

**ANNUAL STATEMENT**

**OF THE**

**RYDER HEALTH PLAN, INC.**

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**of** 353 Ave. Font Martelo Suite 1

**in the state of** Puerto Rico

**TO THE**

**Insurance Department**

**OF THE**

**State of Puerto Rico**

**FOR THE YEAR ENDED**

**December 31, 2011**

**HEALTH**

**2011**



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# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2011  
OF THE CONDITION AND AFFAIRS OF THE

## Ryder Health Plan, Inc.

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 95743 Employer's ID Number 66-0407821

Organized under the Laws of Puerto Rico, State of Domicile or Port of Entry Puerto Rico  
Country of Domicile Puerto Rico

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
Other  Is HMO Federally Qualified? Yes  No

Incorporated/Organized May 7, 1984 Commenced Business: October 1, 1984

Statutory Home Office 353 Font Martelo Ave. Suite 1, Humacao, PR 00791  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 353 Font Martelo Ave. Suite 1  
(Street and Number)  
Humacao, PR 00791 787-852-0846  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 353 Font Martelo Ave. Suite 1, Humacao, PR 00791  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 353 Font Martelo Ave. Suite 1, Humacao, PR 00791 787-852-0846  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address http://www.planryder.com

Statutory Statement Contact Yarlin M Rosa 787-852-0846  
(Name) (Area Code) (Telephone Number) (Extension)

planryder@yahoo.com 787-850-4863  
(E-Mail Address) (Fax Number)

### OFFICERS

	Name	Title
1.	<u>José R Feliciano</u>	<u>Executive Director</u>
2.	<u>Juan L De La Rosa</u>	<u>Administrative Director</u>
3.	<u></u>	<u></u>

### VICE-PRESIDENTS

Name	Title	Name	Title
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
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<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
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<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

### DIRECTORS OR TRUSTEES

<u>Edward Rivera</u>	<u>Elba Santana</u>	<u>Joaquina De León</u>	<u>Richard Sparrow</u>
<u>Bárbara T Baylor</u>	<u>Vilma Machin</u>	<u>Carmen Alicea Nebot</u>	<u>Boanerges García</u>
<u>Deanna Hallman</u>	<u>Roque Lebrón</u>	<u>Jesús M Reina</u>	<u>Francisca Rodríguez</u>
<u>Heriberto Silva</u>	<u>Miriam Alicea</u>	<u>Reinaldo De León</u>	<u>Olga M Castro</u>
<u>Michael Díaz</u>	<u>Elisama Velázquez</u>	<u>Elsa Berrios</u>	<u>Pedro Cepeda</u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

State of 66-0407821

County of ss

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.

<u>José R. Feliciano Sepúlveda</u> (Signature) <u>José R. Feliciano Sepúlveda</u> (Printed Name) 1. Executive Director (Title)	<u>Juan L. De La Rosa Medina</u> (Signature) <u>Juan L. De La Rosa Medina</u> (Printed Name) 2. Administrative Director (Title)	<u></u> (Signature) <u></u> (Printed Name) 3. <u></u> (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012

a. Is this an original filing?  Yes  No

b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

**ASSETS**

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 676,426, Schedule E - Part 1), cash equivalents (\$ 0, Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	676,426		676,426	700,175
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities	9,941		9,941	43,186
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets	130	130		
12. Subtotals, cash and invested assets (Lines 1 to 11)	686,497	130	686,367	743,361
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	227,519	606	226,913	249,680
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit	600,000		600,000	600,000
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)	3,388	3,388		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	(46,020)	(46,020)		
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,471,384	(41,896)	1,513,280	1,593,041
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	1,471,384	(41,896)	1,513,280	1,593,041

DETAILS OF WRITE-IN LINES				
1101. Prepaid Expenses	130	130		
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	130	130		
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

**NONE**

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	135,105		135,105	158,605
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Services Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	22,252		22,252	23,608
9. General expenses due or accrued	43,444		43,444	43,744
10.1. Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2. Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)				
20. Reinsurance in unauthorized companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)	600,000		600,000	600,000
24. Total liabilities (Lines 1 to 23)	800,801		800,801	825,957
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	712,479	767,084
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	712,479	767,084
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	1,513,280	1,593,041

DETAILS OF WRITE-IN LINES				
2301. State Guaranty Fund	600,000		600,000	600,000
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	600,000		600,000	600,000
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	3,903	4,119
2. Net premium income (including \$ 0 non-health premium income)	X X X	2,580,174	2,770,378
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ 0 medical expenses)	X X X		
5. Risk revenue	X X X	31,025	27,978
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Lines 2 to 7)	X X X	2,611,199	2,798,356
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits		2,341,386	2,442,410
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		2,341,386	2,442,410
<b>Less:</b>			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		2,341,386	2,442,410
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 0 cost containment expenses			
21. General administrative expenses		282,522	315,515
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)		2,623,908	2,757,925
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(12,709)	40,431
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26. Net realized capital gains (losses) less capital gains tax of \$ 0			
27. Net investment gains (losses) (Lines 25 plus 26)			
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			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(12,709)	40,431
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Lines 30 minus 31)	X X X	(12,709)	40,431

DETAILS OF WRITE-IN LINES			
0601.		X X X	
0602.	<b>NONE</b>	X X X	
0603.		X X X	
0698. Summary of remaining write-ins for Line 06 from overflow page		X X X	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)		X X X	
0701.		X X X	
0702.	<b>NONE</b>	X X X	
0703.		X X X	
0798. Summary of remaining write-ins for Line 07 from overflow page		X X X	
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)		X X X	
1401.		X X X	
1402.	<b>NONE</b>		
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.		X X X	
2902.	<b>NONE</b>		
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2
	Current Year	Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year	767,084	651,745
34. Net income or (loss) from Line 32	(12,709)	40,431
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (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		
39. Change in nonadmitted assets	(41,896)	74,908
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		
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	(54,605)	115,339
49. Capital and surplus end of reporting year (Line 33 plus 48)	712,479	767,084

DETAILS OF WRITE-IN LINES		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

**NONE**

**CASH FLOW**

	1	2
<b>Cash from Operations</b>	Current Year	Prior Year
1. Premiums collected net of reinsurance	2,595,553	2,760,293
2. Net investment income	55,809	19,960
3. Miscellaneous income	8,461	7,857
4. Total (Lines 1 through 3)	2,659,823	2,788,110
5. Benefit and loss related payments		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	2,689,407	2,712,401
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		
10. Total (Lines 5 through 9)	2,689,407	2,712,401
11. Net cash from operations (Line 4 minus Line 10)	(29,584)	75,709
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
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)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		98
13.6 Miscellaneous applications	165	
13.7 Total investments acquired (Lines 13.1 to 13.6)	165	98
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(165)	(98)
<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		
16.6 Other cash provided (applied)	6,000	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	6,000	
<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 Lines 15 and 17)	(23,749)	75,611
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	700,175	624,564
19.2 End of year (Line 18 plus Line 19.1)	676,426	700,175

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

20.0001		
20.0002		
20.0003		

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,580,174	2,454,048	126,126							
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$ 0 medical expenses)										XXX
4. Risk revenue	31,025	31,025								XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	2,611,199	2,485,073	126,126							
8. Hospital/medical benefits	2,341,386	2,226,933	114,453							XXX
9. Other professional services										XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs										XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts										XXX
15. Subtotal (Lines 8 to 14)	2,341,386	2,226,933	114,453							XXX
16. Net reinsurance recoveries										XXX
17. Total hospital and medical (Lines 15 minus 16)	2,341,386	2,226,933	114,453							XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 0 cost containment expenses										
20. General administrative expenses	282,522	268,712	13,810							
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,623,908	2,495,645	128,263							
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(12,709)	(10,572)	(2,137)							

DETAILS OF WRITE-IN LINES										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 05 from overflow page										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)										XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 06 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX



## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 – PREMIUMS

Line of Business	1  Direct Business	2  Reinsurance Assumed	3  Reinsurance Ceded	4  Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	2,454,048			2,454,048
2. Medicare Supplement .....	126,126			126,126
3. Dental only .....				
4. Vision only .....				
5. Federal Employees Health Benefits Plan .....				
6. Title XVIII – Medicare .....				
7. Title XIX – Medicaid .....				
8. Other health .....				
9. Health subtotal (Lines 1 through 8) .....	2,580,174			2,580,174
10. Life .....				
11. Property/casualty .....				
12. Totals (Lines 9 to 11) .....	2,580,174			2,580,174

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & 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	2,364,886	2,249,284	115,602							
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	2,364,886	2,249,284	115,602							
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	135,105	128,501	6,604							
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	135,105	128,501	6,604							
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	158,605	158,605								
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	158,605	158,605								
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	2,341,386	2,219,180	122,206							
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	2,341,386	2,219,180	122,206							
13. Incurred medical incentive pools and bonuses										

(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 (Hospital & Medical)	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	135,105	128,501	6,604							
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	135,105	128,501	6,604							
2. Incurred but Unreported:										
2.1 Direct										
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net										
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct	135,105	128,501	6,604							
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	135,105	128,501	6,604							

**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	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	91,884	2,157,400	58,969	69,532	150,853	158,605
2. Medicare Supplement	4,722	110,880	3,030	3,574	7,752	
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII – Medicare						
7. Title XIX – Medicaid						
8. Other health						
9. Health subtotal (Lines 1 through 8)	96,606	2,268,280	61,999	73,106	158,605	158,605
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	96,606	2,268,280	61,999	73,106	158,605	158,605

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
**Hospital & Medical**

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior					
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**

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					
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 Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2007										
2. 2008										
3. 2009	2,815,968	2,382,620			2,382,620	84.611	19,090		2,401,710	85.289
4. 2010	2,770,378	2,423,748			2,423,748	87.488	42,909		2,466,657	89.037
5. 2011	2,454,048	2,249,284			2,249,284	91.656	69,532		2,318,816	94.489

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
**Medicare Supplement**

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior					
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**

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					
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 Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2007										
2. 2008										
3. 2009										
4. 2010										
5. 2011	126,126	115,602			115,602	91.656	3,574		119,176	94.490

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
 Dental Only

**Section A – Paid Health Claims**

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

**Section B – Incurred Health Claims**

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					
2. 2007					
3. 2008	XXX	<b>NONE</b>			
4. 2009	XXX		XXX		
5. 2010	XXX		XXX	XXX	
6. 2011	XXX		XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

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

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
 Vision Only

**Section A – Paid Health Claims**

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

**Section B – Incurred Health Claims**

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					
2. 2007					
3. 2008	XXX	<b>NONE</b>			
4. 2009	XXX		XXX		
5. 2010	XXX		XXX	XXX	
6. 2011	XXX		XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

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

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
**Fed Emp Health Benefits Plan**

**Section A – Paid Health Claims**

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

**Section B – Incurred Health Claims**

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					
2. 2007					
3. 2008	XXX	<b>NONE</b>			
4. 2009	XXX		XXX		
5. 2010	XXX		XXX	XXX	
6. 2011	XXX		XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

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

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
 Title XVIII - Medicare

**Section A – Paid Health Claims**

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

**Section B – Incurred Health Claims**

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					
2. 2007					
3. 2008	XXX	<b>NONE</b>			
4. 2009	XXX		XXX		
5. 2010	XXX		XXX	XXX	
6. 2011	XXX		XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

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

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
 Title XIX - Medicaid

**Section A – Paid Health Claims**

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

**Section B – Incurred Health Claims**

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					
2. 2007					
3. 2008	XXX	<b>NONE</b>			
4. 2009	XXX		XXX		
5. 2010	XXX		XXX	XXX	
6. 2011	XXX		XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

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

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

**Section A – Paid Health Claims**

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

**Section B – Incurred Health Claims**

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					
2. 2007					
3. 2008	XXX	<b>NONE</b>			
4. 2009	XXX		XXX		
5. 2010	XXX		XXX	XXX	
6. 2011	XXX		XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

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

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)  
**Grand Total**

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior					
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**

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					
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 Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2007										
2. 2008										
3. 2009	2,815,968	2,382,620			2,382,620	84.611	19,090		2,401,710	85.289
4. 2010	2,770,378	2,423,748			2,423,748	87.488	42,909		2,466,657	89.037
5. 2011	2,580,174	2,364,886			2,364,886	91.656	73,106		2,437,992	94.489

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## 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 & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ _____ 0 for investment income)									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net) (Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net) (Page 3, Line 7)									

NONE

DETAILS OF WRITE-IN LINES									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 05 from overflow page									
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)									

NONE

NONE

(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)			24,000		24,000
2. Salaries, wages and other benefits			146,202		146,202
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees			5,124		5,124
6. Auditing, actuarial and other consulting services			22,035		22,035
7. Traveling expenses			4,526		4,526
8. Marketing and advertising			32,996		32,996
9. Postage, express and telephone			6,609		6,609
10. Printing and office supplies			13,407		13,407
11. Occupancy, depreciation and amortization			3,353		3,353
12. Equipment			37		37
13. Cost or depreciation of EDP equipment and software			1,464		1,464
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			9,000		9,000
17. Collection and bank service charges					
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)			1,130		1,130
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			12,639		12,639
26. Total expenses incurred (Lines 1 to 25)			282,522		(a) 282,522
27. Less expenses unpaid December 31, current year			43,444		43,444
28. Add expenses unpaid December 31, prior year			43,744		43,744
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)			282,822		282,822

DETAILS OF WRITE-IN LINES					
2501. Interest			6,000		6,000
2502. Bad Debts			6,639		6,639
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			12,639		12,639

(a) Includes management fees of \$ 0 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)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	<b>NONE</b>	
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)
7. Derivative instruments		(f)
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income		
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)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)		

DETAILS OF WRITE-IN LINES			
0901.		<b>NONE</b>	
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 09 from overflow page		
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 09 above)		
1501.		<b>NONE</b>	
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		

- (a) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 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					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	<b>NONE</b>				
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					

DETAILS OF WRITE-IN LINES					
0901.		<b>NONE</b>			
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 09 from overflow page				
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 09 above)				



**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)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2), and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets	130	1,877	1,747
12. Subtotals, cash and invested assets (Lines 1 to 11)	130	1,877	1,747
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	606	14,362	13,756
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets	3,388	5,320	1,932
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates	(46,020)	200	46,220
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	(41,896)	21,759	63,655
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	(41,896)	21,759	63,655

DETAILS OF WRITE-IN LINES			
1101. PREPAID EXPENSES	130	1,877	1,747
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	130	1,877	1,747
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			

**NONE**

### 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	4,119	4,007	3,952	3,881	3,903	3,903
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	4,119	4,007	3,952	3,881	3,903	3,903

DETAILS OF WRITE-IN LINES						
0601.		<b>NONE</b>				
0602.						
0603.						
0698. Summary of remaining write-ins for Line 06 from overflow page						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)						

### EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>NONE</b>						

### EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>NONE</b>						
079999 Gross Health Care Receivables						

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered						
0399999 Aggregate accounts not individually listed - covered	42,422	11,828	682	9,272	70,901	135,105
0499999 Subtotals	42,422	11,828	682	9,272	70,901	135,105
0799999 Total claims unpaid						135,105

### EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliates	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
			<b>NONE</b>				
0399999 Total gross amounts receivable							

### EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>NONE</b>				
0399999	Total gross payables			

**EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	2,107,200	89.104			2,107,200	
4. Total capitation payments	2,107,200	89.104			2,107,200	
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	257,686	10.896	X X X	X X X		257,686
7. Bonus/withhold arrangements – fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements – contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	257,686	10.896	X X X	X X X		257,686
13. Total (Line 4 plus Line 12)	2,364,886	100.000	X X X	X X X	2,107,200	257,686

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

23

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
999999	Totals		X X X	X X X	X X X



### EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	192,116		188,728	3,388	3,388	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	192,116		188,728	3,388	3,388	

## NOTES TO FINANCIAL STATEMENTS

**1. Summary of Significant Accounting Policies**

A. Reconciliation of the Company's net inc. and capital & surplus between NAIC SAP and the state of ... is shown below.

**NET INCOME**

		2011	2010	State of Domicile
01. Ryder Health Plan, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	\$	(12,709)	40,431	PR
02. State Prescribed Practices that increase/(decrease) NAIC SAP:				
e.g. Depreciation of Fixed Assets		<u>Net Income</u> 2011	<u>Net Income</u> 2010	State of Domicile
Totals (Lines 01A0201 through 01A0225)	\$			
03. State Permitted Practices that increase/(decrease) NAIC SAP:				
e.g. Depreciation of Home Office Property		<u>Net Income</u> 2011	<u>Net Income</u> 2010	State of Domicile
Totals (Lines 01A0301 through 01A0325)	\$			
04. NAIC SAP.....(1 - 2 - 3 = 4)	\$	(12,709)	40,431	PR

**SURPLUS**

		2011	2010	State of Domicile
05. Ryder Health Plan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	\$	712,479	767,084	PR
06. State Prescribed Practices that increase/(decrease) NAIC SAP:				
e.g., Goodwill, net, Fixed Assets, net		<u>Surplus</u> 2011	<u>Surplus</u> 2010	State of Domicile
Totals (Lines 01A0601 through 01A0625)	\$			
07. State Permitted Practices that increase/(decrease) NAIC SAP:				
e.g. Home Office Property		<u>Surplus</u> 2011	<u>Surplus</u> 2010	State of Domicile
Totals (Lines 01A0701 through 01A0725)	\$			
08. NAIC SAP.....(5 - 6 - 7 = 8)	\$	712,479	767,084	PR

**4. Discontinued Operations**

5. Discontinued Operations  
The amts related to Discontinued Ops and effect on Balance Sheet

a. Assets Line 5 Cash	\$	
b. Assets Line 28 Totals	\$	
c. Liabilities Line 24 Total Liabilities	\$	
d. Liabilities Line 33 Total Capital and Surplus	\$	
e. Liabilities Line 34 Total	\$	
f. Stmt of Rev and Exp Line 2 Premiums	\$	
g. Stmt of Rev and Exp L 22 Increase in agg reserves for A&H (CY - PY)	\$	
h. Stmt of Rev and Exp Line 31 Federal and foreign income taxes incurred	\$	
i. Stmt of Rev and Exp L 26 Net Realized Capital Gains (Losses)	\$	
j. Stmt of Rev and Exp L 32 Net Income	\$	

**5. Investments**

A. 2. Reduced interest rates of mortgages: (Illustration)

Column Not Used (No Detail Description Required)	During 2011 Percent	During 2011 Amount	During 2011 Number

4. As of year end, the Co. held mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest.....	\$	<u>Current Year</u>	<u>Prior Year</u>	
a. Total interest due on mortgages w/interest more than 180 days past due.....	\$			
5. Taxes, assmnts & any amnts advanced & not includ in mortgage loan total.....	\$			

## NOTES TO FINANCIAL STATEMENTS

6.	Current year impaired loans with a related allowance for credit losses.....	\$
a.	Related allowances for credit losses.....	\$
7.	Impaired Mortgage loans without an allowance for credit losses.....	\$
8.	Average recorded investment in impaired loans.....	\$
9.	Interest income recognized during the period the loans were impaired.....	\$
10.	Amnt interest income recog cash basis during period loans were impaired.....	\$
a.	Balance at beginning of period.....	\$
b.	Additions charged to operations.....	\$
c.	Direct write-downs charged against the allowances.....	\$
d.	Recoveries of amounts previously charged off.....	\$
e.	Balance at end of period.....	\$

B.	Debt Restructuring	<u>Current Year</u>	<u>Prior Year</u>
01.	Total recorded investment in restructured loans, as of year end.....	\$	
02.	The realized capital losses related to these loans.....	\$	
03.	Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructurings.....	\$	

C.	Reverse Mortgages	
03.	At December 31, 2011 the actuarial reserve of \$ _____ reduced the asset value of the group of reverse mortgages	\$
04.	The Company recorded an unrealized loss of \$ _____ as a result of the re-estimate of the cash flows.	\$

D.	Loan-Backed Securities			
02.		(1)	(2)	(3)
		Amortized Cost Basis Before Other-than- Temporary Impairment	Other-than Temporary Impairment Recognized in Loss	Fair Value 1 - 2
	OTTI recognized 1st Quarter			
	a. Intent to sell.....	\$		
	b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis.....	\$		
	c. Total 1st Quarter.....	\$		
	OTTI recognized 2nd Quarter			
	d. Intent to sell.....	\$		
	e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis.....	\$		
	f. Total 2nd Quarter.....	\$		
	OTTI recognized 3rd Quarter			
	g. Intent to sell.....	\$		
	h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis.....	\$		
	i. Total 3rd Quarter.....	\$		
	OTTI recognized 4th Quarter			
	j. Intent to sell.....	\$		
	k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis.....	\$		
	l. Total 4th Quarter.....	\$		
	m. Annual Aggregate Total.....	\$		

## NOTES TO FINANCIAL STATEMENTS

03.

(1) CUSIP	(2) Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	(3) Present Value of Projected Cash Flows	(4) Recognized Other-than- Temporary Impairment	(5) Amortized Cost After Other- Than-Temporary Impairment	(6) Fair Value at time of OTTI	(7) Date of Financial Statement Where Reported
Total	X X X	X X X		X X X	X X X	X X X

NOTE: Each CUSIP should be listed separately each time an OTTI is recognized

For Securities with amortized cost or adjusted amortized cost:

Column 2 minus Column 3 should equal Column 4

Column 2 minus Column 4 should equal Column 5

04.

a. The aggregate amount of unrealized losses:

	(1)
Less than 12 months.....	\$ .....
12 Months or Longer.....	\$ .....

b. The aggregate related fair value of securities with unrealized losses:

Less than 12 months.....	\$ .....
12 Months or Longer.....	\$ .....

E. Repurchase Agreements and/or Securities Lending Transactions

3. Collateral Received

a. Aggregate Amount Cash Collateral Received:

	(1)
	Fair Value
1. Repurchase Agreement	
Open	\$ .....
30 Days or Less	\$ .....
31 to 60 Days	\$ .....
61 to 90 Days	\$ .....
Greater Than 90 Days	\$ .....
Sub-Total	\$ .....
Securities Received	\$ .....
Total Collateral Received	\$ .....

2. Securities Lending	
Open	\$ .....
30 Days or Less	\$ .....
31 to 60 Days	\$ .....
61 to 90 Days	\$ .....
Greater Than 90 Days	\$ .....
Sub-Total	\$ .....
Securities Received	\$ .....
Total Collateral Received	\$ .....

3. Dollar Repurchase Agreement	
Open	\$ .....
30 Days or Less	\$ .....
31 to 60 Days	\$ .....
61 to 90 Days	\$ .....
Greater Than 90 Days	\$ .....
Sub-Total	\$ .....
Securities Received	\$ .....
Total Collateral Received	\$ .....

b. The aggregate fair value of all securities acquired from the sale, trade or use of the accepted collateral (reinvested collateral) \$ .....

## NOTES TO FINANCIAL STATEMENTS

5. Collateral Reinvestment

a. Aggregate Amount Cash Collateral Reinvested:

	(1) Amortized Cost	(2) Fair Value
1. Repurchase Agreement		
Open	\$ .....	
30 Days or Less	\$ .....	
31 to 60 Days	\$ .....	
61 to 90 Days	\$ .....	
91 to 120 Days	\$ .....	
121 to 180 Days	\$ .....	
181 to 365 Days	\$ .....	
1 to 2 Years	\$ .....	
2 - 3 Years	\$ .....	
Greater Than 3 Years	\$ .....	
Sub-Total	\$ .....	
Securities Received	\$ .....	
Total Collateral Reinvested	\$ .....	
2. Securities Lending		
Open	\$ .....	
30 Days or Less	\$ .....	
31 to 60 Days	\$ .....	
61 to 90 Days	\$ .....	
91 to 120 Days	\$ .....	
121 to 180 Days	\$ .....	
181 to 365 Days	\$ .....	
1 to 2 Years	\$ .....	
2 - 3 Years	\$ .....	
Greater Than 3 Years	\$ .....	
Sub-Total	\$ .....	
Securities Received	\$ .....	
Total Collateral Reinvested	\$ .....	
3. Dollar Repurchase Agreement		
Open	\$ .....	
30 Days or Less	\$ .....	
31 to 60 Days	\$ .....	
61 to 90 Days	\$ .....	
91 to 120 Days	\$ .....	
121 to 180 Days	\$ .....	
181 to 365 Days	\$ .....	
1 to 2 Years	\$ .....	
2 - 3 Years	\$ .....	
Greater Than 3 Years	\$ .....	
Sub-Total	\$ .....	
Securities Received	\$ .....	
Total Collateral Reinvested	\$ .....	

9. A The components of the net deferred tax asset/(liability) at Dec. 31 are as follows:

	12/31/2011			12/31/2010			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7 + 8) Total
a. Gross Deferred Tax Assets.....									
b. Statutory Valuation Allowance Adjustment.....									
c. Adjusted Gross Deferred Tax Assets (1a - 1b).....									
d. Deferred Tax Liabilities.....									
e. Subtotal Net Deferred Tax Asset / (Net Deferred Tax Liability) (1c - 1d).....									
f. Deferred Tax Assets Nonadmitted.....									
g. Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f).....									

## NOTES TO FINANCIAL STATEMENTS

	12/31/2011			12/31/2010			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7 + 8) Total
04 Admission Calculation Components SSAP No. 10R, Paragraphs 10.a., 10.b., and 10.c.:									
a. SSAP No. 10R, Paragraph 10.a.....									
b. SSAP No. 10R, Paragraph 10.b. (the lesser of paragraph 10.b.i and 10.b.ii. below).....									
c. SSAP No. 10R, Paragraph 10.b.i.....									
d. SSAP No. 10R, Paragraph 10.b.ii.....	X X X	X X X		X X X	X X X		X X X	X X X	
e. SSAP No. 10R, Paragraph 10.c.....									
f. Total (4a + 4b + 4e).....									

Admission Calculation Components  
SSAP No. 10R, Paragraph 10.e.:

g. SSAP No. 10R, Paragraph 10.e.i.....									
h. SSAP No. 10R, Paragraph 10.e.ii (the lesser of paragraph 10.e.ii.a. and 10.e.ii.b below).....									
i. SSAP No. 10R, Paragraph 10.e.ii.a.....									
j. SSAP No. 10R, Paragraph 10.e.ii.b.....	X X X	X X X		X X X	X X X		X X X	X X X	
k. SSAP No. 10R, Paragraph 10.e.iii.....									
l. Total (4g + 4h + 4k).....									

Used in SSAP No. 10R, Paragraph 10.d.

m. Total Adjusted Capital.....	X X X	X X X		X X X	X X X		X X X	X X X	
n. Authorized Control Level.....	X X X	X X X		X X X	X X X		X X X	X X X	

	12/31/2011			12/31/2010			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary Percent	Capital Percent	(Col 1 + 2) Total Percent	Ordinary Percent	Capital Percent	(Col 4 + 5) Total Percent	(Col 1 - 4) Ordinary Percent	(Col 2 - 5) Capital Percent	(Col 7 + 8) Total Percent
05 Impact of Tax Planning Strategies									
a. Adjusted Gross DTAs (% of Total Adjusted Gross DTA)									
b. Net Admitted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs).....									

	12/31/2011			12/31/2010			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7 + 8) Total
06 SSAP No. 10R, Paragraphs 10.a., 10.b., and 10.c.:									
a. Admitted Deferred Tax Assets.....									
b. Admitted Assets.....	X X X	X X X		X X X	X X X		X X X	X X X	
c. Adjusted Statutory Surplus *.....	X X X	X X X		X X X	X X X		X X X	X X X	
d. Total Adjusted Capital from DTAs.....	X X X	X X X		X X X	X X X		X X X	X X X	

Increases due to SSAP No. 10R, Paragraph 10.e.

e. Admitted Deferred Tax Assets.....									
f. Admitted Assets.....									
g. Statutory Surplus.....									

\* As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 10R, Paragraph 1

C. Current income taxes incurred consist of the following major components:

(1)	(2)	(3)
12/31/2011	12/31/2010	(Col 1 - 2) Change

## NOTES TO FINANCIAL STATEMENTS

1.	Current Income Tax		
	a. Federal.....	\$	.....
	b. Foreign.....	\$	.....
	c. Subtotal.....	\$	.....
	d. Federal Income Tax on net capital gains.....	\$	.....
	e. Utilization of capital loss carry-forwards.....	\$	.....
	f. Other.....	\$	.....
	g. Federal and foreign income taxes incurred.....	\$	.....
<hr/>			
2.	Deferred Tax Assets:		
	a. Ordinary		
	(1) Discounting of unpaid losses.....	\$	.....
	(2) Unearned premium reserve.....	\$	.....
	(3) Policyholder reserves.....	\$	.....
	(4) Investments.....	\$	.....
	(5) Deferred acquisition costs.....	\$	.....
	(6) Policyholder dividends accrual.....	\$	.....
	(7) Fixed assets.....	\$	.....
	(8) Compensation and benefits accrual.....	\$	.....
	(9) Pension accrual.....	\$	.....
	(10) Receivables - nonadmitted.....	\$	.....
	(11) Net operating loss carry-forward.....	\$	.....
	(12) Tax credit carry-forward.....	\$	.....
	(13) Other (including items <5% of total ordinary tax assets).....	\$	.....
	(99) Subtotal.....	\$	.....
	b. Statutory valuation allowance adjustment.....	\$	.....
	c. Nonadmitted.....	\$	.....
	d. Admitted ordinary deferred tax assets (2a99 - 2b - 2c).....	\$	.....
	e. Capital:		
	(1) Investments.....	\$	.....
	(2) Net capital loss carry-forward.....	\$	.....
	(3) Real estate.....	\$	.....
	(4) Other (including items <5% of total capital tax assets).....	\$	.....
	(99) Subtotal.....	\$	.....
	f. Statutory valuation allowance adjustment.....	\$	.....
	g. Nonadmitted.....	\$	.....
	h. Admitted capital deferred tax assets (2e99 - 2f - 2g).....	\$	.....
	i. Admitted deferred tax assets (2d + 2h).....	\$	.....
<hr/>			
3.	Deferred Tax Liabilities:		
	a. Ordinary		
	(1) Investments.....	\$	.....
	(2) Fixed assets.....	\$	.....
	(3) Deferred and uncollected premium.....	\$	.....
	(4) Policyholder reserves.....	\$	.....
	(5) Other (including items <5% of total ordinary tax liabilities).....	\$	.....
	(99) Subtotal.....	\$	.....
	b. Capital:		
	(1) Investments.....	\$	.....
	(2) Real Estate.....	\$	.....
	(3) Other (including items <5% of total capital tax liabilities).....	\$	.....
	(99) Subtotal.....	\$	.....
	c. Deferred tax liabilities (3a99 + 3b99).....	\$	.....
<hr/>			
4.	Net deferred tax assets/liabilities (2i - 3c).....	\$	.....

## NOTES TO FINANCIAL STATEMENTS

11.	<b>Debt</b>		
	B. FHLB (Federal Home Loan Bank) Agreements:	(1)	(2)
		Current Year	Prior Year
	02. FHLB stock purchased/owned as part of the agreement	\$ .....	
	03. Collateral pledged to the FHLB	\$ .....	
	04. Borrowing Capacity currently available	\$ .....	
	05. Agreement assets and liabilities		
	General Account: Assets	\$ .....	
	Liabilities	\$ .....	
	Separate Account: Assets	\$ .....	
	Liabilities	\$ .....	

12. **Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A.	Defined Benefit Plans	Pension Benefits	Other Benefits	
		2011	2010	2011
				2010
	01. Change in benefit obligation:			
	a. Benefit obligation at beginning of year.....	\$ .....		
	b. Service cost.....	\$ .....		
	c. Interest cost.....	\$ .....		
	d. Contribution by plan participants.....	\$ .....		
	e. Actuarial gain (loss).....	\$ .....		
	f. Foreign currency exchange rate changes.....	\$ .....		
	g. Benefits paid.....	\$ .....		
	h. Plan amendments.....	\$ .....		
	i. Business combinations, etc.....	\$ .....		
	j. Benefit obligation at end of year.....	\$ .....		
	02. Change in plan assets:			
	a. Fair value of plan assets beginning of year.....	\$ .....		
	b. Actual return on plan assets.....	\$ .....		
	c. Foreign currency exchange rate changes.....	\$ .....		
	d. Employer contribution.....	\$ .....		
	e. Plan participants contributions.....	\$ .....		
	f. Benefits paid.....	\$ .....		
	g. Business combinations .. etc.....	\$ .....		
	h. Fair value of plan assets end of year.....	\$ .....		
	03. Funded status:			
	a. Unamortized prior service cost.....	\$ .....		
	b. Unrecognized net gain or (loss).....	\$ .....		
	c. Remaining net obligations or net asset at initial date of application.....	\$ .....		
	d. Prepaid assets or accrued liabilities.....	\$ .....		
	e. Intangible asset.....	\$ .....		
	04. Benefit obligation for vested employees.....	\$ .....		
	05. Benefit obligation for non-vested employees:			
	a. Project pension obligation.....	\$ .....		
	b. Accumulated benefit obligation.....	\$ .....		
	06. Components of net periodic benefit cost:			
	a. Service cost.....	\$ .....		
	b. Interest cost.....	\$ .....		
	c. Expected return on plan assets.....	\$ .....		
	d. Amortization of unrecognized transition obligation or transition asset....	\$ .....		
	e. Amount of recognized gains and losses.....	\$ .....		
	f. Amount of prior service cost recognized.....	\$ .....		
	g. Amount of gain or loss recognized due to a settlement or curtailment....	\$ .....		
	h. Total net periodic benefit cost.....	\$ .....		
	07. \$ ____ arising from a change in the additional minimum pension liability recognized is included in unassigned funds.....	\$ .....		
	08. Weighted-average assumptions used to determine net periodic benefit costs as of Dec 31:			
	a. Weighted average discount rate.....	.....		
	b. Expected long-term rate of return on plan assets.....	.....		
	c. Rate of compensation increase.....	.....		
	Weighted-average assumptions used to determine projected benefit obligations as of Dec 31:			
	d. Weighted average discount rate.....	.....		
	e. Rate of compensation increase.....	.....		
	11. Assumed health care cost trends	1 Percentage Point		
	A one-percent point change would have the following effect:	Increase	Decrease	
	a. Effect on total of service and interest cost components.....	\$ .....		
	b. Effect on postretirement benefit obligations.....	\$ .....		



## NOTES TO FINANCIAL STATEMENTS

<p>12. The defined benefit pension plan asset allocation as of the measurement date and the target asset allocation, presented as a percentage of total assets:</p> <p>a. Debt Securities.....</p> <p>b. Equity Securities.....</p> <p>c. Real Estate.....</p> <p>d. Other.....</p> <p>e. Total.....</p>	<p>2011</p> <p>2010</p>	<p>Low</p> <p>High</p>	<p>Target Allocation Range</p>	
				<p>XXX      XXX</p>

  

<p>13. The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:</p> <p>2012..... \$</p> <p>2013..... \$</p> <p>2014..... \$</p> <p>2015..... \$</p> <p>2016..... \$</p> <p>Thereafter Total..... \$</p>	
--	--

**13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

10. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses..... \$
11. The Company issued the following surplus debentures or similar obligations

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note * The Total should Agree w/Pg 3 L 27	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity
XXX	XXX						XXX

Totals (Lines 1311001 through 1311025)

\*Total should agree with Page 3, Line 29 of Annual Statement

12. The impact of any restatement due to prior quasi-reorganizations is as follows:

Years	Change in Surplus	Change in Gross Paid-in and Contributed Surplus

**14. Contingencies**

- A. 01. (1) Total Contingent Liabilities..... \$

1 Nature and circumstances of guarantee and key attributes, including date and duration of agreement	2 Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5R)	3 Ultimate financial statement impact if action under the guarantee is required	4 Maximum potential amount of future payments (undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted. (a)	5 Current status of payment or performance risk of guarantee. Also provide additional discussion as warranted
<b>Total</b>		XXX		XXX

(a) Pursuant to the terms of the guarantee, the Company would be required to perform in the event of default by the Company, but would also be permitted to take control of the real estate.

## NOTES TO FINANCIAL STATEMENTS

03.

a.	Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make underguarantees. (Should equal total of Column 4 for 2 above.).....	\$ .....
b.	Current Liability Recognized in F/S:	
	1. Noncontingent Liabilities.....	\$ .....
	2. Contingent Liabilities.....	\$ .....
c.	Ultimate Financial Statement Impact if action under the guarantee is required.	
	1. Investments in SCA.....	\$ .....
	2. Joint Venture.....	\$ .....
	3. Dividends to Stockholders (capital contribution).....	\$ .....
	4. Expense.....	\$ .....
	5. Other.....	\$ .....
	6. Total (Should equal 3a.).....	\$ .....

**B. Assessments**

02.

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end.....	\$ .....
----	--	----------

b.	Decreases current year:	

c.	Increases current year:	

d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end.....	\$ .....
----	--	----------

**D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits**

Claims related ECO and bad faith losses paid during the reporting period		\$ .....
Number of claims where amounts were paid to settle claims related extra contractual obligations or ba claims resulting from lawsuits during the reporting period: (a) 0-25 claims (b) 26-50 claims (c) 51-100 (d) 101-500 claims (e) More than 500 claims		
Answer (A, B, C, D, or E):.....		A .....
Indicate whether claim count information is disclosed (f) per claim or (g) per claimant		
Answer (F or G):.....		F .....

15.

**Leases**

A.

02.

a.	At January 1, 2011, the minimum aggregate rental commitments are as follows: (Dollars in thousands)	
		<b>Operating Leases</b>
	Year Ending December 31	
	2012 (as seen in Notes text)	\$ .....
	2013 (as seen in Notes text)	\$ .....
	2014 (as seen in Notes text)	\$ .....
	2015 (as seen in Notes text)	\$ .....
	2016 (as seen in Notes text)	\$ .....
	Total	\$ .....

## NOTES TO FINANCIAL STATEMENTS

**B.**

**01.**

**c. Lessor Leases**

Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, 2011 are as follows:

Operating Leases

Year Ending December 31

2012 (as seen in Notes text)	\$	
2013 (as seen in Notes text)	\$	
2014 (as seen in Notes text)	\$	
2015 (as seen in Notes text)	\$	
2016 (as seen in Notes text)	\$	
Total	\$	

**02.**

**Leveraged Leases**

**b.** The Company's investment in leveraged leases relates to equipment....  
Dec. 31, 2011 were as shown below: (In thousands)

2011                      2010  
(years as seen in Notes text)

1. Income from leveraged leases before income tax including invest tax credit.....	\$	
2. Less current income tax.....	\$	
3. Net income from leverage leases.....	\$	

**c.** The components of the investment in leveraged leases at  
Dec. 31, 2011 and Dec. 31, 2010 were as shown below: (In thousands)

2011                      2010  
(years as seen in Notes text)

1. Lease contracts receivable (net principal & interest non-recourse financing).....	\$	
2. Estimated residual value of leased assets.....	\$	
3. Unearned and deferred income.....	\$	
4. Investment in leveraged leases.....	\$	
5. Deferred income taxes related to leveraged leases.....	\$	
6. Net investment in leveraged leases.....	\$	

**16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk**

**01.** The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk.

	<u>ASSETS</u>		<u>LIABILITIES</u>	
	2011	2010	2011	2010
	(years as seen in Notes text)		(years as seen in Notes text)	
a. Swaps.....	\$			
b. Futures.....	\$			
c. Options.....	\$			
d. Totals.....	\$			

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

**C. Wash Sales:**

**02.** Details by NAIC designation 3 or below of securities sold during the first quarter ended March 31, 2011 and reacquired within 30 days of the sale date are:

	<u>Number of Transactions</u>	<u>Book Value</u>	<u>Cost of Securities</u>	<u>Gain/(Loss)</u>
		<u>of Securities Sold</u>	<u>Repurchased</u>	
<b>Bonds:</b>				
a. NAIC 3.....				
b. NAIC 4.....				
c. NAIC 5.....				
d. NAIC 6.....				
<b>Preferred Stocks:</b>				
e. NAIC P/RP3.....				
f. NAIC P/RP4.....				
g. NAIC P/RP5.....				
h. NAIC P/RP6.....				

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

## NOTES TO FINANCIAL STATEMENTS

**A. ASO Plans**  
 The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2011: (years as seen in Notes text)

	<u>ASO</u>	<u>Uninsured Portion</u>	<u>Total</u>
	<u>Uninsured</u>	<u>of Partially Insured</u>	<u>ASO</u>
	<u>Plans</u>	<u>Plans</u>	
a. Net reimburs for admin Exp (includ admin fees) in excess of actual exp.....	\$		
b. Total net other income or exp (includ interest paid to or rec from plans).....	\$		
c. Net gain or (loss) from operations (a + b).....	\$		
d. Total claim payment volume.....	\$		

**B. ASC Plans**  
 The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2011: (years as seen in Notes text)

	<u>ASC</u>	<u>Uninsured Portion</u>	<u>Total</u>
	<u>Uninsured</u>	<u>of Partially Insured</u>	<u>ASC</u>
	<u>Plans</u>	<u>Plans</u>	
a. Gross reimbursement for medical cost incurred.....	\$		
b. Gross administrative fees accrued.....	\$		
c. Other income or expenses (includ interest paid to or received from plans).....	\$		
d. Gross expenses incurred (claims and administrative).....	\$		
e. Total net gain or loss from operations (a + b + c - d) .....	\$		

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/Produced By
Totals Lines 1900001 through 1900025					

**20. Fair Value Measurements**

**A. Fair Value Measurements at Reporting Date**

	(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
<b>a. Assets at fair Value</b>					
Total assets at fair value		\$			
<b>b. Liabilities at fair value</b>					
Total liabilities at fair value		\$			

**2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Beginning Balance at 01/01/2011	Transfers int Level 3 (a)	Transfers out of Level 3 (b)	Total gains and (losses) included in Net Income	Total gains a (losses) included in Surplus	Purchases	Issuances	Sales	Settlement	Ending Balance at 12/31/2011
<b>Assets:</b>										
Total										
<b>Liabilities:</b>										
Total										

**21. Other Items**

## NOTES TO FINANCIAL STATEMENTS

	State Transferable Tax Credits	State	Carrying Value	Unused Amount
F.	Description of State Transferable Tax Credits			
	Total	X X X		

**G. Subprime Mortgage Related Risk Exposure**

2. Direct exposure through investments in subprime mortgage loans.

	(1)	(2)	(3)	(4)	(5)
				Other Than	
	Book/Adjusted			Temporary	
	Carrying Value			Impairment	
	(excluding		Value of Land	Losses	
	interest)	Fair Value	and Buildings	Recognized	Default Rate
a. Mortgages in the process of foreclosure					
b. Mortgages in good standing					
c. Mortgages with restructure terms					
d. Total					

3. Direct exposure through other investments.

	(1)	(2)	(3)	(4)
		Book/Adjusted		Other Than
		Carrying Value		Temporary
		(excluding		Impairment
		interest)	Fair Value	Losses
	Actual Cost			Recognized
a. Residential mortgage-backed securities				
b. Commercial mortgage-backed securities				
c. Collateralized debt obligations				
d. Structured securities				
e. Equity investment in SCAs *				
f. Other assets				
g. Total				

\*ABC Company's subsidiary XYZ Company has investments in subprime mortgages. These investments comprise \_\_\_\_\_% of the companies invested assets.

4. Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

	(1)	(2)	(3)	(4)
	Losses Paid	Losses Incurred	Case Reserves	IBNR Reserves
	in the	in the	at End of	at End of
	Current Year	Current Year	Current Period	Current Period
a. Mortgage Guaranty Coverage				
b. Financial Guaranty Coverage				
c. Other Lines (specify):				
d. Total				

**H. Retained Assets**

			<u>In Force</u>		
02.					
	<u>As of End of Current Year</u>			<u>As of End of Prior Year</u>	
	<u>Number</u>	<u>Balance</u>		<u>Number</u>	<u>Balance</u>

## NOTES TO FINANCIAL STATEMENTS

a. Up to and including 12 Months.....	
b. 13 to 24 Months.....	
c. 25 to 37 Months.....	
d. 37 to 48 Months.....	
e. 49 to 60 Months.....	
f. Over 60 Months.....	
g. Total.....	

03.

	<u>Individual</u>		<u>Group</u>	
	<u>Number</u>	<u>Balance/ Amount</u>	<u>Number</u>	<u>Balance/ Amount</u>
a. Number/Balance of Retained Asset Accounts at the Beginning of the Year				
b. Number/Balance of Retained Asset Accounts Issued/Added During the Year				
c. Investment Earnings Credited to Retained Asset Accounts During the Year	X X X		X X X	
d. Fees and Other Charges Assessed to Retained Asset Accounts During the Year	X X X		X X X	
e. Number/Amount of Retained Asset Accounts Transferred to State Unclaimed Property funds During the Year				
f. Number/Amount of Retained Asset Accounts Closed/Withdrawn During the Year				
g. Number/Balance of Retained Asset Accounts at the End of the Year				

23.

**Reinsurance**

B. UNCOLLECTIBLE REINSURANCE

01. The company has written off in the current year reinsurance balances due (from the companies listed below) in the amount of ..... \$ .....

which is reflected as:

a. Losses incurred.....	\$ .....
b. Loss adjustment expenses incurred.....	\$ .....
c. Premiums earned .....	\$ .....
d. Other.....	\$ .....
e.	

<u>Company</u>	<u>Amount</u>

C. COMMUTATION OF CEDED REINSURANCE

The company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

01. Losses Incurred.....	\$ .....
02. Losses adjustment expenses incurred.....	\$ .....
03. Premiums Earned.....	\$ .....
04. Other.....	\$ .....
05.	

<u>Company</u>	<u>Amount</u>

24. **Retrospectively Rated Contracts & Contracts Subject to Redetermination**

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.	Small Group	Large Group	Other Categories with
---	----------------	----------------	-----------------------------

## NOTES TO FINANCIAL STATEMENTS

Prior Reporting Year	<u>Individual</u>	<u>Employer</u>	<u>Employer</u>	<u>rebates</u>	<u>Total</u>
(1) Medical Loss Ratio Rebates Incurred.....					
(2) Medical Loss Ratio Rebates Paid.....					
(3) Medical Loss Rebates Unpaid.....					
(4) Plus reinsurance assumed amounts.....	X X X	X X X	X X X	X X X	
(5) Less reinsurance ceded amounts.....	X X X	X X X	X X X	X X X	
(6) Rebates Unpaid net of reinsurance.....	X X X	X X X	X X X	X X X	
Current Reporting Year-to-Date					
(7) Medical Loss Ratio Rebates Incurred.....					
(8) Medical Loss Ratio Rebates Paid.....					
(9) Medical Loss Rebates Unpaid.....					
(10) Plus reinsurance assumed amounts.....	X X X	X X X	X X X	X X X	
(11) Less reinsurance ceded amounts.....	X X X	X X X	X X X	X X X	
(12) Rebates Unpaid net of reinsurance.....	X X X	X X X	X X X	X X X	

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing

B. Risk Sharing Receivables

Calendar year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Yr. Subsequent	Actual Risk Sharing Amounts Received All Other

**30. Premium Deficiency Reserves**

01. Liability carried for premium deficiency reserves.....	\$	(1) .....
02. Date of the most recent evaluation of this liability.....		.....
03. Was anticipated investment income utilized in the calculation?		Yes [ ] No [ X ]

# 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 [ ] No [ ] N/A [X]
- 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 [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_ 02/27/2012 \_\_\_\_\_
- 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. \_\_\_\_\_ 03/12/2012 \_\_\_\_\_
- 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). \_\_\_\_\_ 03/28/2012 \_\_\_\_\_
- 3.4 By what department or departments?  
 FPV&Galindez  
 .....  
 .....  
 .....
- 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 [X] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]
- 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 Company 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]



## GENERAL INTERROGATORIES

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(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (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?

FPV&Galindez PO Box 364152 San Juan, PR 00936-4152

.....  
 .....

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 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 response to 10.3 is yes, provide information related to this exemption:

.....  
 .....  
 .....

## GENERAL INTERROGATORIES

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes  No  N/A

10.6 If the response 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?

Actuary - Uriel G. Candelas, Villa Capri 1164 Verona St. Rio Piedras, PR 00924

.....  
 .....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No

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:

.....  
 .....  
 .....

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

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

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes  No  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?

- 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.

Yes  No

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

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

.....  
 .....  
 .....

## GENERAL INTERROGATORIES

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
.....	.....	.....	.....
.....	.....	.....	.....

## 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 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 [ ]

## 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	\$ _____
20.12 To stockholders not officers	\$ _____
20.13 Trustees, supreme or grand (Fraternal only)	\$ _____

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	\$ _____
20.22 To stockholders not officers	\$ _____
20.23 Trustees, supreme or grand (Fraternal only)	\$ _____

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 [X] No [ ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	\$ _____
22.22 Amount paid as expenses	\$ <u>2,689,407</u>
22.23 Other amounts paid	\$ _____

## GENERAL INTERROGATORIES

- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 52,020

### 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  No
- 24.2 If no, give full and complete information, relating thereto:  
This entity does not have any stocks, bonds or securities.
- 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):  
This entity does not have any security lending program.
- 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
- 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
- 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes  No  N/A
- 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
- 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
- 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   | \$ _____ |
|  | 25.29 | Other  | \$ _____ |

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes  No
- 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.

## GENERAL INTERROGATORIES

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 [ ] No [X]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
.....	.....
.....	.....

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 Name(s)	2 Location(s)	3 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, broker/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 Central Registration Depository Number(s)	2 Name	3 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/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
<b>29.2999 TOTAL</b>		.....

## GENERAL INTERROGATORIES

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

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			
30.2 Preferred stocks			
30.3 Totals			

30.4 Describe the sources or methods utilized in determining the fair values:

This entity does not have any stocks or bonds.

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 [ ] No [X]

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 [ ] 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:

This entity does not have any stocks or bonds.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [ ] No [X]

32.2 If no, list exceptions:

This entity does not have any kind of securities.

### OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ \_\_\_\_\_

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
	\$
	\$
	\$

34.1 Amount of payments for legal expenses, if any?

\$ \_\_\_\_\_

## GENERAL INTERROGATORIES

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?

\$ \_\_\_\_\_

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
.....	\$ .....
.....	\$ .....
.....	\$ .....

## GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes  No
- 1.2 If yes, indicate premium earned on U.S. business only. \$ 126,126
- 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	\$ 126,126	\$	
2.2 Premium Denominator	\$ 2,580,174	\$ 2,770,378	
2.3 Premium Ratio (2.1 / 2.2)	<u>0.049</u>		
2.4 Reserve Numerator	\$ 6,604	\$	
2.5 Reserve Denominator	\$ 135,105	\$ 158,605	
2.6 Reserve Ratio (2.4 / 2.5)	<u>0.049</u>		

- 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, as and if the earnings of the reporting entity permits? Yes  No
- 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  No
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes  No
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes  No
- 5.2 If no, explain:  
.....  
.....  
.....
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ 206,807
- 5.32 Medical Only \$ \_\_\_\_\_
- 5.33 Medicare Supplement \$ \_\_\_\_\_
- 5.34 Dental and vision \$ \_\_\_\_\_
- 5.35 Other Limited Benefit Plan \$ \_\_\_\_\_
- 5.36 Other \$ \_\_\_\_\_

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:  
Under the terms of the contract between Ryder Memorial Hospital, Inc. and Ryder Health Plan, Inc., the Hospital has agreed to satisfy all debts of the Plan in case of economic insolvency of the organization.  
.....  
.....



## GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes  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

8.2 Number of providers at end of reporting year

\_\_\_\_\_  
 \_\_\_\_\_

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes  No

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  No

10.2 If yes:

10.21 Maximum amount payable bonuses

10.22 Amount actually paid for year bonuses

10.23 Maximum amount payable withholds

10.24 Amount actually paid for year withholds

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

Yes  No   
 Yes  No   
 Yes  No

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes  No

11.3 If yes, show the name of the state requiring such net worth:

.....  
 .....  
 .....

11.4 If yes, show the amount required.

\$ \_\_\_\_\_

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes  No

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		
Health Care Insurance		
.....	.....	.....

13.1 Do you act as a custodian for health savings accounts? Yes  No

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

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$ \_\_\_\_\_

**FIVE – YEAR HISTORICAL DATA**

	1	2	3	4	5
	2011	2010	2009	2008	2007
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	1,513,280	1,593,041	1,450,794	1,350,876	1,341,480
2. Total liabilities (Page 3, Line 24)	800,801	825,957	799,049	726,835	643,538
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 33)	712,479	767,084	651,745	624,041	697,942
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	2,611,199	2,798,356	2,861,677	2,971,086	3,187,090
6. Total medical and hospital expenses (Line 18)	2,341,386	2,442,410	2,522,563	2,608,871	2,827,367
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	282,522	315,515	312,720	352,729	343,775
9. Net underwriting gain (loss) (Line 24)	(12,709)	40,431	26,394	9,488	15,948
10. Net investment gain (loss) (Line 27)					
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(12,709)	40,431	26,394	9,488	
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(29,584)	75,611	112,344	77,486	21,398
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	712,479	767,084			
15. Authorized control level risk-based capital	210,797	223,040			
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	3,903	4,119	4,304	4,423	4,823
17. Total members months (Column 6, Line 7)	3,903	4,119	4,304	4,423	4,823
<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 (Lines 18 plus Line 19)	89.7	87.0	89.0		
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	100.5	99.0	100.0		
23. Total underwriting gain (loss) (Line 24)	(0.5)	1.0			
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	158,605	139,943	70,725		
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	158,605	139,943			
<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, Col. 5, Line 10 )					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					

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 [X]

If no, please explain:

.....  
.....  
.....  
.....



95743201143054100

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation **Ryder Health Plan, Inc.**

2. **353 Ave. Font Martelo Suite 1 Humacao, PR 00791**

(LOCATION)

NAIC Group Code **0000**

### BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR 2011

NAIC Company Code **95743**

29,PR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,119	2,319	1,800							
2. First Quarter	4,007	2,133	1,733	141						
3. Second Quarter	3,952	2,096	1,715	141						
4. Third Quarter	3,881	2,036	1,705	140						
5. Current Year	3,903	1,999	1,771	133						
6. Current Year Member Months	3,903	1,999	1,771	133						
Total Member Ambulatory Encounters For Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	2,580,174	1,325,198	1,128,850	126,126						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,580,174	1,325,198	1,128,850	126,126						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,364,886	1,214,623	1,034,661	115,602						
18. Amount Incurred for Provision of Health Care Services	2,341,386	1,202,554	1,024,379	114,453						

(a) For health business: number of persons insured under PPO managed care products **0** and number of persons insured under indemnity only products **0**.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ **0**.



95743201143059100

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation **Ryder Health Plan, Inc.**

2. **353 Ave. Font Martelo Suite 1 Humacao, PR 00791**

(LOCATION)

NAIC Group Code **0000**

### BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2011

NAIC Company Code **95743**

29,GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,119	2,319	1,800							
2. First Quarter	4,007	2,133	1,733	141						
3. Second Quarter	3,952	2,096	1,715	141						
4. Third Quarter	3,881	2,036	1,705	140						
5. Current Year	3,903	1,999	1,771	133						
6. Current Year Member Months	3,903	1,999	1,771	133						
Total Member Ambulatory Encounters For Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	2,580,174	1,325,198	1,128,850	126,126						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,580,174	1,325,198	1,128,850	126,126						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,364,886	1,214,623	1,034,661	115,602						
18. Amount Incurred for Provision of Health Care Services	2,341,386	1,202,554	1,024,379	114,453						

(a) For health business: number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 0.

### SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>NONE</b>											
0999999	Totals										

## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company  
as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
<b>NONE</b>						
1799999 Totals - Life, Annuity and Accident and Health						

### SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
<b>NONE</b>												
3399999 Totals												





## SCHEDULE S – PART 5

Five-Year Exhibit of Reinsurance Ceded Business  
(000 OMITTED)

	1	2	3	4	5
	2011	2010	2009	2008	2007
<b>A. OPERATIONS ITEMS</b>					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

NONE

## SCHEDULE S – PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)			
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)			
6. Total assets (Line 28)			
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)			
13. Total liabilities (Line 24)	<b>NONE</b>		
14. Total capital and surplus (Line 33)		X X X	
15. Total liabilities, capital and surplus (Line 34)			
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

### Allocated by States and Territories

States, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	L	2,580,174					2,580,174	
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CN	N							
58. Aggregate other alien	OT	X X X							
59. Subtotal		X X X	2,580,174					2,580,174	
60. Reporting entity contributions for Employee Benefit Plans		X X X							
61. Totals (Direct Business)	(a) 1		2,580,174					2,580,174	

DETAILS OF WRITE-INS									
5801.		X X X							
5802.		X X X							
5803.		X X X							
5898. Summary of remaining write-ins for Line 58 from overflow page		X X X							
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		X X X							

NONE

(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; (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.**

All premiums are written within Puerto Rico.

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

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**  
**Allocated By States and Territories**

		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.							
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CN						
58. Aggregate Other Alien	OT						
59. Totals							

**NONE**

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>NONE</b>														

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Asterik	Explanation
<b>NONE</b>	

## SCHEDULE Y

### PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parents, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>NONE</b>												
9999999	Control Totals								XXX			

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	See Explanation
2. Will an actuarial opinion be filed by March 1?	See Explanation
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	See Explanation
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	See Explanation
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
<b>AUGUST FILING</b>	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

<b>MARCH FILING</b>	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
<b>APRIL FILING</b>	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
<b>AUGUST FILING</b>	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**Explanation:**

The deadline established in the Insurance Code by the Insurance Commissioner of Puerto Rico is March 31.

The deadline established in the Insurance Code by the Insurance Commissioner of Puerto Rico is March 31.

The deadline established in the Insurance Code by the Insurance Commissioner of Puerto Rico is March 31.

The deadline established in the Insurance Code by the Insurance Commissioner of Puerto Rico is March 31.

**Bar Code:**



**OVERFLOW PAGE FOR WRITE-INS**

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**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities						
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations						
1.43 Revenue and assessment obligations						
1.44 Industrial development and similar obligations						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA						
1.512 Issued or guaranteed by FNMA and FHLMC						
1.513 All other						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521						
1.523 All other						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.2 Unaffiliated non-U.S. securities (including Canada)						
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
3.21 Affiliated						
3.22 Unaffiliated						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated						
3.32 Unaffiliated						
3.4 Other equity securities:						
3.41 Affiliated						
3.42 Unaffiliated						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated						
3.52 Unaffiliated						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)						
5.3 Property held for sale (including \$ _____ of property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities			9,941		9,941	1.45
9. Securities Lending (Line 10, Asset Page reinvested collateral)				X X X	X X X	X X X
10. Cash, cash equivalents and short-term investments			676,426		676,426	98.55
11. Other invested assets						
12. Total invested assets			686,367		686,367	100.00

## SCHEDULE A - VERIFICATION BETWEEN YEARS

### Real Estate

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Current year change in encumbrances:		
3.1 Totals, Part 1, Column 13		
3.2 Totals, Part 3, Column 11		
4. Total gain (loss) on disposals, Part 3, Column 18		
5. Deduct amounts received on disposals, Part 3, Column 15		
6. Total foreign exchange change in book/adjusted carrying value:		<b>NONE</b>
6.1 Totals, Part 1, Column 15		
6.2 Totals, Part 3, Column 13		
7. Deduct current year's other than temporary impairment recognized:		
7.1 Totals, Part 1, Column 12		
7.2 Totals, Part 3, Column 10		
8. Deduct current year's depreciation:		
8.1 Totals, Part 1, Column 11		
8.2 Totals, Part 3, Column 9		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

## SCHEDULE B - VERIFICATION BETWEEN YEARS

### Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions (Part 2, Column 7)		
2.2 Additional investment made after acquisitions (Part 2, Column 8)		
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 12		
3.2 Totals, Part 3, Column 11		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 9		
5.2 Totals, Part 3, Column 8		<b>NONE</b>
6. Total gain (loss) on disposals, Part 3, Column 18		
7. Deduct amounts received on disposals, Part 3, Column 15		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1 Totals, Part 1, Column 13		
9.2 Totals, Part 3, Column 13		
10. Deduct current year's other than temporary impairment recognized:		
10.1 Totals, Part 1, Column 11		
10.2 Totals, Part 3, Column 10		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted accounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

### Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16		
3.2 Totals, Part 3, Column 12		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13		<b>NONE</b>
5.2 Totals, Part 3, Column 9		
6. Total gain (loss) on disposals, Part 3, Column 19		
7. Deduct amounts received on disposals, Part 3, Column 16		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17		
9.2 Totals, Part 3, Column 14		
10. Deduct current year's other than temporary impairment recognized:		
10.1 Totals, Part 1, Column 15		
10.2 Totals, Part 3, Column 11		
11. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

## SCHEDULE D - VERIFICATION BETWEEN YEARS

### Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of bonds and stocks acquired, Part 3, Column 7		
3. Accrual of discount		
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12		
4.2 Part 2, Section 1, Column 15		
4.3 Part 2, Section 2, Column 13		
4.4 Part 4, Column 11		
5. Total gain (loss) on disposals, Part 4, Column 19		
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		<b>NONE</b>
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15		
8.2 Part 2, Section 1, Column 19		
8.3 Part 2, Section 2, Column 16		
8.4 Part 4, Column 15		
9. Deduct current year's other than temporary impairment recognized:		
9.1 Part 1, Column 14		
9.2 Part 2, Section 1, Column 17		
9.3 Part 2, Section 2, Column 14		
9.4 Part 4, Column 13		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted accounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

## SCHEDULE D - SUMMARY BY COUNTRY

### Long-Term Bonds and Stocks OWNED December 31 of Current Year

		1	2	3	4	
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds	
<b>BONDS</b> Governments (Including all obligations guaranteed by governments)	1. United States					
	2. Canada					
	3. Other Countries					
	4. Totals					
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals					
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals					
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals					
Industrial and Miscellaneous and Hybrid Securities (unaffiliated)	8. United States	<b>NONE</b>				
	9. Canada					
	10. Other Countries					
11. Totals						
Parent, Subsidiaries and Affiliates	12. Totals					
	<b>13. Total Bonds</b>					
<b>PREFERRED STOCKS</b> Industrial and Miscellaneous (unaffiliated)	14. United States					
	15. Canada					
	16. Other Countries					
	17. Totals					
Parent, Subsidiaries and Affiliates	18. Totals					
	<b>19. Total Preferred Stocks</b>					
<b>COMMON STOCKS</b> Industrial and Miscellaneous (unaffiliated)	20. United States					
	21. Canada					
	22. Other Countries					
	23. Totals					
Parent, Subsidiaries and Affiliates	24. Totals					
	<b>25. Total Common Stocks</b>					
	26. Total Stocks					
	27. Total Bonds and Stocks					



### SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Industrial &amp; Miscellaneous (unaffiliated)</b>											
6.1 Class 1				<b>NONE</b>							
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
<b>7. Hybrid Securities</b>											
7.1 Class 1				<b>NONE</b>							
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
<b>8. Parent, Subsidiaries and Affiliates</b>											
8.1 Class 1				<b>NONE</b>							
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											

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### SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
<b>9. Total Bonds Current Year</b>											
9.1 Class 1	(d)			<b>NONE</b>				XXX	XXX		
9.2 Class 2	(d)							XXX	XXX		
9.3 Class 3	(d)							XXX	XXX		
9.4 Class 4	(d)							XXX	XXX		
9.5 Class 5	(d)						(c)	XXX	XXX		
9.6 Class 6	(d)						(c)	XXX	XXX		
9.7 Totals						(b)		XXX	XXX		
9.8 Line 9.7 as a % of Col. 6							XXX	XXX	XXX		
<b>10. Total Bonds Prior Year</b>											
10.1 Class 1				<b>NONE</b>		XXX	XXX				
10.2 Class 2							XXX	XXX			
10.3 Class 3							XXX	XXX			
10.4 Class 4							XXX	XXX			
10.5 Class 5							XXX	XXX	(c)		
10.6 Class 6							XXX	XXX	(c)		
10.7 Totals							XXX	XXX	(b)		
10.8 Line 10.7 as a % of Col. 8							XXX	XXX	XXX		
<b>11. Total Publicly Traded Bonds</b>											
11.1 Class 1				<b>NONE</b>							XXX
11.2 Class 2											XXX
11.3 Class 3											XXX
11.4 Class 4											XXX
11.5 Class 5											XXX
11.6 Class 6											XXX
11.7 Totals										XXX	
11.8 Line 11.7 as a % of Col. 6							XXX	XXX	XXX		XXX
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9							XXX	XXX	XXX		XXX
<b>12. Total Privately Placed Bonds</b>											
12.1 Class 1				<b>NONE</b>						XXX	
12.2 Class 2										XXX	
12.3 Class 3										XXX	
12.4 Class 4										XXX	
12.5 Class 5										XXX	
12.6 Class 6										XXX	
12.7 Totals									XXX		
12.8 Line 12.7 as a % of Col. 6							XXX	XXX	XXX		XXX
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9							XXX	XXX	XXX		XXX

S07

- (a) Includes \$ 0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$ 0 current year, \$ 0 prior year of bonds with Z designations and \$ 0 current year, \$ 0 prior year of bonds with Z\* designations. The letter 'Z' means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
- (c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5\* designations and \$ 0 current year, \$ 0 prior year of bonds with 6\* designations. '5\*' means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
- (d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0.

### SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments</b> 1.1 Issuer Obligations 1.2 Residential Mortgage-Backed Securities 1.3 Commercial Mortgage-Backed Securities 1.4 Other Loan-Backed and Structured Securities 1.5 Totals				<b>NONE</b>							
<b>2. All Other Governments</b> 2.1 Issuer Obligations 2.2 Residential Mortgage-Backed Securities 2.3 Commercial Mortgage-Backed Securities 2.4 Other Loan-Backed and Structured Securities 2.5 Totals				<b>NONE</b>							
<b>3. U.S. States, Territories and Possessions, Guaranteed</b> 3.1 Issuer Obligations 3.2 Residential Mortgage-Backed Securities 3.3 Commercial Mortgage-Backed Securities 3.4 Other Loan-Backed and Structured Securities 3.5 Totals				<b>NONE</b>							
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b> 4.1 Issuer Obligations 4.2 Residential Mortgage-Backed Securities 4.3 Commercial Mortgage-Backed Securities 4.4 Other Loan-Backed and Structured Securities 4.5 Totals				<b>NONE</b>							
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b> 5.1 Issuer Obligations 5.2 Residential Mortgage-Backed Securities 5.3 Commercial Mortgage-Backed Securities 5.4 Other Loan-Backed and Structured Securities 5.5 Totals				<b>NONE</b>							
<b>6. Industrial and Miscellaneous</b> 6.1 Issuer Obligations 6.2 Residential Mortgage-Backed Securities 6.3 Commercial Mortgage-Backed Securities 6.4 Other Loan-Backed and Structured Securities 6.5 Totals				<b>NONE</b>							
<b>7. Hybrid Securities</b> 7.1 Issuer Obligations 7.2 Residential Mortgage-Backed Securities 7.3 Commercial Mortgage-Backed Securities 7.4 Other Loan-Backed and Structured Securities 7.5 Totals				<b>NONE</b>							
<b>8. Parent, Subsidiaries and Affiliates</b> 8.1 Issuer Obligations 8.2 Residential Mortgage-Backed Securities 8.3 Commercial Mortgage-Backed Securities 8.4 Other Loan-Backed and Structured Securities 8.5 Totals				<b>NONE</b>							

### SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>9. Total Bonds Current Year</b>				<b>NONE</b>							
9.1 Issuer Obligations								XXX	XXX		
9.2 Residential Mortgage-Backed Securities								XXX	XXX		
9.3 Commercial Mortgage-Backed Securities								XXX	XXX		
9.4 Other Loan-Backed and Structured Securities								XXX	XXX		
9.5 Totals								XXX	XXX		
9.6 Line 9.5 as a % of Col. 6							XXX	XXX	XXX		
<b>10. Total Bonds Prior Year</b>				<b>NONE</b>							
10.1 Issuer Obligations							XXX	XXX			
10.2 Residential Mortgage-Backed Securities							XXX	XXX			
10.3 Commercial Mortgage-Backed Securities							XXX	XXX			
10.4 Other Loan-Backed and Structured Securities							XXX	XXX			
10.5 Totals							XXX	XXX			
10.6 Line 10.5 as a % of Col. 8							XXX	XXX	XXX		
<b>11. Total Publicly Traded Bonds</b>				<b>NONE</b>							
11.1 Issuer Obligations											XXX
11.2 Residential Mortgage-Backed Securities											XXX
11.3 Commercial Mortgage-Backed Securities											XXX
11.4 Other Loan-Backed and Structured Securities											XXX
11.5 Totals											XXX
11.6 Line 11.5 as a % of Col. 6								XXX	XXX	XXX	XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9							XXX	XXX	XXX	XXX	
<b>12. Total Privately Placed Bonds</b>				<b>NONE</b>							
12.1 Issuer Obligations											XXX
12.2 Residential Mortgage-Backed Securities											XXX
12.3 Commercial Mortgage-Backed Securities											XXX
12.4 Other Loan-Backed and Structured Securities											XXX
12.5 Totals											XXX
12.6 Line 12.5 as a % of Col. 6								XXX	XXX	XXX	XXX
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9							XXX	XXX	XXX	XXX	

## SCHEDULE DA - VERIFICATION BETWEEN YEARS

### Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-Term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year					
2. Cost of short-term investments acquired					
3. Accrual of discount					
4. Unrealized valuation increase (decrease)					
5. Total gain (loss) on disposals					
6. Deduct consideration received on disposals					
7. Deduct amortization of premium					
8. Total foreign exchange change in book/adjusted carrying value					
9. Deduct current year's other than temporary impairment recognized					
10. Book adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)					
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)					

NONE

SI 10

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: \_\_\_\_\_.

## SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

### Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 9, prior year)		
2.	Cost paid/(consideration received) on additions:		
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12		
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14		
3.	Unrealized Valuation increase/(decrease):		
3.1	Section 1, Column 17		
3.2	Section 2, Column 19		
4.	Total gain (loss) on termination recognized, Section 2, Column 22		
5.	Considerations received/(paid) on terminations, Section 2, Column 14		
6.	Amortization:		
6.1	Section 1, Column 19		
6.2	Section 2, Column 21		
7.	Adjustment to the book/adjusted carrying value of hedged item:		
7.1	Section 1, Column 20		
7.2	Section 2, Column 23		
8.	Total foreign exchange change in book/adjusted carrying value:		
8.1	Section 1, Column 18		
8.2	Section 2, Column 20		
9.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8)		
10.	Deduct nonadmitted assets		
11.	Statement value at end of current period (Line 9 minus Line 10)		

NONE

## SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

### Future Contracts

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote)		
3.1	Change in variation margin on open contracts:		
3.11	Section 1, Column 15, current year minus		
3.12	Section 1, Column 15, prior year		
3.2	Add:		
	Change in adjustment to basis of hedged item:		
3.21	Section 1, Column 17, current year to date minus		
3.22	Section 1, Column 17, prior year		
	Change in amount recognized		
3.23	Section 1, Column 16, current year to date minus		
3.24	Section 1, Column 16, prior year		
3.3	Subtotal (Line 3.1 minus Line 3.2)		
4.1	Variation margin on terminated contracts during the year (Section 2, Column 16)		
4.2	Less:		
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)		
4.22	Amount recognized (Section 2, Column 16)		
4.3	Subtotal (Line 4.1 minus Line 4.2)		
5.	Dispositions gains (losses) on contracts terminated in prior year:		
5.1	Recognized		
5.2	Used to adjust basis of hedged items		
6.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)		
7.	Deduct total nonadmitted amounts		
8.	Statement value at end of current period (Line 6 minus Line 7)		

NONE

## SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

Replicated (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held				
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
								Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
<b>NONE</b>															
9999999	Totals					X X X	X X X	X X X			X X X	X X X	X X X		

SI12

## SCHEDULE DB - PART C - SECTION 2

### Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year to Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions				<b>NONE</b>						
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

S13

## SCHEDULE DB VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

- 1. Part A, Section 1, Column 14 .....
- 2. Part B, Section 1, Column 14 .....
- 3. Total (Line 1 plus Line 2) .....
- 4. Part D, Column 5 .....
- 5. Part D, Column 6 .....
- 6. Total (Line 3 minus Line 4 minus Line 5) .....

**NONE**

Fair Value Check

- 7. Part A, Section 1, Column 16 .....
- 8. Part B, Section 1, Column 13 .....
- 9. Total (Line 7 plus Line 8) .....
- 10. Part D, Column 8 .....
- 11. Part D, Column 9 .....
- 12. Total (Line 9 minus Line 10 minus Line 11) .....

Potential Exposure Check

- 13. Part A, Section 1, Column 21 .....
- 14. Part B, Section 1, Column 19 .....
- 15. Part D, Column 11 .....
- 16. Total (Line 13 plus Line 14 minus Line 15) .....



## SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3
	Total	Bonds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year			
2. Cost of cash equivalents acquired			
3. Accrual of discount			
4. Unrealized valuation increase (decrease)			
5. Total gain (loss) on disposals			
6. Deduct consideration received on disposals			
7. Deduct amortization of premium			
8. Total foreign exchange change in book/adjusted carrying value			
9. Deduct current year's other than temporary impairment recognized			
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)			
11. Deduct total nonadmitted amounts			
12. Statement value at end of current period (Line 10 minus Line 11)			

NONE

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment: .....

### SCHEDULE A - PART 1

Showing All Real Estate OWNED December 31 of Current Year

1 Description of Property	2 Code	Location		5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	Change in Book/Adjusted Carrying Value Less Encumbrances					16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs, and Expenses Incurred
		3 City	4 State							11 Current Year's Depreciation	12 Current Year's Other Than Temporary Impairment Recognized	13 Current Year's Change in Encumbrances	14 Total Change in B./A.C.V. (13 - 11 - 12)	15 Total Foreign Exchange Change in B./A.C.V.		
<b>NONE</b>																
0699999 Totals																

E01

## SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED and Additions Made During the Year

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
NONE								
0399999 Totals								

E02

### SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/ Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs, and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B./A.C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B./A.C.V.							
<b>NONE</b>																			
0399999 Totals																			

E03

### SCHEDULE B - PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

1 Loan Number	2 Code	Location		5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book Value/ Recorded Investment Excluding Accrued Interest	Change in Book Value/Recorded Investment					14 Value of Land and Buildings	15 Date of Last Appraisal or Valuation
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Amortization)/ Accretion	11 Current Year's Other than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Foreign Exchange Change in Book Value		
<b>NONE</b>														
3399999 Total Mortgages														X X X

E04

General Interrogatory:

- 1. Mortgages in good standing \$ 0 unpaid taxes \$ 0 interest due and unpaid.
- 2. Restructured mortgages \$ 0 unpaid taxes \$ 0 interest due and unpaid.
- 3. Mortgages with overdue interest over 90 days not in process of foreclosure \$ 0 unpaid taxes \$ 0 interest due and unpaid.
- 4. Mortgages in process of foreclosure \$ 0 unpaid taxes \$ 0 interest due and unpaid.

## SCHEDULE B - PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1	Location		4	5	6	7	8	9
Loan Number	2  City	3  State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
<b>NONE</b>								
<div style="display: flex; justify-content: space-between;"> <span>3399999 Totals</span> </div>								

E05

### SCHEDULE B - PART 3

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Disposal Date	7 Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Change in Book Value/Recorded Investment					14 Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	15 Consideration	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal
	2 City	3 State					8 Unrealized Valuation Increase (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other Than Temporary Impairment Recognized	11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8 + 9 - 10 + 11)					
<b>NONE</b>																
0599999 Totals																

E06

## SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1 CUSIP Ident- ification	2 Name or Description	3 Code	Location		6 Name of Vendor or General Partner	7 NAIC Desig- nation	8 Date Originally Acquired	9 Type and Strategy	10 Actual Cost	11 Fair Value	12 Book/Adjusted Carrying Value Less Encumbrances	Change in Book/Adjusted Carrying Value					18 Investment Income	19 Commitment for Additional Investment	20 Percentage of Ownership									
			4 City	5 State								13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Depreciation) or (Amortization)/ Accretion	15 Current Year's Other than Temporary Impairment Recognized	16 Capitalized Deferred Interest and Other	17 Total Foreign Exchange Change in B./A.C.V.												
NONE																												
4199999 Totals																												XXX

E07



## SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 Date Originally Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After Acquisition	10 Amount of Encumbrances	11 Percentage of Ownership
		3 City	4 State							
<b>NONE</b>										
4199999 Totals										XXX

E08

### SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets **DISPOSED**, Transferred or Repaid During the Current Year

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value					15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)						
<b>NONE</b>																		
4199999	Totals																	

EO9

## SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation	7 Actual Cost	Fair Value		10 Par Value	Change in Book/Adjusted Carrying Value					Interest					Dates	
		3 Code	4 F o r e i g n	5 Bond CHAR			8 Rate Used To Obtain Fair Value	9 Fair Value		11 Book / Adjusted Carrying Value	12 Unrealized Valuation Increase / (Decrease)	13 Current Year's (Amortization) / Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Maturity
<b>NONE</b>																					
8399999 Total Bonds							XXX								XXX	XXX	XXX			XXX	XXX

E10

### SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value					20 NAIC Design- nation	21 Date Acquired	
		3 Code	4 F o r e i g n					9 Rate per Share Used to Obtain Fair Value	10 Fair Value		12 Declared But Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase / (Decrease)	16 Current Year's (Amortization) / Accretion	17 Current Year's Other Than Temporary Impairment Recognized	18 Total Change in B./A.C.V. (15 + 16 - 17)	19 Total Foreign Exchange Change in B./A.C.V.			
<b>NONE</b>																					
8999999 Total Preferred Stocks								XXX												XXX	XXX

E11

### SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Book/ Adjusted Carrying Value	Fair Value		9 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				17 NAIC Market Indicator (a)	18 Date Acquired
		3 Code	4 F o r e i g n			7 Rate per Share Used to Obtain Fair Value	8 Fair Value		10 Declared But Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase / (Decrease)	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A.C.V. (13 - 14)	16 Total Foreign Exchange Change in B./A.C.V.		
<b>NONE</b>																	
9899999	Total Preferred and Common Stocks					XXX										XXX	XXX

E12

(a) For all common stocks bearing the NAIC market indicator 'U' provide: the number of such issues ..... 0, the total \$ value (included in Column 8) of all such issues \$ ..... 0.

### SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
<b>NONE</b>								
999999	Totals				XXX		XXX	

E13

### SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Ident- ification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date							
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.													
<b>NONE</b>																											
9999999	Totals						XXX																				XXX

E14

### SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1 CUSIP Ident- ification	2 Description	3 F o r e i g n	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stock)	9 Actual Cost	10 Consideration	11 Book/ Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value				17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends	
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amort- ization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A.C.V. (12+13-14)						16 Total Foreign Exchange Change in B./A.C.V.
<b>NONE</b>																				
9999999	Totals						XXX													

E15



### SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 F o r e i g n	4 NAIC Company Code or Alien Insurer Identification Number	5 NAIC Valuation Method (See SVO Purposes and Procedures Manual)	6 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book/ Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date	
								9 Number of Shares	10 % of Outstanding
<b>NONE</b>									
1999999 Totals								X X X	X X X

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ 0
2. Total amount of intangible assets nonadmitted \$ 0

### SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
<b>NONE</b>					
0399999 Total				X X X	X X X

## SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Date Acquired	6 Name of Vendor	7 Maturity Date	8 Book / Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				13 Par Value	14 Actual Cost	Interest						21 Paid for Accrued Interest
		3 Code	4 F o r e i g n					9 Unrealized Valuation Increase / (Decrease)	10 Current Year's (Amortization) / Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Total Foreign Exchange Change in B./A.C.V.			15 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	16 Non-Admitted Due And Accrued	17 Rate of	18 Effective Rate of	19 When Paid	20 Amount Received During Year	
NONE																				
9199999	TOTALS											XXX					XXX	XXX	XXX	

E17

### SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23							
Description	Description of Items Hedged or Used for Income Generation	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost of Premium Received (Paid)	Current Year Initial Cost of Premium Received (Paid)	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (a)							
<b>NONE</b>																													
1449999 Totals							XXX	XXX	XXX	XXX				XXX								XXX	XXX						

813

(a)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
<b>NONE</b>	

## SCHEDULE DB - PART A - SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25									
Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost of Premium Received (Paid)	Current Year Initial Cost of Premium Received (Paid)	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) Accretion	Gain (Loss) on Termination - Recognized	Adjustment to Carrying Value of Hedged Item	Gain (Loss) on Termination Deferred	Hedge Effectiveness at Inception and at Termination (a)									
<b>NONE</b>																																	
1449999 Total						XXX	XXX	XXX	XXX	XXX	XXX						XXX								XXX								

619

(a)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
		<b>NONE</b>

### SCHEDULE DB - PART B - SECTION 1

Future Contracts Open December 31 of Current Year

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Hedged Item(s)	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book/ Adjusted Carrying Value	Change in Variation Margin				19 Potential Exposure	20 Hedge Effectiveness at Inception and at Year-end (a)
														15 Cumulative	16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item	18 Deferred		
<b>NONE</b>																			
1449999 Total							XXX	XXX	XXX	XXX	XXX	XXX							XXX

E20

Broker Name	Net Cash Deposits
<b>NONE</b>	
Total Net Cash Deposits	

(a)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
<b>NONE</b>	

## SCHEDULE DB - PART B - SECTION 2

Future Contracts Terminated December 31 of Current Year

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Hedged Item(s)	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Termination Date	13 Termination Price	14 Indicate Exercise, Expiration, Maturity or Sale	15 Book/ Adjusted Carry Value At Termination	Change in Variation Margin			19 Hedge Effectiveness at Inception/ and at Termination (a)		
															16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item in Current Year	18 Deferred			
							<b>NONE</b>													
1449999 Total						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	

Broker Name	Net Cash Deposits
<b>NONE</b>	
Total Net Cash Deposits	

E21

(a)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
		<b>NONE</b>

### SCHEDULE DB - PART D

Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1 Description Counterparty or Exchange Traded	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value >0	6 Contracts With Book/ Adjusted Carrying Value <0	7 Exposure net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral		
<b>NONE</b>											
0899999 Totals											

E22

## SCHEDULE DL - PART 1

### SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Desig- nation/ Market Indicator	Fair Value	Book / Adjusted Carrying Value	Maturity Dates
NONE						
9999999 Totals						XXX

General Interrogatories:

1. Total activity for the year	Fair Value \$	0	Book/Adjusted Carrying Value \$	0
2. Average balance for the year	Fair Value \$	0	Book/Adjusted Carrying Value \$	0
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:				
NAIC 1 \$	0;	NAIC 2 \$	0;	NAIC 3 \$
0;	NAIC 4 \$	0;	NAIC 5 \$	0;
0;	NAIC 6 \$	0.		



## SCHEDULE DL - PART 2

### SECURITIES LENDING COLLATERAL ASSETS

#### Reinvested Collateral Assets Owned December 31 Current Year

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Desig- nation/ Market Indicator	Fair Value	Book / Adjusted Carrying Value	Maturity Dates
NONE						
9999999 Totals						XXX

General Interrogatories:

1. Total activity for the year	Fair Value \$	0	Book/Adjusted Carrying Value \$	0
2. Average balance for the year	Fair Value \$	0	Book/Adjusted Carrying Value \$	0
3. Grand Total Schedule DL Part 1 and Part 2	Fair Value \$	0	Book/Adjusted Carrying Value \$	0



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
			<b>NONE</b>				
<div style="display: flex; justify-content: space-between;"> <span>8699999 Total Cash Equivalents</span> </div>							

E26

### SCHEDULE E – PART 3 – SPECIAL DEPOSITS

States, etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits		
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value	
1. Alabama	AL	<b>NONE</b>					
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. US Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CN						
58. Aggregate Other Alien and Other	OT						
59. Total							

DETAILS OF WRITE-INS						
5801.		<b>NONE</b>				
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page						
5899. Totals (Lines 5801 - 5803 plus 5898) (Line 58 above)						

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