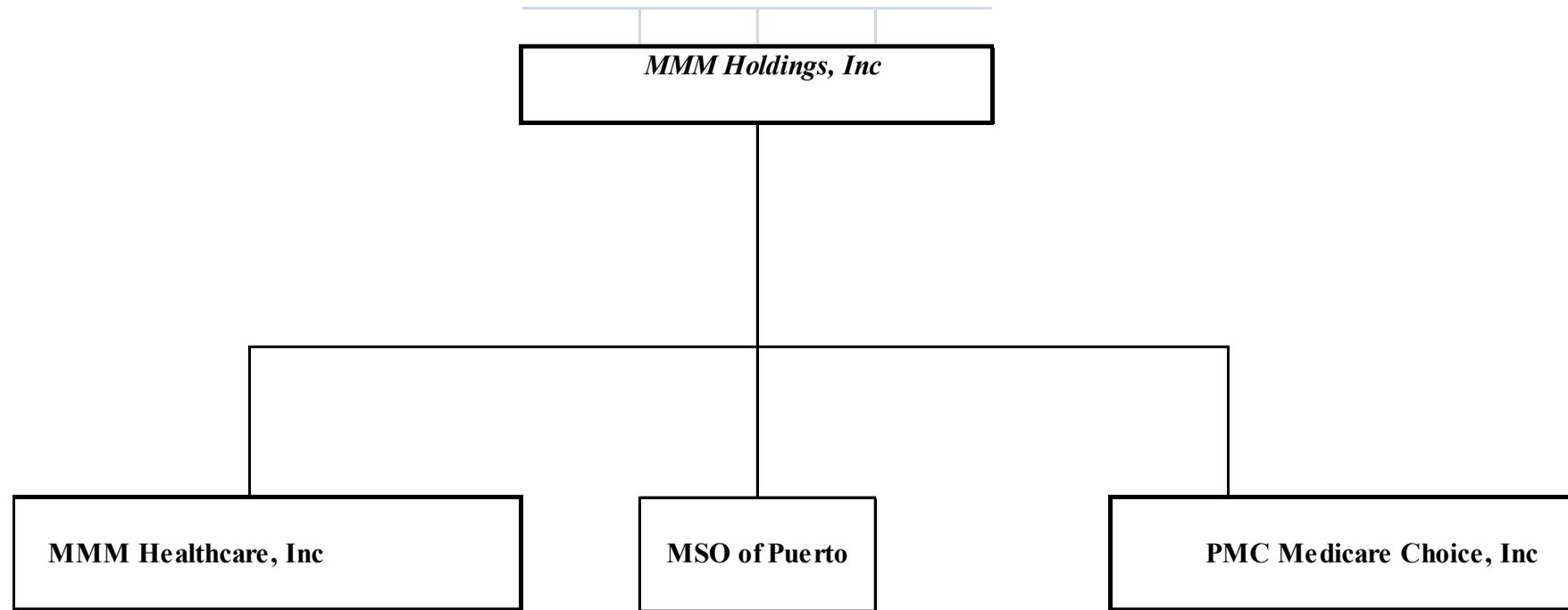
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

**Explanation of basis of allocation by states, premiums by state, etc.**

(a) Insert the number of L responses except for Canada and Other Alien.

# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART



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