ANNUAL STATEMENT

OF THE

First Medical Health Plan, Inc.

Of

Guaynabo

in the state of PR

to the Office of the Insurance Commissioner

of the state of Puerto Rico

For the Year Ended

December 31, 2012

2012

HEALTH

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ANNUAL STATEMENT

For the Year Ended December 31, 2012

of the Condition and Affairs of the

First Medical Health Plan, Inc.

NAIC Group Code..... , (Current Period) (Prior Period) NAIC Company Code..... 95722 Employer's ID Number..... 660537624

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

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 1, 1977 Commenced Business..... March 27, 1977

Statutory Home Office	530 Marginal Buchanan..... Guaynabo ..... PR ..... Puerto Rico .... 00966 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	530 Marginal Buchanan..... Guaynabo ..... PR ..... Puerto Rico .... 00966 *(Street and Number) (City or Town, State and Zip Code)*	787-474-3999 *(Area Code) (Telephone Number)*
Mail Address	PO Box 191580..... San Juan ..... PR ..... Puerto Rico .... 00919-1580 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	530 Marginal Buchanan..... Guaynabo ..... PR ..... Puerto Rico .... 00966 *(Street and Number) (City or Town, State and Zip Code)*	787-474-3999 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.firstmedicalpr.com	
Statutory Statement Contact	José A. Pagán *(Name)*	787-474-3999 *(Area Code) (Telephone Number) (Extension)*
	j.pagan@firstmedicalpr.com *(E-Mail Address)*	787-474-3998 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Francisco J. Artau	President	2. Carmen Felciano	Secretary
3. Juan L. Domínguez	Treasurer	4. José A. Pagán	Sub-Treasurer

OTHER

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DIRECTORS OR TRUSTEES

Francisco J. Artau	Carmen Feliciano	Eduardo Artau Gómez	Eduardo Artau Feliciano
José A. Pagán	Juan L. Domínguez	Marcos Feliciano	Samuel Sostre
Ángel Morales			

State of..... PUERTO RICO
County of..... GUAYNABO

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

(Signature)	(Signature)	(Signature)
Francisco J. Artau	Carmen Felciano	Juan L. Domínguez
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Affirmit No. 1, 2013

Subscribed and sworn to before me
This 1st day of April, 2013

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

CARLOS JUAN FOURNIER PADILLA ABOGADO NOTARIO PUERTO RICO

2099857

CARLOS FOURNIER
COL TRUJILLO ALTO
03/04/2013
SS Autenticación Legal
52459-2049-0304-13041358

LIC. URIEL G. CANDELAS AGOSTO
ABOGADO Y ACTUARIO
SUITE 530, E. POL 497, LA CUMBRE, R.P, P.R. 00926
TEL./FAX 761-1005

March 30, 2013

STATEMENT OF ACTUARIAL OPINION

FROM: URIEL G. CANDELAS AGOSTO, ACTUARY

I, Uriel G. Candelas Agosto, Actuary, under the Insurance Laws of Puerto Rico, have been appointed by FIRST MEDICAL HEALTH PLAN,Inc to render this Actuarial Opinion with regard to Loss Reserves and Losses Incurred but Unreported for FIRST MEDICAL HEALTH PLAN,Inc.for the year ended on December 31, 2012. The following reserves have been determined:

(1) Unpaid Losses.

(2) Losses Incurred but not Reported (IBNR).

Based on statements from management and my independent confirmation using claims and losses experience submitted, in my opinion, the amounts to be carried in the Annual Statement on account of the items identified above,

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(a) Are computed in accordance with accepted Loss reserving standards and are fairly stated in accordance with sound actuarial principles;

(b) are based on factors relevant to policy provisions;

(c) meet the requirements of the Laws of Puerto Rico; and

(d) make good and sufficient provision for all unpaid loss and loss expense obligations and for Losses Incurred but Unreported specified in said actuarial study, of the organization under the terms of its contracts and agreements.

(d) are logical and computed loss reserving standards and are fairly stated in accordance with sound actuarial principles.

I fully relied upon the information, statements and results submitted by First Medical Health Plan's FINANCIAL MANAGEMENT and reviewed by Mr. Néstor Centeno,CPA. .

Said reserves are the following:

TOTAL CLAIMS PAYABLE REPORTED AND UNREPORTED FOR CALENDAR YEAR 2012.----$95,535,108.05

URIEL G. CANDELAS AGOSTO

ACTUARY

RECIBIDO-OFICINA
COMISIONADO DE SEGUROS
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CENTENO
FIGUEROA & Co. CPA, PSC
Certified Public Accountants

Board of Directors
First Medical Health Plan, Inc.
San Juan, Puerto Rico

Report on the Financial Statements

We have audited the accompanying statutory statements of admitted assets, liabilities, capital and surplus of First Medical Health Plan, Inc. as of December 31, 2012 and 2011 and the related statements of revenues, expenses and changes in net worth, and statements of cash flows for the years then ended and the related notes to the financial statements.

Management Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this include the design, implementation and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatements whether due to fraud or error.

Auditors Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosure of the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatements of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor consider internal controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

101 San Patricio Ave., Suite 860, Guaynabo, P.R. 00968 | Tel. 787-706-3060 | Fax 787-706-3048 | www.centenofigueroa.com

Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, the admitted assets, liabilities, capital and surplus of First Medical Health Plan, Inc. at December 31, 2012 and 2011, and the results of its operations and its cash flows for the years then ended in conformity with accounting practices prescribed by the Puerto Rico Office of the Insurance Commissioner.

Centeno Figueroa & Co. CPA, PSC

CPA State Society
Stamp number 2666435
Was affixed to the
Original of this report

San Juan, Puerto Rico
March 31, 2013

LIC. URIEL G. CANDELAS AGOSTO
ABOGADO Y ACTUARIO
SUITE 530, E. POL 497, LA CUMBRE, R.P, P.R. 00926
TEL./FAX 761-1005

March 30, 2013

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(2) Losses Incurred but not Reported (IBNR).

Based on statements from management and my independent confirmation using claims and losses experience submitted, in my opinion, the amounts to be carried in the Annual Statement on account of the items identified above,

(a) Are computed in accordance with accepted Loss reserving standards and are fairly stated in accordance with sound actuarial principles;

(b) are based on factors relevant to policy provisions;

(c) meet the requirements of the Laws of Puerto Rico; and

(d) make good and sufficient provision for all unpaid loss and loss expense obligations and for Losses Incurred but Unreported specified in said actuarial study, of the organization under the terms of its contracts and agreements.

(d) are logical and computed loss reserving standards and are fairly stated in accordance with sound actuarial principles.

I fully relied upon the information, statements and results submitted by First Medical Health Plan's FINANCIAL MANAGEMENT and reviewed by Mr. Néstor Centeno,CPA. .

Said reserves are the following:

TOTAL CLAIMS PAYABLE REPORTED AND UNREPORTED FOR CALENDAR YEAR 2012.----$95,535,108.05

URIEL G. CANDELAS AGOSTO

ACTUARY

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	21,465,000		21,465,000	11,000,000
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $.....0 encumbrances)	246,990		246,990	224,800
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....40,943,680, Schedule E-Part 1), cash equivalents ($.....0, Schedule E-Part 2) and short-term investments ($.....0, Schedule DA)	40,943,680		40,943,680	31,221,581
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	62,655,670	0	62,655,670	42,446,381
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	59,350,983	458,007	58,892,976	57,641,027
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	2,225,181	2,225,181	0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	379,590	42,183	337,407	283,868
21. Furniture and equipment, including health care delivery assets ($.....0)	635,680	635,680	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	92,912	92,912	0	
24. Health care ($.....0) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	9,773,287	2,023,955	7,749,332	4,290,100
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	135,113,303	5,477,918	129,635,385	104,661,376
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTALS (Lines 26 and 27)	135,113,303	5,477,918	129,635,385	104,661,376

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Accounts Receivable - Other	6,532,007		6,532,007	4,290,100
2502. Deposits	76,326	76,326	0	
2503. Vehicles	9,644	9,644	0	
2598. Summary of remaining write-ins for Line 25 from overflow page	3,155,310	1,937,985	1,217,325	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	9,773,287	2,023,955	7,749,332	4,290,100

LIABILITIES, CAPITAL AND SURPLUS

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)		95,543,964	95,543,964	81,136,549
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses			0	
4. Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance			0	
9. General expenses due or accrued		9,735,226	9,735,226	8,071,986
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized and $.....0 certified reinsurers)			0	
20. Reinsurance in unauthorized and certified ($.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including $.....8,095 current)	0	608,095	608,095	662,830
24. Total liabilities (Lines 1 to 23)	0	105,887,285	105,887,285	89,871,365
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,875	1,875
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	2,960,400	2,960,400
29. Surplus notes	XXX	XXX	20,738,860	20,738,860
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	46,965	(8,911,124)
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	23,748,100	14,790,011
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	129,635,385	104,661,376

DETAILS OF WRITE-INS

2301. Restricted Fund Reserve		600,000	600,000	600,000
2302. Leases Payable		8,095	8,095	62,830
2303. Income Tax Payable			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	608,095	608,095	662,830
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member months	XXX	4,114,079	3,622,404
2. Net premium income (including $.....0 non-health premium income)	XXX	614,656,900	585,703,965
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of $.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	614,656,900	585,703,965
Hospital and Medical:			
9. Hospital/medical benefits	418,207,817	418,207,817	407,787,126
10. Other professional services	9,840,184	9,840,184	4,426,795
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical	118,628,884	118,628,884	113,241,294
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)	546,676,885	546,676,885	525,455,215
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)	546,676,885	546,676,885	525,455,215
19. Non-health claims (net)			
20. Claims adjustment expenses, including $.....0 cost containment expenses			
21. General administrative expenses	60,796,144	60,796,144	58,346,821
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)	607,473,029	607,473,029	583,802,036
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	7,183,871	1,901,929
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26. Net realized capital gains or (losses) less capital gains tax of $.....0			
27. Net investment gains or (losses) (Lines 25 plus 26)	0	0	0
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	817,417	817,417	306,609
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	8,001,288	2,208,538
31. Federal and foreign income taxes incurred	XXX	1,550,359	472,209
32. Net income (loss) (Lines 30 minus 31)	XXX	6,450,929	1,736,329

DETAILS OF WRITE-INS

0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Prescription drugs	118,628,884	118,628,884	113,241,294
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	118,628,884	118,628,884	113,241,294
2901. Interest income	922,304	922,304	335,509
2902. Other Income	63,991	63,991	
2903. Interest Expense	(168,628)	(168,628)	(45,144)
2998. Summary of remaining write-ins for Line 29 from overflow page	(250)	(250)	16,244
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	817,417	817,417	306,609

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	14,790,011	10,269,229
34. Net income or (loss) from Line 32	6,450,929	1,736,329
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	2,507,160	2,784,453
40. Change in unauthorized and certified 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	0	0
48. Net change in capital and surplus (Lines 34 to 47)	8,958,089	4,520,782
49. Capital and surplus end of reporting period (Line 33 plus 48)	23,748,100	14,790,011

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	611,104,967	605,173,119
2. Net investment income		
3. Miscellaneous income	986,295	335,509
4. Total (Lines 1 through 3)	612,091,262	605,508,628
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	590,319,750	593,794,689
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	42,162	28,682
10. Total (Lines 5 through 9)	590,361,912	593,823,371
11. Net cash from operations (Line 4 minus Line 10)	21,729,350	11,685,257
CASH FROM INVESTMENTS		
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)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	10,465,000	11,000,000
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets	1,487,516	707,591
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	11,952,516	11,707,591
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(11,952,516)	(11,707,591)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
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)	(54,735)	(184,928)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(54,735)	(184,928)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	9,722,099	(207,262)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	31,221,581	31,428,843
19.2 End of year (Line 18 plus Line 19.1)	40,943,680	31,221,581

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

20.0001		

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	614,656,900	471,782,027					142,874,873			
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	614,656,900	471,782,027	0	0	0	0	142,874,873	0	0	0
8. Hospital/medical benefits	418,207,817	322,555,340					95,652,477			XXX
9. Other professional services	9,840,184	6,390,929					3,449,255			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	0									XXX
13. Aggregate write-ins for other hospital and medical	118,628,884	89,027,068	0	0	0	0	29,601,816	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	546,676,885	417,973,337	0	0	0	0	128,703,548	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	546,676,885	417,973,337	0	0	0	0	128,703,548	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	0									
20. General administrative expenses	60,796,144	46,388,374					14,407,770			
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	607,473,029	464,361,711	0	0	0	0	143,111,318	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	7,183,871	7,420,316	0	0	0	0	(236,445)	0	0	0

DETAILS OF WRITE-INS

0501.	0									XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Prescription drugs	118,628,884	89,027,068					29,601,816			XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)	118,628,884	89,027,068	0	0	0	0	29,601,816	0	0	XXX

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

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)	471,782,027			471,782,027
2. Medicare supplement				0
3. Dental only				0
4. Vision only				
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare	142,874,873			142,874,873
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	614,656,900	0	0	614,656,900
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	614,656,900	0	0	614,656,900

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	532,269,470	402,634,833					129,634,637			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	532,269,470	402,634,833	0	0	0	0	129,634,637	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	95,543,964	71,954,404					23,589,560			
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	95,543,964	71,954,404	0	0	0	0	23,589,560	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	81,136,549	56,509,339					24,627,210			
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	81,136,549	56,509,339	0	0	0	0	24,627,210	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	546,676,885	418,079,898	0	0	0	0	128,596,987	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	546,676,885	418,079,898	0	0	0	0	128,596,987	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	65,830,515	49,670,045					16,160,470			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	65,830,515	49,670,045	0	0	0	0	16,160,470	0	0	0
2. Incurred but unreported:										
2.1 Direct	29,713,449	22,284,359					7,429,090			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	29,713,449	22,284,359	0	0	0	0	7,429,090	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	95,543,964	71,954,404	0	0	0	0	23,589,560	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	95,543,964	71,954,404	0	0	0	0	23,589,560	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	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)	56,470,068	346,164,765	17,226	71,937,178	56,487,294	56,509,339
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare	24,627,210	105,007,427		23,589,560	24,627,210	
7. Title XIX - Medicaid					0	24,627,210
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	81,097,278	451,172,192	17,226	95,526,738	81,114,504	81,136,549
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9 - 10 + 11 + 12)	81,097,278	451,172,192	17,226	95,526,738	81,114,504	81,136,549

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008				0.0	0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011		81,097,278		0.0	81,097,278	0.0			81,097,278	0.0
5. 2012	614,656,900	451,172,192		0.0	451,172,192	73.4	95,544		451,267,736	73.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	451,172,192

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008				0.0	0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011		81,097,278		0.0	81,097,278	0.0			81,097,278	0.0
5. 2012	614,656,900	451,172,192		0.0	451,172,192	73.4	95,544		451,267,736	73.4

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008					0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011				0.0	0	0.0			0	0.0
5. 2012				0.0	0	0.0			0	0.0

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008					0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011				0.0	0	0.0			0	0.0
5. 2012				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008					0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011				0.0	0	0.0			0	0.0
5. 2012				0.0	0	0.0			0	0.0

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

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

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008					0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011				0.0	0	0.0			0	0.0
5. 2012				0.0	0	0.0			0	0.0

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008					0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011				0.0	0	0.0			0	0.0
5. 2012				0.0	0	0.0			0	0.0

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008					0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011				0.0	0	0.0			0	0.0
5. 2012				0.0	0	0.0			0	0.0

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

NONE

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008					
3. 2009	XXX				
4. 2010	XXX	XXX			
5. 2011	XXX	XXX	XXX		
6. 2012	XXX	XXX	XXX	XXX	

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

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008					0	0.0			0	0.0
2. 2009				0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011				0.0	0	0.0			0	0.0
5. 2012				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

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

NONE

DETAILS OF WRITE-INS

0501.	0								
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses 1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($.....0 for occupancy of own building)			2,127,932		2,127,932
2. Salaries, wages and other benefits			15,190,951		15,190,951
3. Commissions (less $.....0 ceded plus $.....0 assumed)			8,759,453		8,759,453
4. Legal fees and expenses			16,712		16,712
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			5,133,237		5,133,237
7. Traveling expenses			75,167		75,167
8. Marketing and advertising			2,949,112		2,949,112
9. Postage, express and telephone			1,903,023		1,903,023
10. Printing and office supplies			1,020,948		1,020,948
11. Occupancy, depreciation and amortization			758,471		758,471
12. Equipment			15,274		15,274
13. Cost or depreciation of EDP equipment and software			72,957		72,957
14. Outsourced services including EDP, claims, and other services			1,106,979		1,106,979
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			537,607		537,607
17. Collection and bank service charges			551,898		551,898
18. Group service and administration fees			9,349,119		9,349,119
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			214,607		214,607
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes			1,202,681		1,202,681
23.5 Other (excluding federal income and real estate taxes)			232,956		232,956
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	9,577,060	0	9,577,060
26. Total expenses incurred (Lines 1 to 25)	0	0	60,796,144	0	(a) 60,796,144
27. Less expenses unpaid December 31, current year			9,735,226		9,735,226
28. Add expenses unpaid December 31, prior year			8,071,986		8,071,986
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	59,132,904	0	59,132,904

DETAILS OF WRITE-INS

2501. Auto expense			282,801		282,801
2502. Donations			36,268		36,268
2503. Parking			207,804		207,804
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	9,050,187	0	9,050,187
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	9,577,060	0	9,577,060

(a) Includes management fees of $.....6,326,438 to affiliates and $.....3,022,681 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)		
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	0	0
10.	Total gross investment income	0	0
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		0

NONE

DETAILS OF WRITE-INS

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

(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			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

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

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	458,007	1,575,092	1,117,085
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	2,225,181	3,705,731	1,480,550
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software	42,183	13,808	(28,375)
21. Furniture and equipment, including health care delivery assets	635,680	372,308	(263,372)
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates	92,912	92,912	0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	2,023,955	2,225,227	201,272
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	5,477,918	7,985,078	2,507,160
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	5,477,918	7,985,078	2,507,160

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0
2501. Deposits and Prepaid Expenses	700,925	1,190,810	489,885
2502. Vehicles	9,644	56,432	46,788
2503. Leasehold Improvements	1,176,652	782,307	(394,345)
2598. Summary of remaining write-ins for Line 25 from overflow page	136,734	195,678	58,944
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	2,023,955	2,225,227	201,272

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health maintenance organizations	329,754	342,235	343,879	345,055	344,467	4,114,079
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	
7. Total	329,754	342,235	343,879	345,055	344,467	4,114,079

DETAILS OF WRITE-INS

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

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
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed	36,222,340	5,002,291	2,861,761	15,264,591	458,007	58,892,976
0299999. Total group	36,222,340	5,002,291	2,861,761	15,264,591	458,007	58,892,976
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	36,222,340	5,002,291	2,861,761	15,264,591	458,007	58,892,976

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

NONE

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)						
0299999. Aggregate accounts not individually listed - uncovered	42,189,154	11,889,811	3,366,887	7,299,518	1,085,145	65,830,515
0499999. Subtotals	42,189,154	11,889,811	3,366,887	7,299,518	1,085,145	65,830,515
0599999. Unreported claim and other claim reserves						29,713,449
0799999. Total claims unpaid						95,543,964

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted 7 Current	 8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
0299999. Receivables not individually listed				92,912	92,912		
0399999. Total gross amounts receivable	0	0	0	92,912	92,912	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current

NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	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	4,363,054	0.8			4,363,054	
2. Intermediaries	1,793,895	0.3			1,793,895	
3. All other providers	0	0.0				
4. Total capitation payments	6,156,949	1.1	0		6,156,949	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	540,519,936	98.9	XXX	XXX	540,519,936	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	540,519,936	98.9	XXX	XXX	540,519,936	0
13. Total (Line 4 plus Line 12)	546,676,885	100.0	XXX	XXX	546,676,885	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,418,891		1,783,211	635,680	635,680	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						
5. Other property and equipment						0
6. Total	2,418,891	0	1,783,211	635,680	635,680	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Organization

First Medical Health Plan, Inc. is a corporation organized in 1977 under the laws of the Commonwealth of Puerto Rico. The corporation is authorized to provide, with profit motive, services related with health care services in the Commonwealth of Puerto Rico. The Company is subject to the regulations of the Commissioner of Insurance of the
Commonwealth of Puerto Rico. Hospitalization and health benefits are provided to subscribers through contracts with hospitals, physicians, dentists, laboratories, and other organizations. A substantial portion of the Company's business activity is with government employees which are contracted annually.

In conformity with the Insurance Code of the Commonwealth of Puerto Rico, the corporation is required to pledge with the Insurance Commissioner guarantees, the purpose of which is to protect the subscribers of the plan and the health care providers of insolvency by the corporation.

Basis of Presentation

The accompanying financial statements and supporting schedules have been completed in accordance with the NAIC Accounting Practices and Procedures Manual and the accounting practices prescribed by the Office of the Insurance Commissioner of Puerto Rico, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. The Company has adopted the National Association of Insurance Commissioners' statutory accounting practices (NAIC SAP), as the basis of its statutory accounting practices, as long as they do not contradict the provisions of the Puerto Rico Insurance Code or Circular Letters issued by the Commissioner of Insurance.

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

Use of Estimates

Management of the Company has made a number of estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingent assets and liabilities to prepare these statutory financial statements in conformity with the accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico. Actual results could differ from those estimates.

Claims payable include estimated amounts to be paid to providers based on past experience and statistical data. The estimates of future medical claims incurred but not reported and other expense payments are developed using actuarial methods and assumptions based upon claims receipt patterns, payment patterns, medical costs inflation, historical developments and other relevant factors. The above liabilities are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the period determined.

Cash Equivalents

Holding of highly liquid investments with original maturities of three months or less and investments in money market funds are considered to be cash equivalents by the Company.

Fair value of financial instruments

For certain of the Company's financial instruments, including cash, certificates of deposits, accounts receivable, accounts payable and accrued liabilities, the carrying amounts represent a reasonable estimate of their fair value due to their short maturities.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies (continued)

The estimated fair value information for financial instruments in the accompanying statutory financial statements were determined as follows:

- Cash and Short-Term Investments – The carrying amount approximates estimated fair value because of the short-term nature of those instruments.
- Investment in Securities – The estimated fair value of investment in securities is based on quoted market prices for those or similar investments.

Nonadmitted Assets

Certain assets designated as "nonadmitted assets" have been excluded from the admitted assets by a charge to surplus.

Property and Equipment

The fixed assets are recorded at cost. Depreciation has been provided over the estimated useful life of the assets on a straight-line basis as follows:

Building	20 years
Office Equipment	5 years
Furniture and Fixtures	10 years

Premiums Revenue

Premium revenues are derived mainly from the Central Government Municipalities and Government agencies, which comprises approximately 65% of total revenues. Membership contracts are on a yearly basis subject to cancellation by the employer group or First Medical Health Plan, Inc., upon thirty days written notice. Premiums are due monthly and are recognized as revenue during the period in which First Medical Health Plan, Inc. is obligated to provide services to members, and are net of estimated uncollectible amounts.

Premiums for the Medicare Advantage (MA) business are based on a bid contract with the Centers for Medicare and Medicaid Services (CMS) and collected in advance of the coverage period. MA contracts provide for a risk factor to adjust premiums paid for members that represent a higher or lower risk to the Company. Retroactive rate adjustments are made periodically based on the aggregate health status and risk scores of the Company's MA membership. These risk adjustments are evaluated quarterly based on actuarial estimates. Actual results could differ from these estimates. As additional information becomes available, the recorded estimate are revised and reflected in operating results.

Health Care Service Cost Recognition

Health care costs include claims payments and other costs incurred to provide health insurance costs to its members, as well as estimates of future payments for medical costs provided prior to the balance sheet date. The estimate of future medical claims and other medical expense payments are made on methods and assumptions based on claims payment submission patterns, medical cost inflation, historical and future developments such
as new diseases development, coverage changes, terminal illness cases and other relevant factors.

The company contracts with various health care providers for the provision of certain medical care services to its members. It compensates these providers on a fee for service basis.

The cost of other health care services provided or contracted for is accrued in the period in which it is provided to a member based in part on estimates, including an accrual for medical services provided but not reported to the company.

Concentration of Credit Risk

A substantial majority of the Company's business activity is with insureds located throughout Puerto Rico, and as such, the Company is subject to the risks associated with the Puerto Rico economy.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies (continued)

Investments

Debt and equity securities are valued in accordance with rules promulgated by the NAIC. Debt securities that are designated highest-quality and high-quality (NAIC designation 1 and 2) are reported at amortized cost, with all other debt securities reported at the lower of amortized cost or fair market value. Debt securities eligible for amortization under such rules are stated net of unamortized premiums or discounts. As of December 31, 2012 there are no debt securities reported at fair value on the Statements of Admitted Assets, Liabilities, and Capital and Surplus (classified as Level 2 of the fair value hierarchy under ASC 820 Fair Value Measurements).

Advertising

The company expenses advertising production costs as they are incurred and advertising communication costs the first time the advertising takes place. Total advertising expense for the years ended December 31, 2012 and 2011 amounted to $2,835,284 and $3,026,251, respectively.

Income taxes

The Company accounts for its income taxes in accordance with the provisions of NAIC SSAP No 10R, *Accounting for Income Taxes.*

Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carry forwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled.

Note 2 – Accounting Changes and Corrections of Errors – Not Applicable

Note 3 – Business Combinations and Goodwill – Not Applicable

Note 4 – Discontinued Operations – Not Applicable

Note 5 – Investments - Not Applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies – Not Applicable

Note 7 – Investment Income – Not Applicable

Note 8 – Derivative Instruments – Not Applicable

Note 9 – Income Taxes

The Company is subject to Puerto Rico income tax laws regarding its income before taxes. The Company utilizes the direct write off method for tax purposes and the reserve method for book purposes regarding to its accounts receivable. In addition, the Company has recognized income tax benefits for book purposes. Significant reconciling items exist between its tax and book taxable income mainly for these reasons. At December 31, 2012 and 2011, the Company had a deferred tax asset in the amount of $2,225,181 and $3,705,732, respectively.

First Medical has net operating loss carryforward available to offset future business income as follows:

Arising In	Expiring In	Amount
2007	2014	$ 3,584,253
2008	2015	$14,092,152

Note 10 – Information Concerning Parent, Subsidiaries and Affiliates and Other Related Parties

The majority of the stockholders of the company are also the stockholders of International Medical Card (IMC). IMC is engaged in processing claims and payments to health care providers contracted by the company. During 2012 and 2011, the Company made payments to IMC in the total amount of $318,528,049 and $338,050,312 of which $312,201,611 and $331,754,226 were to pay health providers and coinsurance charges and $6,296,086 and $6,296,086 were to cover for administrative services, respectively. There are certain health facilities owned by certain same stockholders of First Medical Health Plan, Inc. and International Medical Card which provide medical services to the group. These are paid by International Medical Card.

Note 11 – Debt – Not Applicable

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company has a retirement plan covering all of its eligible employees. Under the plan, the Company may contribute to the plan an amount designated by the Board of Directors to the extent permissible under the Commonwealth of Puerto Rico Internal Revenue Code. The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age eighteen or older. It is subject to the provisions of the Employee
Retirement Income Security Act (ERISA). Contributions made for the years ended December 31, 2012 and 2011 were $127,236 and $90,932, respectively.

Note 13 – Capital and Surplus, Shareholders' Dividends Restrictions and Quasi-Reorganizations

At December 31, 2012 and 2011, the company had 2,500 common shares authorized of which 1,875 were outstanding. The stocks had a par value of $1 per share. In addition, the Company had additional paid in capital in the amount of $460,000 which was increased by $2,500,000 during the quarter ended on June 30, 2008 for a total of $2,960,000.

On June 15, 2008 the company issued surplus notes in exchange for cash to Eduardo Artau Gomez in the amount of $9,858,725. In a subsequent determination by the Office of the Insurance Commissioner, the amount of $2,500,000 was determined to be considered as Paid in Capital and the remainder $7,358,725 to constitute surplus notes. These notes will earn interest at a rate of 3.75% annually but are subject to certain restrictions imposed by the Office of the Insurance Commissioner.

During 2009 Eduardo Artau Gomez made additional cash contributions in the amount of $13,380,135 in surplus notes earning interest at a rate of 3.75% annually but are subject to restrictions imposed by the Office of the Insurance Commissioner.

The following summarizes the surplus notes issued by the Company:

Date Issued	Interest Rate	Par Value (Face Amount of Note	Carrying Value of Note	Interest and/or Principal Paid Current Year	Total Interest and/or Principal Paid	Unapprove d Interest and/or Principal	Date of Maturity
5-21-2008	3.75%	$ 7,385,725	$ 7,385,725	-0-	-0-	-0-	Indefinite
7-28-2009	3.75%	$13,380,13 5	$13,380,13 5	-0-	-0-	-0-	Indefinite
Total		$20,765,86 0	$20,765,86 0				

The amount of capital and surplus was $14,790,011 at December 31, 2012 and $10,269,229 at December 31, 2011.

Note 14 – Contingencies

The Company is involved in various legal proceedings and complaints incidental to the normal course of business. Legal counsel and management are of the opinion that none of these contingencies will have a material adverse effect on the company's financial position or results of operations.

Note 15 – Leases

The Company leases its administrative and regional offices under cancelable operating leases expiring on 2015. The rent includes a base monthly rate plus an additional rent covering parking spaces. The future minimum lease payments required under the lease are as follows:

2013	$ 1,273,766
2014	$ 1,148,766
2015	$ 1,093,766
2016	$ 374,670

Facilities rent expense for the years ended December 31, 2012 and 2011 amounted to $1,995,834 and $1,961,383, respectively.

In addition, the Company has entered into non-cancelable lease agreements covering the acquisition of motor vehicles accounted as capital leases.

The following are the future minimum lease payments during the remaining years of the existing agreements regarding the obligations under capital leases:

2013	$ 8,095
Total minimum lease payments	$ 8,095
Less amounts representing interest	-0-
Present value of minimum lease payments	8,095
Current portion	$ 8,095

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations – Not Applicable

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – Not Applicable

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – Not Applicable

Note 19 – Direct Premium Written/Produced by Managing General/Third Party Administrators – Not Applicable

Note 20 – Fair Value Measurement

The Company uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures of investments in debt and equity securities that are classified as available-for-sale and derivatives financial instruments on a recurring basis.

The Fair Value Measurements Topic of the FASB Accounting Standards Codification defines fair value, establishes a consistent framework for measuring fair value and expands disclosure requirements for fair value measurements. The disclosures required under this Topic have been included in this note.

NOTES TO FINANCIAL STATEMENTS

Note 20 – Fair Value Measurement (continued)

Fair Value Hierarchy

The Fair Value Measurements Topic of the FASB Accounting Standards Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset or liability.

Note 21 – Other Items – Not Applicable

Note 22 – Subsequent Events – Not Applicable

Note 23 – Reinsurance – Not Applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Note 25 – Change in Incurred Claims and Claims Adjustment Expenses – Not Applicable

Note 26 – Intercompany Pooling Arrangements – Not Applicable

Note 27 – Structured Settlements – Not Applicable

Note 28 – Health Care Receivables

Approximately 93% of trade accounts receivable at December 31, 2012 and 83% at December 31, 2011 were from government accounts.

Components of accounts receivable as of December 31, 2012 and 2011 are as follows:

Note 29 – Participating Policies – Not Applicable

Note 30 – Premium Deficiency Reserves – Not Applicable

Note 31 – Anticipated Salvage and Subrogation – Not Applicable

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? Yes

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: N/A

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2006

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2006

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). 12/19/2007

3.4 By what department or departments?

Office of the Insurance Commissioner of PR

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 Co. Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control .....%

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality		2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Centeno Figueroa & Co. Maramar Plaza Suite 860 Guaynabo, PR 00968

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

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

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

10.6 If the answer to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Lic. Uriel G. Candelas Agosto - E. Pol 497 Suite 530, Río Piedras, PR

GENERAL INTERROGATORIES

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

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value .....

12.2 If yes, provide explanation. .....

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? Yes [ ] No [ ]

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

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

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

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

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

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 where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ ]

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

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

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

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

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

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

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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

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

20.11 To directors or other officers $.....0

20.12 To stockholders not officers $.....0

20.13 Trustees, supreme or grand (Fraternal only) $.....0

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

20.21 To directors or other officers $.....0

20.22 To stockholders not officers $.....0

20.23 Trustees, supreme or grand (Fraternal only) $.....0

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

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

21.21 Rented from others .....

21.22 Borrowed from others .....

21.23 Leased from others .....

21.24 Other .....

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment .....

22.22 Amount paid as expenses .....

22.23 Other amounts paid .....

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. $.....92,912

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 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 24.03)? Yes [ ] No [X]

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

PART 1 - COMMON INTERROGATORIES - INVESTMENT

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

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

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. .....

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

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

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .....

24.103 Total payable for securities lending reported on the liability page. .....

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 24.03) Yes [ ] No [X]

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

25.21 Subject to repurchase agreements .....

25.22 Subject to reverse repurchase agreements .....

25.23 Subject to dollar repurchase agreements .....

25.24 Subject to reverse dollar repurchase agreements .....

25.25 Pledged as collateral .....

25.26 Placed under option agreements .....

25.27 Letter stock or securities restricted as to sale .....

25.28 On deposit with state or other regulatory body .....

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 [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

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

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ ] No [ ]

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 [ ]

28.04 If yes, give full and complete information relating thereto:

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

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 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 [ ]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			0
30.2 Preferred stocks			0
30.3 Totals	0	0	0

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

PART 1 - COMMON INTERROGATORIES - INVESTMEN I

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 [ ]

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.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [ ] No [ ]

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $.....0

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 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? $.....58,967

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
Law Offices Jiménez, Graffam, Lausell	44,814

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

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

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only .....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. .....

1.6 Individual policies:

Most current three years:

1.61 Total premium earned .....

1.62 Total incurred claims .....

1.63 Number of covered lives .....

All years prior to most current three years:

1.64 Total premium earned .....

1.65 Total incurred claims .....

1.66 Number of covered lives .....

1.7 Group policies:

Most current three years:

1.71 Total premium earned .....

1.72 Total incurred claims .....

1.73 Number of covered lives .....

All years prior to most current three years:

1.74 Total premium earned .....

1.75 Total incurred claims .....

1.76 Number of covered lives .....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	614,656,900	585,703,965
2.2 Premium Denominator	614,656,900	585,703,965
2.3 Premium Ratio (2.1/2.2)	100.0	100.0
2.4 Reserve Numerator		
2.5 Reserve Denominator	95,543,964	81,136,549
2.6 Reserve Ratio (2.4/2.5)	0.0	0.0

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

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [X]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive medical $.....0

5.32 Medical only $.....0

5.33 Medicare supplement $.....0

5.34 Dental and vision $.....0

5.35 Other limited benefit plan $.....0

5.36 Other $.....0

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

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 7,985

8.2 Number of providers at end of reporting year 8,124

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months .....

9.22 Business with rate guarantees over 36 months .....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [ ] No [X]

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 .....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ]	No [X]
11.13 An Individual Practice Association (IPA), or	Yes [ ]	No [X]
11.14 A Mixed Model (combination of above)?	Yes [ ]	No [X]
11.2. Is the reporting entity subject to Minimum Net Worth Requirements?	Yes [ ]	No [X]

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

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

FIVE-YEAR HISTORICAL DATA

	1 2012	2 2011	3 2010	4 2009	5 2008
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	129,635,385	104,661,376	109,330,817	99,740,689	90,755,847
2. Total liabilities (Page 3, Line 24)	105,887,285	89,871,365	99,061,588	96,139,344	100,847,874
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 33)	23,748,100	14,790,011	10,269,229	3,601,345	(10,092,027)
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	614,656,900	585,703,965	562,744,517	519,312,747	491,165,586
6. Total medical and hospital expenses (Line 18)	546,676,885	525,455,215	505,984,761	471,106,847	461,874,015
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	60,796,144	58,346,821	53,170,301	46,585,345	44,538,917
9. Net underwriting gain (loss) (Line 24)	7,183,871	1,901,929	3,589,455	1,620,555	(15,247,346)
10. Net investment gain (loss) (Line 27)					
11. Total other income (Lines 28 plus 29)	817,417	306,609	291,334	461	1,180,303
12. Net income or (loss) (Line 32)	6,450,929	1,736,329	2,204,415	981,400	(14,067,043)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	21,729,350	11,685,257	5,314,732	(9,005,878)	(2,081,968)
Risk-Based Capital Analysis					
14. Total adjusted capital	23,748,100	14,790,011	10,269,229	3,601,345	(10,092,027)
15. Authorized control level risk-based capital	21,279,844	20,670,826	19,905,901	18,512,320	24,436,015
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	344,467	329,754	329,955	355,615	362,740
17. Total member months (Column 6, Line 7)	4,114,079	3,622,404	4,004,255	4,143,125	4,293,559
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	88.9	89.7	89.9	90.7	94.0
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	98.8	99.7	99.4	99.7	103.1
23. Total underwriting gain (loss) (Line 24)	1.2	0.3	0.6	0.3	(3.1)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	81,114,504	91,445,933	89,113,828	97,951,379	81,322,021
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	81,136,549	91,444,766	89,680,504	94,601,070	76,274,795
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain:

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....First Medical Health Plan, Inc. 2. Guaynabo, PR

BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR (Location)

NAIC Group Code.....0000 NAIC Company Code.....95722

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	329,754	94,683	215,191					19,880		
2. First quarter	342,235	99,554	222,308					20,373		
3. Second quarter	343,879	103,118	219,686					21,075		
4. Third quarter	345,055	105,131	217,851					22,073		
5. Current year	344,467	105,945	214,892					23,630		
6. Current year member months	4,114,079	1,232,865	2,613,449					267,765		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,636,080	399,108	996,519					240,453		
8. Non-physician	1,135	216	333					586		
9. Totals	1,637,215	399,324	996,852	0	0	0	0	241,039	0	0
10. Hospital patient days incurred	127,996	32,975	72,155					22,866		
11. Number of inpatient admissions	25,661	7,059	14,417					4,185		
12. Health premiums written (b)	614,656,900	104,611,874	367,170,153					142,874,873		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	614,656,900	104,611,874	367,170,153					142,874,873		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	546,676,885	658,801	417,421,097					128,596,987		
18. Amount incurred for provision of health care services	546,676,885	658,801	417,421,097					128,596,987		

(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 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses

NONE

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8

NONE

SCHEDULE S - PART 5

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							
																16	17	Letter of Credit Issuing or Confirming Bank (a)			21	22	23	24
																		18	19	20				
Line Number	Federal ID Number	NAIC Company Code	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable from Reinsurer (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral	Dollar Amount of Collateral Required (Col. 14 x Col. 3)	Multiple Beneficiary Trust	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Letter of Credit Issuing or Confirming Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 21 + 22 + 23)

NONE

SCHEDULE S - PART 5 (Continued)

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number	25 Percent of Collateral Provided for Net Amount Recoverable from Reinsurer (Col. 24 / Col. 14)	26 Percent Credit Allowed on Net Amount Recoverable from Reinsurer (Col. 25 / Col. 8, not to Exceed 100%)	27 Amount of Credit Allowed for Net Amount Recoverable from Reinsurer (Col. 14 x Col. 26)	28 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 27)

NONE

SCHEDULE S - PART 6

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

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
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 due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with certified reinsurers		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust		XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19. Letters of credit (L)		XXX	XXX	XXX	XXX
20. Trust agreements (T)		XXX	XXX	XXX	XXX
21. Other (O)		XXX	XXX	XXX	XXX

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	62,655,670		62,655,670
2. Accident and health premiums due and unpaid (Line 15)	58,892,976		58,892,976
3. Amounts recoverable from reinsurers (Line 16.1)			0
4. Net credit for ceded reinsurance	XXX		0
5. All other admitted assets (balance)	8,086,739		8,086,739
6. Totals assets (Line 28)	129,635,385	0	129,635,385
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	95,543,964		95,543,964
8. Accrued medical incentive pool and bonus payments (Line 2)			0
9. Premiums received in advance (Line 8)			0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12. Reinsurance with certified reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14. All other liabilities (balance)	10,343,321		10,343,321
15. Total liabilities (Line 24)	105,887,285	0	105,887,285
16. Total capital and surplus (Line 33)	23,748,100	XXX	23,748,100
17. Total liabilities, capital and surplus (Line 34)	129,635,385	0	129,635,385
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with certified reinsurers	0		
28. Funds held under reinsurance treaties with certified reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	L	471,782,027	142,874,873					614,656,900	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	471,782,027	142,874,873	0	0	0	0	614,656,900	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	471,782,027	142,874,873	0	0	0	0	614,656,900	0

DETAILS OF WRITE-INS

58001.							0	
58002.							0	
58003.							0	
58998. Summary of remaining write-ins for line 58	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998)	0	0	0	0	0	0	0	0

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

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

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

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		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
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

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 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

NONE

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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	WAIVED
	JUNE FILING	
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
	AUGUST FILING	
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 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.

	MARCH FILING	
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 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 partners 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 electronically 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
	APRIL FILING	
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 (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
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?	NO
	AUGUST FILING	
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

EXPLANATIONS:	BAR CODE:
1.	
2.	
3.	
4.	
5.	
6.	
7.	*95722201221000000*
8.	
9.	
10.	
11.	*95722201236000000*
12.	*95722201220500000*
13.	*95722201220700000*
14.	*95722201242000000*
15.	*95722201237100000*
16.	*95722201237000000*
17.	*95722201236500000*
18.	*95722201222400000*
19.	*95722201222500000*
20.	*95722201222600000*
21.	*95722201230600000*
22.	*95722201221100000*
23.	*95722201221300000*
24.	*95722201221600000*
25.	*95722201221700000*
26.	*95722201223900000*

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31, Prior Year Net Admitted Assets
2504. Leasehold Improvements	1,176,652	1,176,652	0	
2505. Prepaid Expenses	624,599	624,599	0	
2506. Construction in Progress	136,734	136,734	0	
2507. Advance to Providers	1,217,325		1,217,325	
2597. Summary of remaining write-ins for Line 25	3,155,310	1,937,985	1,217,325	0

Additional Write-ins for Statement of Revenue:

	Current Year 1 Uncovered	2 Total	Prior Year 3 Total
2904. Gain on disposal of asset			38,424
2905. Realized Gain			
2906. Realized Loss	(250)	(250)	(22,180)
2997. Summary of remaining write-ins for Line 29	(250)	(250)	16,244

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Dues and subscriptions			62,122		62,122
2505. Reference books			5,613		5,613
2506. Temporary labor and relocation			3,640,581		3,640,581
2507. Software			624,639		624,639
2508. Insurance			238,862		238,862
2509. Seminars & Training			46,701		46,701
2510. Licenses			989,028		989,028
2511. Miscellaneous			55,387		55,387
2512. Repairs and Maintenance			1,112,259		1,112,259
2513. Delivery			10,944		10,944
2514. Transportation expense			728,954		728,954
2515. Office expense, digital imaging and data entry			264,147		264,147
2516. Employees benefits and activities			248,309		248,309
2517. Uniforms			21,601		21,601
2518. Management program			247,848		247,848
2519. Utilities			650,959		650,959
2520. Entertainment			102,233		102,233
2597. Summary of remaining write-ins for Line 25	0	0	9,050,187	0	9,050,187

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Construction in progress	136,734	195,678	58,944
2597. Summary of remaining write-ins for Line 25	136,734	195,678	58,944

Overflow Page for Write-Ins

NONE

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.0	21,465,000		21,465,000	34.3
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.0			0	0.0
1.43 Revenue and assessment obligations		0.0			0	0.0
1.44 Industrial development and similar obligations		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC		0.0			0	0.0
1.513 All other		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521		0.0			0	0.0
1.523 All other		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.0			0	0.0
2.2 Unaffiliated non-U.S. securities (including Canada)		0.0			0	0.0
2.3 Affiliated securities		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated		0.0			0	0.0
3.22 Unaffiliated		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.0			0	0.0
3.32 Unaffiliated		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated		0.0			0	0.0
3.42 Unaffiliated		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.0			0	0.0
3.52 Unaffiliated		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development		0.0			0	0.0
4.2 Agricultural		0.0			0	0.0
4.3 Single family residential properties		0.0			0	0.0
4.4 Multifamily residential properties		0.0			0	0.0
4.5 Commercial loans		0.0			0	0.0
4.6 Mezzanine real estate loans		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company		0.0	246,990		246,990	0.4
5.2 Property held for production of income (including $.....0 of property acquired in satisfaction of debt)		0.0			0	0.0
5.3 Property held for sale (including $.....0 property acquired in satisfaction of debt)		0.0			0	0.0
6. Contract loans		0.0			0	0.0
7. Derivatives		0.0			0	0.0
8. Receivables for securities		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral)		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments		0.0	40,943,680		40,943,680	65.3
11. Other invested assets		0.0			0	0.0
12. Total invested assets	0	0.0	62,655,670	0	62,655,670	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year		224,800
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)	62,389	62,389
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13		
3.2	Totals, Part 3, Column 11		0
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:		
6.1	Totals, Part 1, Column 15		
6.2	Totals, Part 3, Column 13		0
7.	Deduct current year's other than temporary impairment recognized:		
7.1	Totals, Part 1, Column 12		
7.2	Totals, Part 3, Column 10		0
8.	Deduct current year's depreciation:		
8.1	Totals, Part 1, Column 11	40,199	
8.2	Totals, Part 3, Column 9		40,199
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)		246,990
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		246,990

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 acquisition (Part 2, Column 7)		
2.2	Additional investment made after acquisition (Part 2, Column 8)		0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12		
3.2	Totals, Part 3, Column 11		0
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 9		
5.2	Totals, Part 3, Column 8		0
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		0
10.	Deduct current year's other than temporary impairment recognized:		
10.1	Totals, Part 1, Column 11		
10.2	Totals, Part 3, Column 10		0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		0

NONE

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)		0
3.	Capitalized deferred interest and other:		
	3.1 Totals, Part 1, Column 16		
	3.2 Totals, Part 3, Column 12		0
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
	5.1 Totals, Part 1, Column 13		
	5.2 Totals, Part 3, Column 9		0
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		0
10.	Deduct current year's other than temporary impairment recognized:		
	10.1 Totals, Part 1, Column 15		
	10.2 Totals, Part 3, Column 11		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		0

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		11,000,000
2.	Cost of bonds and stocks acquired, Part 3, Column 7		10,465,000
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		0
5.	Total gain (loss) on disposals, Part 4, Column 19		
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7		
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		0
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		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		21,465,000
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		21,465,000

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States				
Governments (Including all obligations	2. Canada				
guaranteed by governments)	3. Other Countries				
	4. Totals	0	0	0	0
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	21,465,000	21,465,000	21,465,000	21,465,000
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				
	9. Canada				
	10. Other Countries				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	21,465,000	21,465,000	21,465,000	21,465,000
PREFERRED STOCKS	14. United States				
Industrial and Miscellaneous (Unaffiliated)	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS	20. United States				
Industrial and Miscellaneous (Unaffiliated)	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	21,465,000	21,465,000	21,465,000	

SCHEDULE D - PART 1A - SECTION 1

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 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. **U.S. Governments**											
1.1 Class 1						0	0.0		0.0		
1.2 Class 2						0	0.0		0.0		
1.3 Class 3						0	0.0		0.0		
1.4 Class 4						0	0.0		0.0		
1.5 Class 5						0	0.0		0.0		
1.6 Class 6						0	0.0		0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. **All Other Governments**											
2.1 Class 1						0	0.0		0.0		
2.2 Class 2						0	0.0		0.0		
2.3 Class 3						0	0.0		0.0		
2.4 Class 4						0	0.0		0.0		
2.5 Class 5						0	0.0		0.0		
2.6 Class 6						0	0.0		0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. **U.S. States, Territories and Possessions, etc., Guaranteed**											
3.1 Class 1						0	0.0		0.0		
3.2 Class 2		21,465,000				21,465,000	100.0	11,000,000	100.0	21,465,000	
3.3 Class 3						0	0.0		0.0		
3.4 Class 4						0	0.0		0.0		
3.5 Class 5						0	0.0		0.0		
3.6 Class 6						0	0.0		0.0		
3.7 Totals	0	21,465,000	0	0	0	21,465,000	100.0	11,000,000	100.0	21,465,000	0
4. **U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed**											
4.1 Class 1						0	0.0		0.0		
4.2 Class 2						0	0.0		0.0		
4.3 Class 3						0	0.0		0.0		
4.4 Class 4						0	0.0		0.0		
4.5 Class 5						0	0.0		0.0		
4.6 Class 6						0	0.0		0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. **U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed**											
5.1 Class 1						0	0.0		0.0		
5.2 Class 2						0	0.0		0.0		
5.3 Class 3						0	0.0		0.0		
5.4 Class 4						0	0.0		0.0		
5.5 Class 5						0	0.0		0.0		
5.6 Class 6						0	0.0		0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. **Industrial and Miscellaneous (unaffiliated)**											
6.1 Class 1						0	0.0		0.0		
6.2 Class 2						0	0.0		0.0		
6.3 Class 3						0	0.0		0.0		
6.4 Class 4						0	0.0		0.0		
6.5 Class 5						0	0.0		0.0		
6.6 Class 6						0	0.0		0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. **Hybrid Securities**											
7.1 Class 1						0	0.0		0.0		
7.2 Class 2						0	0.0		0.0		
7.3 Class 3						0	0.0		0.0		
7.4 Class 4						0	0.0		0.0		
7.5 Class 5						0	0.0		0.0		
7.6 Class 6						0	0.0		0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. **Parent, Subsidiaries and Affiliates**											
8.1 Class 1						0	0.0		0.0		
8.2 Class 2						0	0.0		0.0		
8.3 Class 3						0	0.0		0.0		
8.4 Class 4						0	0.0		0.0		
8.5 Class 5						0	0.0		0.0		
8.6 Class 6						0	0.0		0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

NONE

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 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. **Total Bonds Current Year**											
9.1 Class 1	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.2 Class 2	(d) 0	21,465,000	0	0	0	21,465,000	100.0	XXX	XXX	21,465,000	0
9.3 Class 3	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Class 4	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Class 5	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.6 Class 6	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.7 Totals	0	21,465,000	0	0	0	(b) 21,465,000	100.0	XXX	XXX	21,465,000	0
9.8 Line 9.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
10. **Total Bonds Prior Year**											
10.1 Class 1						XXX	XXX	0	0.0		
10.2 Class 2		11,000,000				XXX	XXX	11,000,000	100.0	11,000,000	
10.3 Class 3						XXX	XXX	0	0.0		
10.4 Class 4						XXX	XXX	0	0.0		
10.5 Class 5						XXX	XXX	(c) 0	0.0		
10.6 Class 6						XXX	XXX	(c) 0	0.0		
10.7 Totals	0	11,000,000	0	0	0	XXX	XXX	(b) 11,000,000	100.0	11,000,000	0
10.8 Line 10.7 as a % of Col. 8	0.0	100.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
11. **Total Publicly Traded Bonds**											
11.1 Class 1						0	0.0	0	0.0	0	XXX
11.2 Class 2		21,465,000				21,465,000	100.0	11,000,000	100.0	21,465,000	XXX
11.3 Class 3						0	0.0	0	0.0	0	XXX
11.4 Class 4						0	0.0	0	0.0	0	XXX
11.5 Class 5						0	0.0	0	0.0	0	XXX
11.6 Class 6						0	0.0	0	0.0	0	XXX
11.7 Totals	0	21,465,000	0	0	0	21,465,000	100.0	11,000,000	100.0	21,465,000	XXX
11.8 Line 11.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12. **Total Privately Placed Bonds**											
12.1 Class 1						0	0.0	0	0.0	XXX	0
12.2 Class 2						0	0.0	0	0.0	XXX	
12.3 Class 3						0	0.0	0	0.0	XXX	
12.4 Class 4						0	0.0	0	0.0	XXX	0
12.5 Class 5						0	0.0	0	0.0	XXX	0
12.6 Class 6						0	0.0	0	0.0	XXX	0
12.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.8 Line 12.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(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 are 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 Column 6 as a % of Line 9.5	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. **U.S. Governments**											
1.1 Issuer Obligations						0	0.0		0.0		
1.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
1.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
1.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
1.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. **All Other Governments**											
2.1 Issuer Obligations						0	0.0		0.0		
2.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
2.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
2.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
2.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. **U.S. States, Territories and Possessions, Guaranteed**											
3.1 Issuer Obligations						0	0.0	11,000,000	100.0		
3.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
3.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
3.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
3.5 Totals	0	0	0	0	0	0	0.0	11,000,000	100.0	0	0
4. **U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed**											
4.1 Issuer Obligations						0	0.0		0.0		
4.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
4.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
4.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
4.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. **U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed**											
5.1 Issuer Obligations						0	0.0		0.0		
5.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
5.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
5.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
5.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
6. **Industrial and Miscellaneous (unaffiliated)**											
6.1 Issuer Obligations						0	0.0		0.0		
6.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
6.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
6.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
6.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. **Hybrid Securities**											
7.1 Issuer Obligations						0	0.0		0.0		
7.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
7.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
7.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
7.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. **Parent, Subsidiaries and Affiliates**											
8.1 Issuer Obligations						0	0.0		0.0		
8.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
8.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
8.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
8.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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 Column 6 as a % of Line 9.5	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9. **Total Bonds Current Year**											
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Totals	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.6 Line 9.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	0.0
10. **Total Bonds Prior Year**											
10.1 Issuer Obligations		11,000,000				XXX	XXX	11,000,000	100.0	11,000,000	
10.2 Residential Mortgage-Backed Securities						XXX	XXX	0	0.0		
10.3 Commercial Mortgage-Backed Securities						XXX	XXX	0	0.0		
10.4 Other Loan-Backed and Structured Securities						XXX	XXX	0	0.0		
10.5 Totals	0	11,000,000	0	0	0	XXX	XXX	11,000,000	100.0	11,000,000	0
10.6 Line 10.5 as a % of Col. 8	0.0	100.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
11. **Total Publicly Traded Bonds**											
11.1 Issuer Obligations						0	0.0	11,000,000	100.0	0	XXX
11.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	XXX
11.5 Totals	0	0	0	0	0	0	0.0	11,000,000	100.0	0	XXX
11.6 Line 11.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
12. **Total Privately Placed Bonds**											
12.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
12.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	XXX	0
12.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	XXX	0
12.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	XXX	
12.5 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.6 Line 12.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	0				
2. Cost of short-term investments acquired	0				
3. Accrual of discount	0				
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals					
6. Deduct consideration received on disposals	0				
7. Deduct amortization of premium	0				
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other than temporary impairment recognized	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	0	0	0	0	0

NONE

(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		0
3.	Unrealized valuation increase/(decrease):		
	3.1 Section 1, Column 17		
	3.2 Section 2, Column 19		0
4.	Total gain (loss) on termination recognized, Section 2, Column 22		
5.	Considerations received/(paid) on terminations, Section 2, Column 15		
6.	Amortization:		
	6.1 Section 1, Column 19		
	6.2 Section 2, Column 21		0
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item:		
	7.1 Section 1, Column 20		
	7.2 Section 2, Column 23		0
8.	Total foreign exchange change in Book/Adjusted Carrying Value:		
	8.1 Section 1, Column 18		
	8.2 Section 2, Column 20		0
9.	Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8)		0
10.	Deduct nonadmitted assets		
11.	Statement value at end of current period (Line 9 minus Line 10)		0

NONE

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Futures Contracts

1.	Book/Adjusted Carrying Value, December 31, 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		0	
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	0		
	Change in amount recognized:			
	3.23 Section 1, Column 16, current year to date minus			
	3.24 Section 1, Column 16, prior year	0	0	
3.3	Subtotal (Line 3.1 minus Line 3.2)			0
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)	0		
4.3	Subtotal (Line 4.1 minus Line 4.2)			0
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)			0
7.	Deduct nonadmitted assets			
8.	Statement value at end of current period (Line 6 minus Line 7)			0

NONE

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

SCHEDULE DB - PART C - SECTION 1

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

Replication (Synthetic) Asset Transactions								Components of the Replication (Synthetic Asset) Transactions							
								Derivative Instrument(s) Open			Cash Instrument(s) Held				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Desig. or Other Description	Book/Adjusted Carrying Value	Fair Value

NONE

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			0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions									0	0
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions									0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria									0	0
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending inventory	0	0	0	0	0	0	0	0	0	0

NONE

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.	Subtotal (Line 1 plus Line 2)		0
4.	Part D, Column 5		
5.	Part D, Column 6		
6.	Total (Line 3 minus Line 4 minus Line 5)		0
		Fair Value Check	
7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	Total (Line 7 plus Line 8)		0
10.	Part D, Column 8		
11.	Part D, Column 9		
12.	Total (Line 9 minus Line 10 minus Line 11)		0
		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)		0

NONE

SCHEDULE E - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year	0		
2. Cost of cash equivalents acquired	0		
3. Accrual of discount	0		
4. Unrealized valuation increase (decrease)	0		
5. Total gain (loss) on disposals	0		
6. Deduct consideration received on disposals	0		
7. Deduct amortization of premium	0		
8. Total foreign exchange change in book/adjusted carrying value	0		
9. Deduct current year's other than temporary impairment recognized	0		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0	0
11. Deduct total nonadmitted amounts	0		
12. Statement value at end of current period (Line 10 minus Line 11)	0	0	0

NONE

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

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V (13 - 11 - 12)	Total Foreign Exchange Change in B./A.C.V	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
Properties Occupied by the Reporting Entity - Health Care Delivery																
Two stories building		San Juan	PR	10/15/1996	06/30/2000	350,000		246,990	500,000	40,199			(40,199)			
0199999. Properties Occupied by the Reporting Entity - Health Care Delivery						350,000	0	246,990	500,000	40,199	0	0	(40,199)	0	0	0
0399999. Total - Properties Occupied by the Reporting Entity						350,000	0	246,990	500,000	40,199	0	0	(40,199)	0	0	0
0699999. Totals						350,000	0	246,990	500,000	40,199	0	0	(40,199)	0	0	0

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
Acquired by Purchase								
Building Improvements	San Juan	PR	12/01/2011					62,389
0199999. Total - Acquired by Purchase					0	0	0	62,389
0399999. Totals					0	0	0	62,389

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales under Contract"

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A. C. V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A. C. V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred

NONE

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

SCHEDULE B - PART 1

Showing all Mortgage Loans OWNED December 31 of Current Year

1	2	Location		5	6	7	8	Change in Book Value/Recorded Investment					14	15
		3	4					9	10	11	12	13		
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/ Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in Book Value	Value of Land and Buildings	Date of Last Appraisal or Valuation

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.

NONE

SCHEDULE B - PART 2

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

1	Location		4	5	6	7	8	9
	2	3						
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings

NONE

SCHEDULE B - PART 3

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

1	Location		4	5	6	7	Change in Book Value/Recorded Investment						14	15	16	17	18
	2	3					8	9	10	11	12	13					
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal

NONE

SCHEDULE BA - PART 1

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

1	2	3	Location		6	7	8	9	10	11	12	Change in Book/Adjusted Carrying Value					18	19	20
			4	5								13	14	15	16	17			
CUSIP Identification	Name or Description	Code	City	State	Name of Vendor or General Partner	NAIC Desig-nation	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) /Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B./A.C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership

NONE

SCHEDULE BA - PART 2

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

1	2	Location		5	6	7	8	9	10	11
		3	4							
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership

NONE

SCHEDULE BA - PART 3

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

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

NONE

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
U.S. States, Territories & Possessions (Direct and Guaranteed) - Issuer Obligations																					
74528U AA 9	Puerto Rico Infrastructure Financing Authority Rev Ser A			1	2FE	11,000,000		11,000,000	11,000,000	11,000,000					2.990	2.970	JD	14,617	317,023	12/20/2011	06/15/2013
745177 FJ 9	Puerto Rico Comwlth Govt Dev Bk Sr I Rf Taxable			1	2FE	10,000,000		10,000,000	10,000,000	10,000,000					3.375	3.400	MON	28,125	299,062	01/12/2012	08/01/2014
745160 RT 0	Puerto Rico Aqueduct-Swr Atrv Sr Ser B Rf Taxable			1	2FE	215,000		215,000	215,000	215,000					3.350	3.450	MON	600	5,441	02/29/2012	07/01/2014
745291 UZ 5	Puerto Rico Pub Fin Corp Comwlth Ser A Rf Taxable			1	2FE	250,000		250,000	250,000	250,000					3.100	3.260	MON	646	3,293	06/28/2012	08/01/2015
1199999. U.S. States, Territories & Possessions - Issuer Obligations						21,465,000	XXX	21,465,000	21,465,000	21,465,000	0	0	0	0	XXX	XXX	XXX	43,988	624,819	XXX	XXX
1799999. Total - U.S. States, Territories & Possessions (Direct and Guaranteed)						21,465,000	XXX	21,465,000	21,465,000	21,465,000	0	0	0	0	XXX	XXX	XXX	43,988	624,819	XXX	XXX
Totals																					
7799999. Total - Issuer Obligations						21,465,000	XXX	21,465,000	21,465,000	21,465,000	0	0	0	0	XXX	XXX	XXX	43,988	624,819	XXX	XXX
8399999. Grand Total - Bonds						21,465,000	XXX	21,465,000	21,465,000	21,465,000	0	0	0	0	XXX	XXX	XXX	43,988	624,819	XXX	XXX

SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					20	21
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Desig-nation	Date Acquired

NONE

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (13-14)	Total Foreign Exchange Change in B./A.C.V.	NAIC Market Indicator (a)	Date Acquired

(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.

NONE

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
Bonds - U.S. States, Territories and Possessions								
745177 FJ 9	Puerto Rico Comwlth Govt Dev Bk Sr I Rf Taxable		01/12/2012	UBS		10,000,000	10,000,000	
745160 RT 0	Puerto Rico Aqueduct-Swr Atrv Sr Ser B Rf		02/29/2012	UBS		215,000	215,000	
745291 UZ 5	Puerto Rico Pub Fin Copr Comwlth Ser A Rf Taxable		06/28/2012	UBS		250,000	250,000	
1799999.	Total - Bonds - U.S. States, Territories & Possessions					10,465,000	10,465,000	0
8399997.	Total - Bonds - Part 3					10,465,000	10,465,000	0
8399999.	Total - Bonds					10,465,000	10,465,000	0
9999999.	Total - Bonds, Preferred and Common Stocks					10,465,000	XXX	0

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date

NONE

SCHEDULE D - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends

NONE

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	Stock of Such Company Owned by Insurer on Statement Date	
								9	10
CUSIP Identifi-cation	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAIC Company Code or Alien Insurer Identification Number	NAIC Valuation Method (See SVO Purposes and Procedures Manual)	Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	Total Amount of Such Intangible Assets	Book/Adjusted Carrying Value	Number of Shares	% of Outstanding

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.

NONE

SCHEDULE D - PART 6 - SECTION 2

1	2	3	4	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5	6
CUSIP Identifi-cation	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Number of Shares	% of Outstanding

NONE

SCHEDULE DA - PART 1

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

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest						21
		3	4					9	10	11	12			15	16	17	18	19	20	
CUSIP Identification	Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest

NONE

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

SCHEDULE DB - PART A - SECTION 1

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

1 Description	2 Description of Items Hedged or Used for Income Generation	3 Schedule /Exhibit Identifier	4 Type(s) of Risk(s)	5 Exchange or Counterparty	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 Notional Amount	10 Strike Price, Rate of Index Received (Paid)	11 Prior Year Initial Cost of Premium (Received) Paid	12 Current Year Initial Cost of Premium (Received) Paid	13 Current Year Income	14 Book/ Adjusted Carrying Value	15 Code	16 Fair Value	17 Unrealized Valuation Increase (Decrease)	18 Total Foreign Exchange Change in B./A.C.V.	19 Current Year's (Amortization)/ Accretion	20 Adjustment to Carrying Value of Hedged Items	21 Potential Exposure	22 Credit Quality of Reference Entity	23 Hedge Effectiveness at Inception and at Year-end (a)

NONE

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

SCHEDULE DB - PART A - SECTION 2

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

1 Description	2 Description of Hedged Item(s)	3 Schedule /Exhibit Identifier	4 Type(s) of Risk(s)	5 Exchange or Counterparty	6 Trade Date	7 Date of Maturity or Expiration	8 Termination Date	9 Indicate Exercise, Expiration, Maturity or Sale	10 Number of Contracts	11 Notional Amount	12 Strike Price, Rate of Index Received (Paid)	13 Prior Year Initial Cost of Premium (Received) Paid	14 Current Year Initial Cost of Premium (Received) Paid	15 Consideration Received (Paid) on Termination	16 Current Year Income	17 Book/ Adjusted Carrying Value	18 Code	19 Unrealized Valuation Increase (Decrease)	20 Total Foreign Exchange Change in B./A.C.V.	21 Current Year's (Amortization)/ Accretion	22 Gain (Loss) on Termination Recognized	23 Adjustment to Carrying Value of Hedged Item	24 Gain (Loss) on Termination Deferred	25 Hedge Effectiveness at Inception and at Termination (a)

NONE

Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Change in Variation Margin				19	20
														15	16	17	18		
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item	Deferred	Potential Exposure	Hedge Effectiveness at Inception and at Year-end (a)

NONE

Broker Name	Net Cash Deposits

NONE

SCHEDULE DB - PART B - SECTION 2

Futures Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Change in Variation Margin			19
															16	17	18	
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Expiration, Maturity or Sale	Book/ Adjusted Carrying Value at Termination	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjusted Basis of Hedged Item in Current Year	Deferred	Hedge Effectiveness at Inception and at Termination (a)

NONE

Broker Name	Net Cash Deposits

NONE

SCHEDULE DB - PART D

Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	4	Book Adjusted Carrying Value			Fair Value			11	12
				5	6	7	8	9	10		
Description Counterparty or Exchange Traded	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Contracts With Book/Adjusted Carrying Value > 0	Contracts With Book/Adjusted Carrying Value < 0	Exposure Net of Collateral	Contracts With Fair Value > 0	Contracts With Fair Value < 0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure

NONE

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation /Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates

General Interrogatories:

1. The 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 NAIC 6: $.....0

NONE

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation /Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates

General Interrogatories:

1. The 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

NONE

SCHEDULE E - PART 1 - CASH

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Open Depositories							
Banco Popular 022-233350	San Juan, Puerto Rico			6,601		595,431	XXX
Banco Popular 022-233369	San Juan, Puerto Rico			300		(1,728,397)	XXX
Banco Popular 022-233377	San Juan, Puerto Rico		0.450	247,481		54,965,273	XXX
Scotiabank 1021000433	San Juan, Puerto Rico			307			XXX
Banco Popular 205-323030	San Juan, Puerto Rico			11		(8,336,844)	XXX
Banco Popular 022-330348	San Juan, Puerto Rico			349		(5,513,656)	XXX
CD 0200506309	San Juan, Puerto Rico					600,000	XXX
Money Market	San Juan, Puerto Rico					360,350	XXX
0199999. Total - Open Depositories		XXX	XXX	255,049	0	40,942,157	XXX
0399999. Total Cash on Deposit		XXX	XXX	255,049	0	40,942,157	XXX
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX	1,523	XXX
0599999. Total Cash		XXX	XXX	255,049	0	40,943,680	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	14,797,367	4. April	33,386,952	7. July	27,682,376	10. October	31,193,714
2. February	27,455,657	5. May	21,863,530	8. August	37,273,259	11. November	40,371,154
3. March	29,573,968	6. June	48,279,319	9. September	28,580,678	12. December	40,942,157

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	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits for the Benefit of All Policyholders 3 Book/Adjusted Carrying Value	4 Fair Value	All Other Special Deposits 5 Book/Adjusted Carrying Value	6 Fair Value
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	C	Statutory requirement	600,000	60,000	360,350	360,350
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Alien and Other OT	XXX	XXX	0	0	0	0
59. Total	XXX	XXX	600,000	60,000	360,350	360,350

DETAILS OF WRITE-INS

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

COMPANY INFORMATION PAGE (JURAT)

Health Risk-Based Capital
For the Year Ending December 31, 2012
Confidential when Completed

(A) Company Name: **First Medical Health Plan, Inc.**
(B) NAIC Group: _____ (C) NAIC Company Code: 95722 (D) Employer's ID Number: 660537624
(E) Organized under the Laws of the State of: PUERTO RICO
(F) Contact Person for Health Risk-Based Capital:
First Name: JUAN (G) Middle: L (H) Last Name: DOMINGUEZ
(I) Mail Address of Contact Person: PO BOX 191580
(Street and Number or P.O. Box)
(J) City: SAN JUAN (K) State: PR (L) Zip: 00919-1580
(M) Phone Number: 787-474-3999
(N) E-mail Address of RBC Contact Person: j.dominguez@firstmedicalpr.com
(O) Date Prepared: March 31, 2013
(P) Preparer (if different than Contact)
First Name: CÉSAR Middle: _____ Last Name: RAMÍREZ
(Q) Is this an Original, Amended or Refiling? (O,A,R): Original
(Q1) If Amended, Amendment Number: _____
(R) Were any items that come directly from the annual statement entered manually to prepare this filing? (Yes or No): NO
(S) Was the entity in business for the entire reporting year? YES

Officers Name:	FRANCISCO J ARTAU	CARMEN FELICIANO	JUAN L DOMINGUEZ
Officers Title:	PRESIDENT	SECRETARY	TREASURER

Each says that they are the above described officers of the said insurer, and that this risk-based capital report is a true and fair representation of the company's affairs and has been completed in accordance with the NAIC instructions, according to the best of their information, knowledge and belief, respectively.

(Signature) (Signature) (Signature)

XR001

RBC Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

AFFILIATED COMPANIES RISK - DETAILS

	1 Name of Affiliate	2 Affil Type Code	3 NAIC Company Code or Alien ID Number	4 Affiliate's RBC After Covariance	5 Book/ Adjusted Carrying Value of Affiliate's Common Stock	6 Valuation Basis of Col (5) F - Fair A - All Other	7 Total Value of Affiliate's Outstanding Common Stock	8 Total Statutory Surplus of Affiliate Subject to RBC	9 Book/ Adjusted Carrying Value of Affiliate's Preferred Stock	10 Total Value of Affiliate's Outstanding Preferred Stock	11 Percent Owned (Cols. 5 + 9) / (Cols. 7 + 10)	12 H0 Component RBC Required	13 H1 Component RBC Required
Affiliated Investments													
1.											100.0	0	0
9999999. Total		XXX	XXX	0	0	XXX	0	0	0	0	XXX	0	0

Logic

If Col (6) = F and Col (4) > 0, do calculation

Calculation

Col (12) = Min [Col (8) x Col (11), Col (4) x Col 11]

If [Col (4) x Col (11)] > [Col (5) + Col (9)] then

Col (13) = [Col (5) + Col (9) - Col (12)]

If [Col (4) x Col (11)] <= [Col (5) + Col (9)] then

Col (13) = Max {[Col (5) + Col (9) - Col (8) x Col (11)] x .225, [(Col (4) x Col (11)) - Col (12)]}

Col (13) cannot be less than 0

RBC Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

AFFILIATED COMPANIES RISK

	Type of Affiliate	Type Code	Basis	1 RBC	2 Count
1	Directly Owned Insurer Subject to RBC	1	Affiliate's RBC *	0	0
2	Indirectly Owned Insurer Subject to RBC	2	Affiliate's RBC *	0	0
3	Directly Owned MCO Subject to RBC	3	Affiliate's RBC *	0	0
4	Indirectly Owned MCO Subject to RBC	4	Affiliate's RBC *	0	0
5	Investment Subsidiary	5	Affiliate's RBC	0	0
6	Holding Company Excess of Subsidiaries	6	0.300	0	0
7	Directly Owned Alien Insurer	7	1.000	0	0
8	Indirectly Owned Alien Insurer	8	1.000	0	0
9	Investment in Parent	9	0.300	0	0
10	Other Affiliates	10	0.300	0	0
11	Fair Value Excess Affiliate Common Stock	11	Total of Type Codes 1 through 5 of XR002, Col. 13	0	0

NONE

* Capped at carrying value on the parent's statement

CROSS-CHECKING FOR AFFILIATED INVESTMENTS

Schedule D, Part 6, Section 1

NONE

		Preferred Stock			
		Annual Statement Line Number	1 Annual Stmt Total Preferred Stock	2 Total From RBC Report	3 Difference
1	Parent	0199999		0	0
2	U.S. P&C Insurers	[illegible]		XXX	XXX
3	U.S. Life Insurers	[illegible]		XXX	XXX
4	U.S. Health Entity	0499999		XXX	XXX
5	Total P&C, Life and Health Insurers		0	0	0
6	Alien Insurer	0599999		0	0
7	Non-Insurer Which controls Insurers	0699999		0	0
8	Investment Subsidiary	0799999		0	0
9	Other Affiliates	0899999		0	0
10	Subtotal	0999999	0	0	0

NONE

		Common Stock			
		Annual Statement Line Number	1 Annual Stmt Total Common Stock	2 Total From RBC Report	3 Difference
11	Parent	1099999		0	0
12	U.S. P&C Insurers	1199999		XXX	XXX
13	U.S. Life Insurers	[illegible]		XXX	XXX
14	U.S. Health Entity	[illegible]		XXX	XXX
15	Total P&C, Life and Health Insurers		0	0	0
16	Alien Insurer	1499999		0	0
17	Non-Insurer Which controls Insurers	1599999		0	0
18	Investment Subsidiary	1699999		0	0
19	Other Affiliates	1799999		0	0
20	Subtotal	1899999	0	0	0

XR004

OFF-BALANCE SHEET AND OTHER ITEMS

	Non-controlled Assets	Annual Statement Source	1 Book/Adjusted Carrying Value	2 Factor	3 RBC Requirement	4 Yes/No Response
(1)	Loaned to Others - Conforming Securities Lending Program	General Interrogatories Part 1 Lines 24.05		0.002	0	
(2)	Loaned to Others - Securities Lending Programs - Other	General Interrogatories Part 1 Lines 24.06		0.010	0	
(3)	Subject to Repurchase Agreements	General Interrogatories Part 1 Lines 25.21		0.010	0	
(4)	Subject to Reverse Repurchase Agreements	General Interrogatories Part 1 Lines 25.22		0.010	0	
(5)	Subject to Dollar Repurchase Agreements	General Interrogatories Part 1 Lines 25.23		0.010	0	
(6)	Subject to Reverse Dollar Repurchase Agreements	General Interrogatories Part 1 Lines 25.24		0.010	0	
(7)	Pledged as Collateral	Company Records		0.010	0	
(8)	Assets Placed Under Option Agreements	General Interrogatories Part 1 Lines 25.26		0.010	0	
(9)	Letter Stock or Other Securities Restricted	General Interrogatories Part 1 Lines 25.27		0.010	0	
(10)	On Deposit with State or Other Regulatory Body	General Interrogatories Part 1 Lines 25.28		0.010	0	
(11)	Other	General Interrogatories Part 1 Lines 25.29		0.010	0	
(12)	Total Non-Controlled Assets	Sum of Lines (1) through (11)	0		0	
(13)	Guarantees for Affiliates	Notes to Financial Statements 14A(03c1)		0.010	0	
(14)	Contingent Liabilities	Notes to Financial Statements 14A(1)		0.010	0	
(15)	Is the entity responsible for filing the U.S. Federal income tax return for the reporting insurer a regulated insurance company?	"Yes", "No" or "N/A" in Column (4)				
(16)	SSAP No. 101 Paragraph 11a Deferred Tax Assets	Notes to Financial Statements Item 9A2(a)		†0.000	0	
(17)	SSAP No. 101 Paragraph 11b Deferred Tax Assets	Notes to Financial Statements Item 9A2(b)		0.010	0	
(18)	Total Miscellaneous Off-Balance Sheet and Other Items	L(12) + L(13) + L(14) + L(16) + L(17)	0		0	

† If Line (15) Column (4) is "Yes", then the factor is 0.005. If Line (15) Column (4) is "No", then the factor is 0.010. If Line (15) Column (4) is "N/A", then the factor is 0.000.

NONE

XR005

OFF-BALANCE SHEET SECURITY LENDING COLLATERAL AND SCHEDULE DL, PART 1 ASSETS

	Asset Category	Annual Statement Source	1 Off-Balance Sheet Collateral Book/Adjusted Carrying Value	2 Schedule DL, Part 1, Book/Adjusted Carrying Value	3 Sutotal	Factor	4 RBC Requirement
	Fixed Income Assets						
	Bonds						
(1)	Class 01 - U.S. Government - Direct and Guaranteed	Company Records			0	0.000	0
(2)	Other Class 01 Bonds	Company Records			0	0.003	0
(3)	Total Class 01 Bonds	Line (1) + Line (2)	0	0	0		0
(4)	Total Class 02 Bonds	Company Records			0	0.010	0
(5)	Total Class 03 Bonds	Company Records			0	0.020	0
(6)	Total Class 04 Bonds	Company Records			0	0.045	0
(7)	Total Class 05 Bonds	Company Records			0	0.100	0
(8)	Total Class 06 Bonds	Company Records			0	0.300	0
(9)	Total Bonds	L(3)+L(4)+L(5)+L(6)+L(7)+L(8)	0	0	0		0
	Equity Assets						
	Preferred Stock - Unaffiliated						
(10)	Class 01 Unaffiliated Preferred Stock	Company Records			0	0.003	0
(11)	Class 02 Unaffiliated Preferred Stock	Company Records			0	0.010	0
(12)	Class 03 Unaffiliated Preferred Stock	Company Records			0	0.020	0
(13)	Class 04 Unaffiliated Preferred Stock	Company Records			0	0.045	0
(14)	Class 05 Unaffiliated Preferred Stock	Company Records			0	0.100	0
(15)	Class 06 Unaffiliated Preferred Stock	Company Records			0	0.300	0
(16)	Total Unaffiliated Preferred Stock	Sum of Lines (10) through (15)	0	0	0		0
(17)	Common Stock	Company Records			0	0.150	0
(18)	Real Estate and Property & Equipment Assets	Company Records			0	0.100	0
(19)	Other Invested Assets	Company Records			0	0.200	0
(20)	Mortgage Loans on Real Estate	Company Records			0	0.050	0
(21)	Cash, Cash Equivalents and Short-Term Investments (Not reported on Bonds above)	Company Records			0	0.003	0
(22)	Total	L(9)+L(16)+L(17)+L(18)+L(19)+L(20)+L(21)	0	0	0		0

NONE

XR006

FIXED INCOME ASSETS

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
BONDS					
(1)	Class 01 - U.S. Government - Direct and Guaranteed	Sch D, Pt 1A, Sn 1, Col 6, Line 1.1			
(2)	Total Class 01 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.1 - Line 7.1			
(3)	Other Class 01 Bonds	L(2) - L(1)	0	0.003	0
(4)	Total Class 02 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.2 - Line 7.2	21,465,000	0.010	214,650
(5)	Total Class 03 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.3 - Line 7.3		0.020	0
(6)	Total Class 04 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.4 - Line 7.4		0.045	0
(7)	Total Class 05 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.5 - Line 7.5		0.100	0
(8)	Total Class 06 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.6 - Line 7.6		0.300	0
(9)	Total Bonds		21,465,000		214,650

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
MISCELLANEOUS FIXED INCOME ASSETS					
(10)	Cash	Page 2, Line 5, inside amount 1	40,943,680	0.003	122,831
(11)	Cash Equivalents	Page 2, Line 5, inside amount 2			
(12)	Less: Cash Equivalents, Bonds included in Schedule D, Part 1A	Sch E, Pt 2, C6 Line 8399999 in part			
(13)	Net Cash Equivalents	L(11) - L(12)	0	0.003	0
(14)	Short-Term Investments	Page 2, Line 5, inside amount 3			
(15)	Short-Term Bonds*	Sch DA, Pt 1, Col 8, Line 8399999			
(16)	Exempt Money Market Mutual Funds*	Sch DA, Pt 1, Col 8, Line 8899999			
(17)	Class One Money Market Mutual Funds*	Sch DA, Pt 1, Col 8, Line 8999999			
(18)	Total Other Short-Term Investments	L(14) - L(15) - L(16) - L(17)	0	0.003	0
(19)	Mortgage Loans - First Liens	Page 2, Col 3, Line 3.1		0.050	0
(20)	Mortgage Loans - Other Than First Liens	Page 2, Col 3, Line 3.2		0.050	0
(21)	Receivable for Securities	Page 2, Col 3, Line 9		0.050	0
(22)	Aggregate Write-Ins for invested Assets	Page 2, Col 3, Line 11		0.050	0
(23)	Collateral Loans	Included in Page 2, Col 3, Line 8		0.050	0
(24)	Other Long-Term Invested Assets	Included in Page 2, Col 3, Line 8		0.050	0
(25)	Total Other Long-Term Invested Assets (Page 2, Col 3, Line 8)	L(23)+L(24)	0	0.200	0
(26)	Derivatives	Page 2, Col 3, Line 7		0.050	0
(27)	Total Fixed Income Assets RBC	L(9) + L(10) + L(13) + L(18) + L(19) + L(20) + L(21) + L(22) + L(23) + L(24) + L(26)			337,481

* These bonds appear in Schedule D Part 1A Section 1 and are already recognized in the Bond portion of the formula.

XR007

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORILY CONVERTIBLE SECURITIES

	1 RSAT Number	2 Type	3 CUSIP	4 Description of Assets	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 RBC Requirement
Replication Transactions							
1.							
9999999. Total						0	0

NONE

RBC Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

EQUITY ASSETS

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
PREFERRED STOCK - UNAFFILIATED					
(1)	Class 01 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.003	0
(2)	Class 02 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.010	0
(3)	Class 03 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.020	0
(4)	Class 04 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.045	0
(5)	Class 05 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.100	0
(6)	Class 06 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.300	0
(7)	Subtotal - Unaffiliated Preferred Stock (Should equal Page 2, Col 3, Line 2.1 less Sch D Sum, Col 1 Line 18)	Sum of Lines (1) through (6)	0		0
HYBRID SECURITIES - UNAFFILIATED					
(8)	Class 01 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7		0.003	0
(9)	Class 02 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7		0.010	0
(10)	Class 03 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.3		0.020	0
(11)	Class 04 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.4		0.045	0
(12)	Class 05 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.5		0.100	0
(13)	Class 06 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.6		0.300	0
(14)	Subtotal - Hybrid Securities	Sum of Lines (8) through (13)	0		0
(15)	Total Unaffiliated Preferred Stock and Hybrids	Line (7) + Line (14)	0		0
COMMON STOCK - UNAFFILIATED					
(16)	Federal Home Loan Bank stock	Company Records		0.023	0
(17)	Non-government money market funds	Sch D Pt 2 Sn 2 Col 6 Line 9399999		0.003	0
(18)	Total Common Stock	Sch D, Summary, Col 1, Line 25			
(19)	Affiliated Common Stock	Sch D, Summary, Col 1, Line 24			
(20)	Other Unaffiliated Common Stock	L(18) - L(16) - L(17) - L(19)	0	0.150	0
(21)	Total Unaffiliated Common Stock	L(16) + L(17) + L(20)	0		0

NONE

XR009

PROPERTY & EQUIPMENT ASSETS

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
(1)	Properties occupied by the company	Page 2, Col 3, Line 4.1	246,990	0.100	24,699
(2)	Encumbrances (Property occupied by the company)	Page 2, Line 4.1, inside amount		0.100	0
(3)	Properties held for the production of income	Page 2, Col 3, Line 4.2		0.100	0
(4)	Encumbrances (Property held for production of income)	Page 2, Line 4.2, inside amount		0.100	0
(5)	Properties held for sale	Page 2, Col 3, Line 4.3		0.100	0
(6)	Encumbrances (Property held for sale)	Page 2, Line 4.3, inside amount		0.100	0
(7)	Furniture and equipment	L(7.1) + L(7.2) (should equal Page 2, Col 3, Line 21)	0		
(7.1)	HC delivery subject to statutory acct depreciation limits	Company Records		0.100	0
(7.2)	All other furniture and equipment	Company Records		0.100	0
(8)	EDP equipment and software	Page 2, Col 3, Line 20	337,407	0.100	33,741
(9)	Total Property & Equipment	L(1) + L(2) + L(3) + L(4) + L(5) + L(6) + L(7.1) + L(7.2) + L(8)	584,397		58,440

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #1			
(1)	Class 2 Unaffiliated Bonds	21,465,000	0.010	214,650
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	21,465,000		214,650

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #2			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #3			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #4			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #5			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #6			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #7			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #8			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #9			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #10			
(1)	Class 2 Unaffiliated Bonds		0.010	0
(2)	Class 3 Unaffiliated Bonds		0.020	0
(3)	Class 4 Unaffiliated Bonds		0.045	0
(4)	Class 5 Unaffiliated Bonds		0.100	0
(5)	Collateral Loans		0.050	0
(6)	Mortgages		0.050	0
(7)	Class 2 Preferred Stock		0.010	0
(8)	Class 3 Preferred Stock		0.020	0
(9)	Class 4 Preferred Stock		0.045	0
(10)	Class 5 Preferred Stock		0.100	0
(11)	Class 2 Hybrids Securities		0.010	0
(12)	Class 3 Hybrids Securities		0.020	0
(13)	Class 4 Hybrids Securities		0.045	0
(14)	Class 5 Hybrids Securities		0.100	0
(15)	Other Long-Term Invested Assets		0.100	0
(16)	Unaffiliated Common Stock		0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0		0

NONE

ASSET CONCENTRATION

	1		2		3
	ISSUER NAME GRAND TOTAL	GRAND TOTAL	Book/Adjusted Carrying Value	Factor	Additional RBC
(1)	Class 2 Unaffiliated Bonds		21,465,000	0.010	214,650
(2)	Class 3 Unaffiliated Bonds		0	0.020	0
(3)	Class 4 Unaffiliated Bonds		0	0.045	0
(4)	Class 5 Unaffiliated Bonds		0	0.100	0
(5)	Collateral Loans		0	0.050	0
(6)	Mortgages		0	0.050	0
(7)	Class 2 Preferred Stock		0	0.010	0
(8)	Class 3 Preferred Stock		0	0.020	0
(9)	Class 4 Preferred Stock		0	0.045	0
(10)	Class 5 Preferred Stock		0	0.100	0
(11)	Class 2 Hybrids Securities		0	0.010	0
(12)	Class 3 Hybrids Securities		0	0.020	0
(13)	Class 4 Hybrids Securities		0	0.045	0
(14)	Class 5 Hybrids Securities		0	0.100	0
(15)	Other Long-Term Invested Assets		0	0.100	0
(16)	Unaffiliated Common Stock		0	0.150	0
(17)	Total of Issuer = Lines (1) through (16)		21,465,000		214,650

UNDERWRITING RISK

Experience Fluctuation Risk

	Line of Business	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 TOTAL
(1) †	Premium	471,782,027					471,782,027
(2) †	Title XVIII - Medicare	142,874,873	XXX	XXX	XXX	XXX	142,874,873
(3) †	Title XIX - Medicaid		XXX	XXX	XXX	XXX	0
(4) †	Other Health Risk Revenue		XXX				0
(5)	Underwriting Risk Revenue = L(1) + L(2) + L(3) + L(4)	614,656,900	0	0	0	0	614,656,900
(6) †	Net Incurred Claims	546,676,885					546,676,885
(7) †	Fee-for-Service Offset		XXX				0
(8)	Underwriting Risk Incurred Claims = L(6) - L(7)	546,676,885	0	0	0	0	546,676,885
(9)	Underwriting Risk Claims Ratio = L(8) / L(5)	0.889	0.000	0.000	0.000	0.000	XXX
(10)	Underwriting Risk Factor *	0.092	0.105	0.120	0.251	0.130	XXX
(11)	Base Underwriting Risk RBC = L(5) x L(9) x L(10)	50,271,559	0	0	0	0	50,271,559
(12)	Managed Care Discount Factor	0.845	0.845	0.845	1.000	1.000	XXX
(13)	RBC After Managed Care Discount = L(11) x L(12)	42,479,467	0	0	0	0	42,479,467
(14) †	Maximum Per-Individual Risk After Reinsurance						XXX
(15)	Alternate Risk Charge **	1,500,000	0	0	0	0	XXX
(16)	Alternate Risk Adjustment	0	0	0	0	0	XXX
(17)	Net Alternate Risk Charge ***	1,500,000	0	0	0	0	1,500,000
(18)	Net Underwriting Risk RBC (Max(L(13), L(17)))	42,479,467	0	0	0	0	42,479,467

* TIERED RBC FACTORS

	Comprehensive Medical	Medicare Supplement	Dental & Vision	Stand-Alone Medicare Part D Coverage	Other
$0 - $3 MILLION	0.150	0.105	0.120	0.251	0.130
$3 - $25 MILLION	0.150	0.067	0.076	0.251	0.130
OVER $25 MILLION	0.090	0.067	0.076	0.151	0.130

** ALTERNATE RISK CHARGE

	**The Line (15) Alternate Risk Charge is calculated as follows:				
LESSER OF:	$1,500,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$150,000 or 6 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk

† The Annual Statement Sources are found on Page XR013.

* This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.

*** Limited to the largest of the applicable alternate risk adjustments, prorated if necessary.

RBC Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

UNDERWRITING RISK

† **Annual Statement Source**

	Line of Business	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 Total
(1)	Premium	P7, C2, L1 + L2	P7, C3, L1 + L2	P7, C4 & C5, L1 + L2	Manual Input	Manual Input	
(2)	Title XVIII - Medicare	P7, C7, L1 + L2	XXX	XXX	XXX	XXX	P7, C7, L1 + L2
(3)	Title XIX - Medicaid	P7, C8, L1 + L2	XXX	XXX	XXX	XXX	P7, C8, L1 + L2
(4)	Other Health Risk Revenue	P7, C2, L4	XXX	P7, C4 & C5, L4	Manual Input	Manual Input	
(6)	Net Incurred Claims	P7, L17, C2 + C7 + C8	P7, C3, L17	P7, C4 & C5, L17	Manual Input	Manual Input	
(7)	Fee-for-Service Offset	P7, C2, L3	XXX	P7, C4 & C5, L3	Manual Input	Manual Input	
(14)	Maximum Per-Individual Risk After Reinsurance	Gen Int Pt 2 5.31 + 5.32	Gen Int Pt 2 5.33	Gen Int Pt 2 5.34	Manual Input	Manual Input	XXX

UNDERWRITING RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Other Underwriting Risk					
(19)	Business with Rate Guarantees Between 15-36 Months - Direct Premium Earned	Gen Int Pt 2, Line 9.21		0.024	0
(20)	Business with Rate Guarantees Over 36 Months - Direct Premium Earned	Gen Int Pt 2, Line 9.22		0.064	0
(21)	FEHBP and TRICARE Claims Incurred	UI Pt2, Col 6, Line 12.4		0.020	0
(22)	Stop Loss and Minimum Premium	Company Records		0.250	0
(22.1)	Supplemental Benefits within Stand-Alone Medicare Part D Coverage	Company Records		0.350	0
(22.2)	Total Other Underwriting Risk	Sum of lines (19) through (22.1)			0
Disability Income Premium					
(23)	Noncancellable Disability Income - Individual Morbidity	Company Records			
(23.1)	First $50 Million Earned Premium of L(23)		0	0.350	0
(23.2)	Over $50 Million Earned Premium of L(23)		0	0.150	0
(23.3)	Total Noncancellable Disability Income - Individual Morbidity	L(23.1) + L(23.2)			0
(24)	Other Disability Income - Individual Morbidity	Company Records			
(24.1)	Earned premium in L(24) [up to $50 million less premium in L(23.1)]		0	0.250	0
(24.2)	Earned Premium in L(24) Not Included in L(24.1)		0	0.070	0
(24.3)	Total Other Disability Income - Individual Morbidity	L(24.1) + L(24.2)			0
(25)	Disability Income - Credit Monthly Balance Plans	Company Records			
(25.1)	First $50 Million Earned Premium of L(25)		0	0.200	0
(25.2)	Over $50 Million Earned Premium of L(25)		0	0.030	0
(25.3)	Total Disability Income - Credit Morbidity	L(25.1) + L(25.2)			0
(26)	Disability Income - Group Long-term	Company Records			
(26.1)	Earned Premium in L(26) [up to $50 million less premium in L(25.1)]		0	0.150	0
(26.2)	Earned Premium in L(26) Not Included in L(26.1)		0	0.030	0
(26.3)	Total Disability Income - Group Long-term	L(26.1) + L(26.2)			0
(27)	Disability Income - Credit Single Premium with Additional Reserves	Company Records			
(27.1)	Additional Reserves for Credit Disability Plans	Company Records			
(27.2)	Additional Reserves for Credit Disability Plans, prior year	Company Records			
(27.3)	Subtotal Disability Income - Credit Single Premium with Additional Reserves	L(27) - L(27.1) + (L27.2)	0		
(27.4)	Earned Premium in L(27.3) [up to $50 million less premium in L(25.1)+(26.1)]		0	0.100	0
(27.5)	Earned Premium in L(27.3) Not Included in L(27.4)		0	0.030	0
(27.5	Total Disability Income - Credit Single Premium with Additional Reserves	L(27.4) + L(27.5)			0
(28)	Disability Income - Credit Single Premium without Additional Reserves	Company Records			
(28.1)	Earned Premium in L(28) [up to $50 million less prem in L(25.1)+(26.1)+(27.4)]		0	0.150	0
(28.2)	Earned Premium in L(28) not included in L(28.1)		0	0.030	0
(28.3)	Total Disability Income - Credit Single Premium without Additional Reserves	L(28.1) + (L28.2)			0
(29)	Disability Income - Group Short-term	Company Records			
(29.1)	Earned Premium in L(29) [up to $50 million less prem in L(25.1)+(26.1)+(27.4)+(28.1)]		0	0.050	0
(29.2)	Earned Premium in L(29) not included in L(29.1)		0	0.030	0
(29.3)	Total Disability Income - Group Short-term	L(29.1) + L(29.2)			0

NONE

UNDERWRITING RISK

NONE

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Long-Term Care (LTC) Insurance Premium					
(30)	Noncancellable LTC Premium - Rate Risk	Company Records		*0.100	0
(31)	All LTC Premium - Morbidity Risk (to $50 million)	Line (34.1) Column (1) up to 50 million	0	0.100	0
(32)	LTC Premium (over $50 million) - Morbidity Risk	Remainder of Line (34.1) Column (1) over 50 million	0	0.030	0
(33)	Premium-based RBC	Col (2), Line (30) + Line (31) + Line (32)			0

NONE

		Annual Statement Source	1 Premiums	2 Incurred Claims	3 Col. (2)/(1) Loss Ratio §	4 RBC Requirement
Historical Loss Ratio Experience						
(34.1)	Current Year	Company Records			0.000	
(34.2)	Immediate Prior Year	Company Records			0.000	
(34.3)	Average Loss Ratio	If loss ratios are used, [Column (3), Line (34.1) + Line (34.2) / 2, otherwise zero]			0.000	
(35)	Adjusted LTC Claims for RBC	If Column (3) Line (34.3) > 0 then [Column (1) Line (31) + Line (32)] x Column (3) Line (34.3) plus Column (2), Line (34.1)		0		
(35.1)	Claims (to $35 million) - Morbidity Risk	Lower of Col. (2), Line (35) and $35 million		0	†0.000	0
(35.2)	Claims (over $35 million) - Morbidity Risk	Excess of Col. (2), Line (35) over $35 million		0	‡0.000	0
(36)	LTC Claims Reserves	Company Records			0.000	0
(37)	Claims-based RBC	Col. (4), Line (35.1) + Line (35.2)				0
(38)	LTC RBC	Col. (2), Line (33) + Col. (4), Line (36) + Line (37)				0

* The factor applies to all Noncancellable premium.

† If Column (1), Line (34.1) is positive, then a factor of 0.250 is used. Otherwise, a higher factor of 0.370 is used.

‡ If Column (1), Line (34.1) is positive, then a factor of 0.080 is used. Otherwise, a higher factor of 0.120 is used.

§ If Column (1), Line (34.1) or (34.2) are less than or equal to zero or if Column (2), Line (34.1) or (34.2) are less than zero, the loss ratios are not used and Column (3), Line (34.3) is set to zero.

UNDERWRITING RISK

		Annual Statement Source	1 Amount	Factor *	2 RBC Requirement
Limited Benefit Plans (Individual and Group Combined)					
(39)	Hospital Indemnity and Specified Disease	Included in Page 7, Col 9, Line 1 and 2, in part		0.035	0
(39.1)	50,000 if L(39) is greater than zero				0
(39.2)	Total Hospital Indemnity and Specified Disease	L(39) + L(39.1)			0
(40)	Accidental Death & Dismemberment	Included in Page 7, Col 9, Line 1 and 2, in part			
(40.1)	First 10 Million Earned Premium of L(40)		0	0.055	0
(40.2)	Over 10 Million Earned Premium of L(40)		0	0.015	0
(40.3)	Maximum Retained Risk for any single claim	Company Records			
(40.4)	Three times L(40.3)		0		
(40.5)	Lesser of L(40.4) or $300,000				0
(40.6)	Total AD&D	L(40.1) + L(40.2) + L(40.5)			0
(41)	Other Accident	Included in Page 7, Col 9, Line 1 and 2, in part		0.050	0
(42)	Premium Stabilization Reserves	Included in U&I, Part 2D, Col 1, Line 4	0	(0.500)	‡‡ 0
(43)	Total, Other Underwriting Risk	L(22.2) + L(23.3) + L(24.3) + L(25.3) + L(26.3) + L(27.6) + L(28.3) + L(29.3) + L(38) + L(39.2) + L(40.6) + L(41) + L(42)			0

NONE

‡‡ This is limited to the total Net Underwriting RBC on XR012, Col (6), Line (18) less Col (4) and XR014, Col. (2), Lines (22.2), (23.3), (24.3), (25.3), (26.3), (27.6), (28.3), (29.3), XR015, Col. (2), Line (33), and XR016 Col. (2), Line (39.2), (40.6) and (41).

UNDERWRITING RISK - MANAGED CARE CREDIT CALCULATION

	Managed Care Claims Payments	Annual Statement Source	1 Factor	2 Paid Claims	3 Weighted Claims †	4 Part D Weighted Claims ††
(1)	Category 0 - Arrangements not Included in Other Categories	Exhibit 7, Pt 1,Col 1, Line 5, in part §	0.000		0	
(2)	Category 1 - Payments Made According to Contractual Arrangements	Exhibit 7, Pt 1,Col 1, Line 6, in part §	0.150	540,519,936	81,077,990	
(3)	Category 2a - Subject to Withholds or Bonuses - Otherwise Category 0	Exhibit 7, Pt 1,Col 1, Line 7, in part §	* 0.000		0	
(4)	Category 2b - Subject to Withholds or Bonuses - Otherwise Category 1	Exhibit 7, Pt 1,Col 1, Line 8, in part §	* 0.150		0	
(5)	Category 3a - Capitated Payments Directly to Providers		0.600	4,363,054	2,617,832	
(5.1)	Capitation Payments - Medical Group - Category 3a	Exhibit 7, Pt 1, Col 1, Line 1, in part §		4,363,054		
(5.2)	Capitation Payments - All Other Providers - Category 3a	Exhibit 7, Pt 1, Col 1, Line 3, in part §				
(6)	Category 3b - Capitated Payments to Regulated Intermediaries	Included in Exhibit 7, Pt 1, Col 1, Line 2 §	0.600	1,793,895	1,076,337	
(7)	Category 3c - Capitated Payments to Non-Regulated Intermediaries	Included in Exhibit 7, Pt 1, Col 1, Line 2 §	0.600		0	
(8)	Category 4 - Medical & Hospital Expense Paid as Salary to Providers		0.750	0	0	
(8.1)	Non-contingent Salaries - Category 4	Exhibit 7, Pt 1, Col 1, Line 9, in part §				
(8.2)	Aggregate Cost Arrangements - Category 4	Exhibit 7, Pt 1, Col 1, Line 10, in part §				
(8.3)	Less Fee For Service revenue from ASC or ASO	Company Records				
(9)	Sub-total Paid Claims	Exhibit 7, Pt 1, Col 1, Line 13 - Line 11 - Line (8.3) - Line (12) - Line (13)		546,676,885	84,772,159	
	Stand-Alone Medicare Part D Coverage Claims Payments					
(10)	Category 0 - No Federal Reinsurance or Risk Corridor Protection	Company Records	XXX	XXX		XXX
(11)	Category 1 - Federal Reinsurance but no Risk Corridor Protection	Company Records	XXX	XXX		XXX
(12)	Category 2a - No Federal Reinsurance but Risk Corridor Protection	Company Records	0.667			0
(13)	Category 3a - Federal Reinsurance and Risk Corridor Protection Apply	Company Records	0.767			0
(14)	Sub-total Paid Claims	Sum of Lines (10) through (13)		0		0
(15)	Total Paid Claims	Sum of Lines (9) and (14)		546,676,885		
(16)	Weighted Average Managed Care Discount				0.155	0.000
(17)	Weighted Average Managed Care Risk Adjustment Factor				0.845	1.000

† This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.
†† This column is for the Medicare Part D managed care discount factor.
§ Stand-Alone Medicare Part D Business reported in Lines (12) and (13) should be excluded from these amounts.
* The factor is calculated on Page XR018.

UNDERWRITING RISK - MANAGED CARE CREDIT CALCULATION

	* Calculation of Category 2 Managed Care Factor	Annual Statement Source	1 Amount
(18)	Withhold & bonus payments, prior year	Company Records	
(19)	Withhold & bonuses available, prior year	Company Records	
(20)	MCC Multiplier - average withhold returned [L(18)/L(19)]		0.000
(21)	Withholds & bonuses available, prior year	Company Records	0
(22)	Claims payments subject to withhold, prior year	Company Records	
(23)	Average withhold rate, prior year [L(21)/L(22)]		0.000
(24)	MCC Discount Factor, Category 2 Min{.25,[L(20) x L(23)]}		0.000

NONE

* The factor is pulled into Lines (3) and (4) on Page XR017.

CREDIT RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Reinsurance Ceded					
(1)	Recoverables on Paid Losses - 100% owned affiliates	Included in Sch S, Pt 2, Col 6, Line 1099999			
(2)	Recoverables on Paid Losses - other affiliates	Included in Sch S, Pt 2, Col 6, Line 1099999		0.005	0
(3)	Recoverables on Paid Losses - Non-affiliates	Sch S, Pt 2, Col 6, Line 1399999		0.005	0
(4)	Total Recoverables on Paid Losses	Lines (1) + (2) + (3) (Sch S, Pt 2, Col 6, Line 1499999)	0		0
(5)	Recoverables on Unpaid Losses - 100% owned affiliates	Included in Sch S, Pt 2, Col 7, Line 1099999			
(6)	Recoverables on Unpaid Losses - other affiliates	Included in Sch S, Pt 2, Col 7, Line 1099999		0.005	0
(7)	Recoverables on Unpaid Losses - Non-affiliates	Sch S, Pt 2, Col 7, Line 1399999		0.005	0
(8)	Total Recoverables on Unpaid Losses	Line (5) + (6) + (7) (Sch S, Pt 2, Col 7, Line 1499999)	0		0
(9)	Unearned premiums - 100% owned affiliates	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0399999 + Line 1099999 + Line 1799999			
(10)	Unearned premiums - other affiliates	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0399999 + Line 1099999 + Line 1799999		0.005	0
(11)	Unearned premiums - Non-affiliates	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0699999 + Line 1399999 + Line 2099999		0.005	0
(12)	Total unearned premiums	Lines (9) + (10) + (11)	0		0
(13)	Other Reserve Credits - 100% owned affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0399999 + Line 1099999 + Line 1799999			
(14)	Other Reserve Credits - other affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0399999 + Line 1099999 + Line 1799999		0.005	0
(15)	Other Reserve Credits - Non-affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0699999 + Line 1399999 + Line 2099999		0.005	0
(16)	Total Other Reserve Credits	Lines (13) + (14) + (15)	0		0
(17)	Total Reinsurance RBC	L(4) + L(8) + L(12) + L(16)			0
Capitations to Intermediaries					
(18)	Total Capitations Paid Directly to Providers	XR017, Col (2), Line (5)	4,363,054		
(19)	Less Secured Capitations to Providers	Company Records	0		
(20)	Capitation to Providers Subject to Credit Risk Charge	Line (18) - Line (19)	4,363,054	0.020	87,261
(21)	Total Capitations to Intermediaries	XR017, Col (2) Line (6) + Line (7)	1,793,895		
(22)	Less Secured Capitations to Intermediaries	Company Records	0		
(23)	Capitations to Intermediaries Subject to Credit Risk Charge	Line (21) - Line (22)	1,793,895	0.040	71,756
(24)	Capitation Credit Risk RBC	Line (20) + Line (23)			159,017

CREDIT RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Other Receivables					
(25)	Investment Income Receivable	Page 2, Col 3, Line 14		0.010	0
(26)	Health Care Receivables	Exhibit 3, Col 7, Line 0799999	0		
(26.1)	Pharmaceutical Rebate Receivables	Exhibit 3, Col 7, Line 0199999		0.050	0
(26.2)	Claim Overpayment Receivables	Exhibit 3, Col 7, Line 0299999		0.050	0
(26.3)	Loan and Advances to Providers	Exhibit 3, Col 7, Line 0399999		0.050	0
(26.4)	Capitation Arrangement Receivables	Exhibit 3, Col 7, Line 0499999		0.050	0
(26.5)	Risk Sharing Receivables	Exhibit 3, Col 7, Line 0599999		0.050	0
(26.6)	Other Health Care Receivables	Exhibit 3, Col 7, Line 0699999		0.050	0
(27)	Amounts Receivable Relating to Uninsured A&H Plans	Included in Page 2, Col 3, Line 17		0.050	0
(28)	Amounts Due From Parents, Subs and Affiliates	Page 2, Col 3, Line 23		0.050	0
(29)	Aggregate Write-ins for other than invested assets	Page 2, Col 3, Line 25	7,749,332	0.050	387,467
(30)	Total Other Receivables RBC	L(25) + Sum L(26.1) through L(29)			387,467
(31)	TOTAL CREDIT RBC	L(17) + L(24) + L(30)			546,484

BUSINESS RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Administrative Expense Risk					
(1)	Claims Adjustment Expenses	Page 4, Col 2, Line 20			
(2)	General Administrative Expenses	Page 4, Col 2, Line 21	60,796,144		
(3)	Less the Net amount of ASC Revenue and Expenses included in Line 1 and 2	Company Records			
(4)	Less the Net amount of ASO Revenue and Expenses included in Line 1 and 2	Company Records			
(5)	Less Admin Expenses for Commission & Premium Taxes	Underwriting & Investment Exhibit Part 3, Line 3, in part			
(6)	Administrative Expenses Base RBC	L(1) + L(2) - L(3) - L(4) - L(5)	60,796,144	* 0.041	2,492,642
(7)	Proration of Admin Expense to Experience Fluctuation Risk	L(6) * L(20) / (L(21) + L(22))			2,492,642
Non-Underwritten and Limited-Risk					
(8)	Administrative expenses for ASC arrangements	Company Records		0.020	0
(9)	Administrative expenses for ASO arrangements	Company Records		0.020	0
(10)	Medical costs paid through ASC arrangements (Including Fee-for-service received from other health entities)	Company Records		0.010	0
(11)	Non-Underwritten and Limited Risk Business RBC		0		0
Guaranty Fund Assessment Risk					
(12)	Premiums Subject to Guaranty Fund Assessment	Included in Sch T - Company Records		0.005	0
Excessive Growth Risk					
(13)	Underwriting Risk Revenue, Prior Year	2011 XR012 Col (6) Line (5) (manual entry)	585,703,965		
(14)	Underwriting Risk Revenue, Current Year	2012 XR012 Col (6) Line (5)	614,656,900		
(15)	Net Underwriting Risk RBC, Prior Year	2011 XR012 Col (6) Line (18) (manual entry)	41,286,708		
(16)	Net Underwriting Risk RBC, Current Year	2012 XR012 Col (6) Line (18)	42,479,467		
(17)	RBC Growth Safe Harbor	[L(14) / L(13) + 0.10] * L(15)	47,456,293		
(18)	Excess of RBC Growth Over Safe Harbor	Max{0, L(16) - L(17)}	0		
(19)	Excessive Growth Risk RBC	0.5 * L(18)			0

* The factor for the Administrative Expenses Base RBC is calculated as a weighted average, based on premium volume from XR012.

			Premium	Weight	Weighted Premium
(20)	Experience Fluctuation Risk Revenue	XR012, Col (6), Line (5)	614,656,900		
(21)	Premiums Earned	Page 4, Col 2, Line 2 + 3	614,656,900		
(22)	Risk Revenue	Page 4, Col 2, Line 5			
(23)	Tier 1 - $0 to $25 Million of Line (20)		25,000,000	0.070	1,750,000
(24)	Tier 2 - Amount over $25 Million of Line (20)		589,656,900	0.040	23,586,276
(25)	Total Experience Fluctuation Risk Revenue	L(23) + L(24)	614,656,900		25,336,276
(26)	Administrative Expenses Base RBC Factor	Col (2), Line (25) / Col (1), Line (25)			0.041

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

			1 RBC Amount
H0 - ASSET RISK - AFFILIATES W/RBC			
(1)	Off-Balance Sheet Items	XR005, Off-Balance Sheet Page - L(18)	
(2)	Directly Owned Insurer Subject to RBC	XR003, Affiliates Page, L(1)	
(3)	Indirectly Owned Insurer Subject to RBC	XR003, Affiliates Page, L(2)	
(4)	Directly Owned MCO Subject to RBC	XR003, Affiliates Page, L(3)	
(5)	Indirectly Owned MCO Subject to RBC	XR003, Affiliates Page, L(4)	
(6)	Directly Owned Alien Insurer	XR003, Affiliates Page, L(7)	
(7)	Indirectly Owned Alien Insurer	XR003, Affiliates Page, L(8)	
(8)	Total H0	Sum L(1) through L(7)	0
H1 - ASSET RISK - OTHER			
(9)	Investment Subsidiary	XR003, Affiliates Page, L(5)	
(10)	Holding Company Excess of Subsidiaries	XR003, Affiliates Page, L(6)	
(11)	Investment in Parent	XR003, Affiliates Page, L(9)	
(12)	Other Affiliates	XR003, Affiliates Page, L(10)	
(13)	Fair Value Excess Affiliate Common Stock	XR003, Affiliates Page, L(11)	
(14)	Fixed Income Assets	XR006, Off-Balance Sheet Collateral L(9)+L(19)+L(20)+L(21) + XR007, Fixed Income Assets Page, L(27)	337,481
(15)	Replication & Mandatorily Convertible Securities	XR008, Replication/MCS Page - L(9999999)	
(16)	Unaffiliated Preferred Stock and Hybrid Securities	XR006, Off-Balance Sheet Collateral L(16) + XR009, Equity Assets Page, L(15)	
(17)	Unaffiliated Common Stock	XR006, Off-Balance Sheet Collateral L(17) + XR009, Equity Assets Page ,L(21)	
(18)	Property & Equipment	XR006, Off-Balance Sheet Collateral L(18) + XR010, Prop/Equip Assets Page, L(9))	58,440
(19)	Asset Concentration	XR011, Grand Total, Asset Concentration Page, L(17)	214,650
(20)	Total H1	Sum L(9) through L(19)	610,571
H2 - UNDERWRITING RISK			
(21)	Net Underwriting Risk	XR012, Underwriting Risk Page, L(18)	42,479,467
(22)	Other Underwriting Risk	XR014, Underwriting Risk Page, L(22.2)	
(23)	Disability Income	XR014, Underwriting Risk Page, L(23.3)+L(24.3)+L(25.3)+L(26.3)+L(27.6)+L(28.3)+L(29.3)	
(24)	Long-Term Care	XR015, Underwriting Risk Page, L(38)	
(25)	Limited Benefit Plans	XR016, Underwriting Risk Page, L(39.2) + L(40.6) + L(41)	
(26)	Premium Stabilization Reserve	XR016, Underwriting Risk Page, L(42)	
(27)	Total H2	Sum L(21) through L(26)	42,479,467

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

			1 RBC Amount
H3 - CREDIT RISK			
(28)	Total Reinsurance RBC	XR019, Credit Risk Page, L(17)	
(29)	Intermediaries Credit Risk RBC	XR019, Credit Risk Page, L(24)	159,017
(30)	Total Other Receivables RBC	XR020, Credit Risk Page, L(30)	326,600
(31)	Total H3	Sum L(28) through L(30)	485,617
H4 - BUSINESS RISK			
(32)	Administrative Expense RBC	XR021, Business Risk Page, L(7)	2,492,642
(33)	Non-Underwritten and Limited Risk Business RBC	XR021, Business Risk Page, L(11)	
(34)	Premiums Subject to Guaranty Fund Assessments	XR021, Business Risk Page, L(12)	
(35)	Excessive Growth RBC	XR021, Business Risk Page, L(19)	
(36)	Total H4	Sum L(32) through L(35)	2,492,642
(37)	RBC After Covariance	H0+Square Root of ($H1^2+H2^2+H3^2+H4^2$)	42,559,688
(38)	Authorized Control Level RBC	0.50 * RBC AFTER COVARIANCE	21,279,844

RBC Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

CALCULATION OF TOTAL ADJUSTED CAPITAL

		Annual Statement Source	1 Amount	Factor	2 Adjusted Capital
Company Amounts					
(1)	Capital and Surplus	Page 3, Col 3, Line 33	23,748,100	1.000	23,748,100
Subsidiary Adjustments					
(2)	AVR - Life Subsidiaries	Affiliate's statement		1.000	0
(3)	Dividend Liability - Life Subsidiaries	Affiliate's statement		0.500	0
(4)	Tabular Discounts - P&C Subsidiaries	Affiliate's statement		(1.000)	0
(5)	Non-Tabular Discounts - P&C Subsidiaries	Affiliate's statement		(1.000)	0
(6)	Total Adjusted Capital, Post-Deferred Tax				23,748,100
Sensitivity Test					
(7)	DTA Value for Company	Page 2, Col 3, Line 18.2		1.000	0
(8)	DTL Value for Company	Page 3, Col 3, Line 10.2		1.000	0
(9)	DTA Value for Insurance Subsidiaries	Company Records		1.000	0
(10)	DTL Value for Insurance Subsidiaries	Company Records		1.000	0
(11)	Total Adjusted Capital, Pre-Deferred Tax (Sensitivity)	L(6) - L(7) + L(8) - L(9) + L(10)			23,748,100
Ex DTA ACL RBC Ratio Sensitivity Test					
(12)	Deferred Tax Asset	Page 2 Column 3 Line 18.2		1.000	0
(13)	Total Adjusted Capital Less Deferred Tax Asset	Line (6) less Line (12)			23,748,100
(14)	Authorized Control Level RBC	XR025 Comparison of Total Adjusted Capital to RBC Line (4)			21,279,844
(15)	Ex DTA ACL RBC Ratio	Line (13) / Line (14)			111.599

RBC Statement as of December 31, 2012 of the **First Medical Health Plan, Inc.**

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

		Abbreviation	1 Amount
(1)	Total Adjusted Capital, Post-Tax		23,748,100
(2)	Company Action Level=200% of Authorized Control Level	CAL	42,559,688
(3)	Regulatory Action Level=150% of Authorized Control Level	RAL	31,919,766
(4)	Authorized Control Level=100% of Authorized Control Level	ACL	21,279,844
(5)	Mandatory Control Level=70% of Authorized Control Level	MCL	14,895,891
(6)	Level of Action, if Any		Regulatory Action Level
THE FOLLOWING NUMBERS MUST BE REPORTED IN THE FIVE YEAR HISTORY ON THE INDICATED LINE			
	Total Adjusted Capital on Line 14 of the Five Year Historical Data Page		23,748,100
	Authorized Control Level Risk-Based Capital on Line 15 of the Five Year Historical Data Page		21,279,844

XR025

TREND TEST

		Annual Statement Source	1 Amount	2 Result
(7)	Total Revenue	Page 4, Line 8	614,656,900	
(8)	Underwriting Deductions	Page 4, Line 23	607,473,029	
(9)	Combined Ratio	Line (8)/Line (7)	98.800	
(10)	RBC Ratio	Line (1)/Line (4)	111.600	
(11)	Trend Test Result	If Line (10) is between 200% and 300% and Line (9) > 105%, then "Yes", otherwise "No"		No
(12)	Level of Action, if any, including Trend Test		Regulatory Action Level	