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, 2013

2013

HEALTH

Mareb del Rosario

ACTUARIO
Miembro:
American Academy of Actuaries
International Actuarial Association

Condominio Hato Rey Plaza
200 Ave. Jesús T. Piñero, Apt. 1F
San Juan, Puerto Rico 00918-4101
Tel. (787) 767-7287

FIRST MEDICAL HEALTH PLAN, INC.

STATEMENT OF ACTUARIAL OPINION
CALENDAR YEAR 2013

I, Mareb del Rosario Cervoni, am a Qualified Actuary, Founder of the Academia de Actuarios de Puerto Rico (1974) and Fellow of the American Academy of Actuaries and the International Association of Actuaries. I meet qualification standards for rendering this opinion, continuing education requirements; and I am familiar with the valuation requirements applicable to health insurance companies for Annual Statement filing purposes.

I was engaged by Mr. Francisco J. Artau Feliciano, President of First Medical Health Plan, Inc. as Consultant Actuary last November 2013. I was appointed by the Board of Directors of said insurer to render this opinion to meet regulatory requirements as stated in the designation letter.

MR

The actuarial methods, considerations and analysis used in forming my opinion conform to the appropriate Actuarial Standards of Practice and Compliance Guidelines and are consistent with ASOP's # 1,5,8,16,23,28 and 41, as promulgated by the Actuarial Standards Board, to conform the basis of this statement of opinion for the company 2013 Annual Statement.

My analysis relied on data provided by Mr. César Ramírez, AVP of Finance, as certified in the attached statement, and is the responsibility of the Management of First Medical Health Plan, Inc.. I reviewed it for reasonableness and consistency.

I have examined the Company's 2010, 2011 and 2012 filed Annual Statements and the related Auditor's Report and Statements of Actuarial Opinion to review assets, investments, reserves and other material data. I also reviewed the Office of the Commissioner of Insurance actuarial related findings report on Company's examination during 2013.

During 2013 First Medical Health Plan, Inc. underwrote health benefits plans for Direct Payment Subscribers, Groups, Government and Medicare Advantage. Written Premiums for 2013 were $646,517,019. It is one of the largest providers of health care services to Public Employees in Puerto Rico. Since 2005 the Company is selling Medicare Advantage Health Services to the elderly population. The company does not reinsure its business.

Aggregate evaluation of business in force considered five years' trends for losses development, payments and ultimate losses projections to approach Reserves and IBNR estimates. An Actuarial Memorandum including underlying actuarial work papers supporting my opinion has been provided to the Company.

Actuarial Liability Summary As of Dec.31, 2013

A. Claims Unpaid (Page 3, Line 1)	$76,615,835
B. Accrued medical incentive pool bonus payments (Page3, Line 2)	$ 24,792
C. Unpaid claims adjustment expenses (Page 3, Line 3)	$ 612,927
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves and additional policy reserves from the underwriting and investment Exhibit	N/A
E. Aggregate life policy reserves (Page 3, Line 5	N/A
F. Property/ casualty unearned premium reserves (Page 3, Line 6)	N/A
G. Aggregate earned claim reserves (Page3, Line 7)	N/A
H. Any other loss reserves, actuarial reserves or liabilities, or related items presented as liabilities in an annual statement, and not included in the items above.	N/A
I. Specified actuarial items presented as assets in the annual statement	N/A

In my opinion the reserves and related actuarial values concerning the statement items identified above:

(a) Are in accordance with presently accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial practices.

(b) Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared.

(c) Meet the requirements of the laws of Puerto Rico; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed.

(d) Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements as of December 31, 2013.

mpr

(e) Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end .

(f) Include appropriate provision for all actuarial items that ought to be established.

The reserves and related items, when considered in light of the assets held by the company, with the investment earnings on the assets, and the considerations anticipated to be received and retained under the policies and contracts, make adequate provision, according to presently accepted actuarial standards of practice, for the anticipated cash flows required by the contractual obligations and related expenses of the insurer.

Pursuant to Section 19.140 of the Insurance Code of PR, First Medical Health Plan, Inc. has a Deposit of $600,000 with the OCI as required, in trust as a guarantee of compliance with the obligations towards subscribers, providers and creditors. Since 2009 the Company adopted the transitional provision option that allows it to increase the level of RBC based on a uniform annual growth rate during the following five years in order to comply with statutorily requirements. First Medical Health Plan, Inc. has maintained the levels of capital required during the transition.

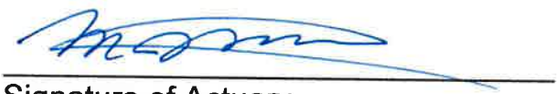
I rely on my professional judgment, but since insurance is subject to uncertainty with respect to future events, the development patterns may vary from actual results calculations. The reserves estimates make no provision for extraordinary future emergence of new classes of losses or types of loss not sufficiently represented in the historical database or which are not yet quantifiable.

This Opinion , the supporting Report and Work Papers are for the exclusive use of the Company, the Commissioner of Insurance and NAIC filing purposes.

MR

The Statement of Actuarial Opinion is updated annually as required by statute. To the best of my knowledge, there have been no material changes from the applicable date of the annual statement to the date of rendering this opinion which should be considered in reviewing this opinion.

The impact of unanticipated events subsequent to the date of this opinion is beyond the scope of this opinion. The analysis of asset adequacy portion of this opinion should be viewed recognizing that the company's future experience may not follow all the assumptions used in the analysis.



Signature of Actuary

Mareb del Rosario Cervoni, MAAA, MIAA

Printed Name of Actuary

Apt.1F,Condominio Hato Rey Plaza San Juan, Puerto Rico 00918

Address & Telephone Number of Actuary (787) 767-7287

March 28, 2014

Date Opinion was rendered

Attachment - Statement of Actuarial Opinion

FIRST MEDICAL HEALTH PLAN, INC.

Reliance Statement for Year 2013 Data

The following information was prepared for and submitted to Mareb del Rosario, Appointed Actuary. The data was prepared under my direction and, to the best of my knowledge and belief, is substantially accurate and complete.

1. Audited Financial Statements and the Annual Statement for years 2009-2012.
2. Auditor's Report since 2009
3. Examination Report from OCI as of December 31, 2012
4. Accounting data for:
   a. Written Premiums
   b. Collected Premiums
   c. Earned Premiums
   d. Incurred Losses
   e. Paid Losses
   f. Unpaid Losses as of 12/31
   g. Incurred But Not Reported Losses as of 12/31
   h. Number of Incurred Claims
   i. Members
   j. Assets
   k. Cash Flow

5. Actuarial Certifications

Signature

AVP-FINANCE
Title

P.O. BOX 19158 PR 00908-
Address

787-474-3999 Ext. 228
Telephone Number

March 25, 2014 at San Juan , Puerto Rico

FIRST MEDICAL HEALTH PLAN, INC.
BUDGET DISCUSSION AND ANALYSIS OF
FINANCIAL FLUCTUATION AND RESULTS OF OPERATIONS
AS OF DECEMBER 31, 2013

The following analysis of fluctuations and results of operations of the Company should be read in conjunction with the Financial Statements included in this document.

Company Background

The Company is a corporation organized in February 1977 under the laws of the Commonwealth of Puerto Rico. The Corporation is authorized to provide, with profit motive, services related with health care as approved by the Office of the Insurance Commissioner of Puerto Rico.

There has been a significant increase in revenue over the past five years. Premium revenues are derived mainly from the Central Government Municipalities and Government agencies, which comprises approximately 70% of total revenues. It is one of the largest providers of health care services to public employees in Puerto Rico.

During the last part of 2005, the Company commenced marketing and selling its Medicare Advantage products to the elderly population. In the year 2011 First Medical entered into a contract to provide all the health care services and supplies that are covered by Medicare Advantage Product and the Medicaid wraparound benefit knows as Medicare Platino; to serve "dual eligible" population and the government employees qualified to participate as " dual" in the PRHIA program.

Consolidated Results of Operations

The following table summarizes the results of operations:

Operating revenue	$ 643,363,635	$ 614,656,900
Health care costs	564,462,565	546,676,885
Gross profit	78,901,070	67,980,015
Selling, general & administrative	69,841,237	60,796,144
Operating income	9,059,833	7,183,871
Other income and expenses	984,263	817,417
Income Before Taxes	10,044,096	8,001,288
Provision for Income Tax	2,798,281	1,550,359
Net Income (Loss)	$ 7,245,816	$ 6,450,929

Revenue

Reductions of options in health plan to public employees have occurred as a direct result due to governmental reduction in employees as resulting from Law 7. The Company has been able to keep low premiums, which has been an incentive to the market. It has also expanded its services to the private sector.

On the Medicare Advantage line of business, the revenue has shown a significant increase as a result of administration efforts to improve operations and identifying the Hierarchical Condition Category as required by the Centers of Medicare and Medicaid Services (CMS). This improvement has resulted in an optimal reimbursement for the Medicare Advantage line of business.

There has been a significant increase in revenue over the past five years. Premium revenues are derived mainly from the Central Government Municipalities and Government agencies, which comprises approximately 70% of total revenues. It is one of the largest providers of health care services to public employees in Puerto Rico.

Medical Costs

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, increase in use of health care services, new government mandated benefits or other regulatory changes and other relevant factors. Company's costs consist of services provided by hospitals, clinics, pharmacies, eye care, physicians, and laboratories among others. Total consolidated health care costs amounted to $564,462,565 which represents a utilization ratio for 2013 and 2012 of 87.73% and 88.94% respectively.

New improvement in quality, education, management and other related program has been taking place during this year as part of the work planning starting back in 2011, focus in:

1. Improve Health Outcomes
2. Activities to Prevent Hospital Readmission
3. Improve Patient Safety and Reduce Medical Errors
4. Wellness & Health Promotion Activities

The reinforcement of our process from our TPA provides Utilization Management services for Commercial and Medicare Advantage population has been in place to meets our goals. This TPA is responsible of implementing and providing an operational system to assure the quality of service, appropriateness of hospitalization using objective criteria for which payment is validated thru a concurrent and retrospective review of all admission. We are responsible for managing the appropriate utilization of resources in the inpatient setting according to the established policies and criteria. Utilization Program

is consistent with the InterQual decision making criteria. This is a nationally recognized and widely used tool for utilization review and management of inpatient healthcare resources, appropriateness of medical and surgical diagnostics and procedure guidelines.

A performing of an initial evaluation of each case in discharge planning's, SNF, home care, infusion and drugs, has been successful implemented, interviewing the patient and/or their families in order to identify the patient's needs or problems that may require intervention and coordinate appropriate services in order to properly manage the case.

For the Medicare Advantage Product a Utilization Management Program has been developed to ensure that First+Plus Members have timely access to appropriate, medically necessary, and cost-effective health care services. The Utilization Management Program addresses such issues as: preventive care, in-patient services, and ambulatory care. Responsibility for ensuring the implementation of all aspects of the Utilization Management Program has been delegated to the medical affairs team by the Board of Directors. The main goals of the Utilization Management Program are to ensure quality, relevant care while promoting appropriate utilization of medical services and Plan resources.

Due to the increase in the incidence of dual-eligible in Puerto Rico and new regulation based in quality our main focus in the MA program is to increase our STAR ratings in order to enhance our participation in CMS' quality bonus program.

Selling, General and Administrative

The Company is related to International Medical Card, Inc. (IMC) which is a corporation engaged in processing claims and payments to health care providers contracted by the Company. First Medical Health Plan, Inc. pays an administrative fee to IMC for its services based on monthly membership.

The Company has grown over the past years. During, the Company continued exercising control over its general and administrative expenses in those significative areas.

The Company continues to invest significantly in the Medicare Advantage market. Investments have been made in new technology, personnel, consultants, etc. to meet the requirements of the Medicare Advantage Programs. In additions the new challenge in the health industry require that First Medical Health Plan invest in the developing and re designing the case management , disease management , preventions and educations programs in order to satisfy the special needs in the specifics conditions of our population.

As part of the implementation of new initiative in utilization management and quality programs new resources where required. The following will summarize explanation in the fluctuation from 2012 and 2013 Administrative and general expenses from 9.89% to 10.85% respectively.

Increase in professional services due to Medical Affairs and Administration improvement in administration resources and a reduction in contracting temporary employees (Members Services and Sales) for both line of business.

Pharmacy Administrative expenses increase due to new performance fees established as part of the new quality incentive to our PBM. This help to reduce pharmacy costs during year 2013.

Interest Expense for the Medicare Advantage line of business has claims payment software transition to new software during 2013. The increase in interest expenses was caused for closing of the previous system which had a delay of 10 days due to software transition.

Provision for Income Tax and Other Taxes- The new imposition of additional taxes began in July 2013. An effect of the new taxes requirements began July 2013 total amount of impact $3.9(M) only for the last two quarters (PCORI, Special Taxes, and Legislative 1% Tax)

Income before Taxes

The Company had an Income before taxes of $10,044,097 in year 2013 which compares favorably with an $8,001,288 income in 2012.

Income Tax

First Medical has net operating loss carryforward available to offset future business income.

Net Income

The Company has improving the net income in when compared with past years, this was the result of continuing administrative and cost controls improvement as describe above.

Financial Condition

The Company is fairly liquid with $in cash and cash equivalents and in accounts receivables trade. Non-admitted assets amounted to mainly composed of premiums receivables and certain fixed assets not allowed for statutory purposes.

Primary sources of cash for the Company are from premiums collected and investment income. It has various saving certificates in bank accounts. Among these, $600,000 is pledged with the Puerto Rico Office of the Insurance Commissioner in accordance with the Insurance Code.

Accounts receivable is composed mainly of government agencies and municipalities. Receivables are in line with prior year.

Claims payable and claims reserve cover for increase in volume, additional benefits and coverage, medical and drugs costs increases, terminal illness exposure, inflation and other factors. The major components of general expenses due or accrued are unpaid network administrative fees, advertising, salaries and other general expenses.

First Medical has developed in the past years a successful business strategic planning for the commercial line of business those results in better financial position. Commercial Line of Business specifically the Governmental segment which is the most alike to the Medicaid population. Our main efforts and focus are to improve in better quality managing and cost control utilization initiative that do not affect in any ways the quality, access and service to our providers is one of our best reference. These initiatives positioning us in advance to be ready for the actual reductions, contributions and financial situation that affect the Island.

This in conjunction with the development of the Budget division to monitor trends to avoid and or warn any deviation to projections this will help in comply with net worth, solvency, and surplus requirements by the state.

All Health Insurance and Health Organization are required by the Insurance Commissioner of Puerto Rico to comply with the capital levels as established by the National Association of Insurance Commissioners ("NAIC") RBC Model Act. Recently, in the Year 2010, Insurance Regulation No. 92 ("Rule 92") entered into effect in Puerto Rico. This rule established guidelines to implement the RBC requirements. This Rule provides two options for a gradual compliance and a five-year transition period, including dividend payment restriction and exemption to comply with requirements.

First Medical Health Plan, Inc. adopted the transitional provision option one. This option allows increasing the level of RBC based on a uniform annual growth rate to allow us to exceed the action level established by the controller of 150% of the NCA in a term of five (5) years based on the results of the annual report year 2009. Since its implementation First Medical Health Plan, Inc. has maintained the levels of capital required during the transition.

First Medical Health Plan, Inc. is always monitoring the solvency of our operations, identifying any risk and or weakness and in the event this Levels of capital are in risk our Stockholder are in disposition to capitalized the Company as necessary to guarantee the levels of action through different instruments and or sources as; Surplus Notes, Additional Capital Contribution.

CENTENO
FIGUEROA & Co.CPA, PSC
Certified Public Accountants
BUSINESS ADVISORS

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, 2013 and 2012 and the related statements of revenues, expenses and changes in capital and surplus, 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.

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, 2013 and 2012, 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

March 31, 2014

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ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

First Medical Health Plan, Inc.

NAIC Group Code.....0000, (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 US

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 ..... US .... 00966 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	530 Marginal Buchanan..... Guaynabo ..... PR ..... US .... 00966 *(Street and Number) (City or Town, State, Country and Zip Code)*	787-474-3999 *(Area Code) (Telephone Number)*
Mail Address	PO Box 191580..... San Juan ..... PR ..... US .... 00919-1580 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	530 Marginal Buchanan..... Guaynabo ..... PR ..... US .... 00966 *(Street and Number) (City or Town, State, Country 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 Feliciano	Secretary
3. Juan L. Domínguez	Treasurer	4. José A. Pagán	Sub-Treasurer

OTHER

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 Feliciano	Juan L. Domínguez
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 31st day of March, 2014

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

RECIBO 0475203 $5.00 9397 19/03/2013 $5.00 $5 Sello Asistencia Legal 51308-2013-1210-48310504 JUAN FOURNIER PADILLA ABOGADO NOTARIO PUERTO RICO

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	18,208,982		18,208,982	21,465,000
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)	206,067		206,067	246,990
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....39,551,624, Schedule E-Part 1), cash equivalents ($.....0, Schedule E-Part 2) and short-term investments ($.....0, Schedule DA)	39,551,624		39,551,624	40,943,680
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)	57,966,673	0	57,966,673	62,655,670
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	119,630		119,630	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	58,185,476	161,877	58,023,599	58,892,976
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	222,518	222,518	0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	427,735	26,764	400,971	337,407
21. Furniture and equipment, including health care delivery assets ($.....0)	1,080,234	1,080,234	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care ($.....0) and other amounts receivable	6,118,435		6,118,435	7,493,078
25. Aggregate write-ins for other than invested assets	2,034,879	1,948,304	86,575	256,254
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	126,155,580	3,439,697	122,715,883	129,635,385
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTALS (Lines 26 and 27)	126,155,580	3,439,697	122,715,883	129,635,385

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	86,575		86,575	256,254
2502. Deposits	72,995	72,995	0	
2503. Construction in Progress	295,924	295,924	0	
2598. Summary of remaining write-ins for Line 25 from overflow page	1,579,385	1,579,385	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	2,034,879	1,948,304	86,575	256,254

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)		76,615,835	76,615,835	95,543,964
2. Accrued medical incentive pool and bonus amounts		24,791	24,791	
3. Unpaid claims adjustment expenses		612,927	612,927	
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		10,030,334	10,030,334	9,735,226
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		993,593	993,593	
13. Remittances and items not allocated		1,000,895	1,000,895	
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 $.....0 current)	0	405,371	405,371	608,095
24. Total liabilities (Lines 1 to 23)	0	89,683,746	89,683,746	105,887,285
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	9,331,002	46,965
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	33,032,137	23,748,100
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	122,715,883	129,635,385

DETAILS OF WRITE-INS

2301. Restricted Fund Reserve		600,000	600,000	600,000
2302. Leases Payable			0	8,095
2303. Income Tax Payable		(194,629)	(194,629)	
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	405,371	405,371	608,095
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months	XXX		4,114,079
2. Net premium income (including $.....0 non-health premium income)	XXX	643,363,635	614,656,900
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	643,363,635	614,656,900
Hospital and Medical:			
9. Hospital/medical benefits	450,310,418	450,310,418	418,207,817
10. Other professional services	5,534,142	5,534,142	9,840,184
11. Outside referrals			
12. Emergency room and out-of-area	668,944	668,944	
13. Prescription drugs	107,949,061	107,949,061	118,628,884
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)	564,462,565	564,462,565	546,676,885
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)	564,462,565	564,462,565	546,676,885
19. Non-health claims (net)			
20. Claims adjustment expenses, including $.....0 cost containment expenses			
21. General administrative expenses	69,841,236	69,841,236	60,796,144
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)	634,303,801	634,303,801	607,473,029
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	9,059,834	7,183,871
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	984,263	984,263	817,417
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	10,044,097	8,001,288
31. Federal and foreign income taxes incurred	XXX	2,798,281	1,550,359
32. Net income (loss) (Lines 30 minus 31)	XXX	7,245,816	6,450,929

DETAILS OF WRITE-INS

0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901. Interest Income	856,548	856,548	922,304
2902. Other Income	126,715	126,715	63,991
2903. Gain on disposal of asset	1,000	1,000	
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	(168,878)
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	984,263	984,263	817,417

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	23,748,100	14,790,011
34. Net income or (loss) from Line 32	7,245,816	6,450,929
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	2,038,221	2,507,160
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)	9,284,037	8,958,089
49. Capital and surplus end of reporting period (Line 33 plus 48)	33,032,137	23,748,100

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	646,029,471	611,104,967
2.	Net investment income		
3.	Miscellaneous income	983,264	986,295
4.	Total (Lines 1 through 3)	647,012,735	612,091,262
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	649,120,410	590,319,750
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	990,247	42,162
10.	Total (Lines 5 through 9)	650,110,657	590,361,912
11.	Net cash from operations (Line 4 minus Line 10)	(3,097,922)	21,729,350
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	11,000,000	
	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)	11,000,000	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	7,743,981	10,465,000
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets	1,542,058	1,487,516
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	9,286,039	11,952,516
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)	1,713,961	(11,952,516)
	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)	(8,095)	(54,735)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(8,095)	(54,735)
	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)	(1,392,056)	9,722,099
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	40,943,680	31,221,581
	19.2 End of year (Line 18 plus Line 19.1)	39,551,624	40,943,680

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

20.0001		

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 Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	643,363,635	466,320,696					177,042,939			
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
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)	643,363,635	466,320,696	0	0	0	0	177,042,939	0	0	0
8. Hospital/medical benefits	450,310,418	311,922,441					138,387,977			XXX
9. Other professional services	5,534,142	2,176,803					3,357,339			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	668,944						668,944			XXX
12. Prescription drugs	107,949,061	78,729,194					29,219,867			XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	564,462,565	392,828,438	0	0	0	0	171,634,127	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	564,462,565	392,828,438	0	0	0	0	171,634,127	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	69,841,236	50,132,653					19,708,583			
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)	634,303,801	442,961,091	0	0	0	0	191,342,710	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	9,059,834	23,359,605	0	0	0	0	(14,299,771)	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	
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									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)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	466,320,696			466,320,696
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare	177,042,939			177,042,939
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	643,363,635	0	0	643,363,635
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	643,363,635	0	0	643,363,635

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	583,463,969	415,755,690					167,708,279			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	583,463,969	415,755,690	0	0	0	0	167,708,279	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	76,615,835	56,445,056					20,170,779			
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	76,615,835	56,445,056	0	0	0	0	20,170,779	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	24,971						24,971			
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	95,543,964	71,954,404					23,589,560			
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	95,543,964	71,954,404	0	0	0	0	23,589,560	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	564,535,840	400,246,342	0	0	0	0	164,289,498	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	564,535,840	400,246,342	0	0	0	0	164,289,498	0	0	0
13. Incurred medical incentive pools and bonuses	24,971	0	0	0	0	0	24,971	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	42,979,748	32,665,881					10,313,867			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	42,979,748	32,665,881	0	0	0	0	10,313,867	0	0	0
2. Incurred but unreported:										
2.1 Direct	33,057,156	23,200,244					9,856,912			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	33,057,156	23,200,244	0	0	0	0	9,856,912	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	76,036,904	55,866,125	0	0	0	0	20,170,779	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	76,036,904	55,866,125	0	0	0	0	20,170,779	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)	71,954,404	415,755,690		55,866,125	71,954,404	71,954,404
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare	23,589,560	167,708,279		20,170,779	23,589,560	23,589,560
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	95,543,964	583,463,969	0	76,036,904	95,543,964	95,543,964
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)	95,543,964	583,463,969	0	76,036,904	95,543,964	95,543,964

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	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. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				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 - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX	451,172,192	95,543,434
6. 2013	XXX	XXX	XXX	XXX	411,883,101

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

12.HM

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. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012	614,898,900	451,172,192		0.0	451,172,192	73.4			451,172,192	73.4
5. 2013	643,363,635	583,463,439		0.0	583,463,439	90.7			583,463,439	90.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

12.DO

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

12.VO

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

12.XV

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009				0.0	0	0.0			0	0.0
2. 2010				0.0	0	0.0			0	0.0
3. 2011				0.0	0	0.0			0	0.0
4. 2012				0.0	0	0.0			0	0.0
5. 2013				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 Benefits 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	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	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

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	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		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....0 for occupancy of own building)			2,191,410		2,191,410
2. Salaries, wages and other benefits			17,468,895		17,468,895
3. Commissions (less $.....0 ceded plus $.....0 assumed)			8,915,601		8,915,601
4. Legal fees and expenses			72,632		72,632
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			6,180,355		6,180,355
7. Traveling expenses			63,390		63,390
8. Marketing and advertising			2,964,435		2,964,435
9. Postage, express and telephone			2,059,326		2,059,326
10. Printing and office supplies			906,016		906,016
11. Occupancy, depreciation and amortization			973,176		973,176
12. Equipment			72,360		72,360
13. Cost or depreciation of EDP equipment and software			111,401		111,401
14. Outsourced services including EDP, claims, and other services			1,259,139		1,259,139
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			615,173		615,173
17. Collection and bank service charges			645,889		645,889
18. Group service and administration fees			10,866,238		10,866,238
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			227,999		227,999
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes			1,399,816		1,399,816
23.5 Other (excluding federal income and real estate taxes)			3,168,266		3,168,266
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	9,679,719	0	9,679,719
26. Total expenses incurred (Lines 1 to 25)	0	0	69,841,236	0	(a) 69,841,236
27. Less expenses unpaid December 31, current year			12,024,822		12,024,822
28. Add expenses unpaid December 31, prior year			9,735,226		9,735,226
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	67,551,640	0	67,551,640

DETAILS OF WRITE-INS

2501. Auto expense			301,736		301,736
2502. Donations			11,385		11,385
2503. Parking			262,131		262,131
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	9,104,467	0	9,104,467
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	9,679,719	0	9,679,719

(a) Includes management fees of $.....6,088,550 to affiliates and $.....4,164,762 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) 40,923
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		40,923
17.	Net investment income (Line 10 minus Line 16)		(40,923)
	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 $.....29,581 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 $.....40,923 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
	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	161,877	458,007	296,130
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	222,518	2,225,181	2,002,663
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software	26,764	42,183	15,419
21. Furniture and equipment, including health care delivery assets	1,080,234	635,680	(444,554)
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates		92,912	92,912
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	1,948,304	2,023,955	75,651
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	3,439,697	5,477,918	2,038,221
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	3,439,697	5,477,918	2,038,221

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	619,565	700,925	81,360
2502. Vehicles		9,644	9,644
2503. Leasehold Improvements	1,032,815	1,176,652	143,837
2598. Summary of remaining write-ins for Line 25 from overflow page	295,924	136,734	(159,190)
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	1,948,304	2,023,955	75,651

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health maintenance organizations	344,467	339,436	337,726	334,714	331,836	4,030,953
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	344,467	339,436	337,726	334,714	331,836	4,030,953
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	58,185,476				161,877	58,023,599
0299999. Total group	58,185,476	0	0	0	161,877	58,023,599
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	58,185,476	0	0	0	161,877	58,023,599

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
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually	514,070	514,070	514,070	4,147,585		5,689,795
0199999. Total Pharmaceutical Rebate Receivables	514,070	514,070	514,070	4,147,585	0	5,689,795
Loans and Advances to Providers						
0399998. Loans and Advances to Providers Not Listed Individually				428,640		428,640
0399999. Total Loans and Advances to Providers	0	0	0	428,640	0	428,640
0799999. Gross Health Care Receivables	514,070	514,070	514,070	4,576,225	0	6,118,435

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	4,312,719	1,037,344		5,689,795	4,312,719	6,275,753
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	4,312,719	1,037,344	0	5,689,795	4,312,719	6,275,753

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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	33,641,724	8,197,704	909,149	612,132	197,970	43,558,679
0499999. Subtotals	33,641,724	8,197,704	909,149	612,132	197,970	43,558,679
0599999. Unreported claim and other claim reserves						33,057,156
0799999. Total claims unpaid						76,615,835

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	Admitted 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

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	6,843,693	1.2			6,843,693	
2. Intermediaries	1,664,921	0.3			1,664,921	
3. All other providers	0	0.0				
4. Total capitation payments	8,508,614	1.5	0		8,508,614	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	555,448,295	98.5	XXX	XXX	555,448,295	
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	555,448,295	98.5	XXX	XXX	555,448,295	0
13. Total (Line 4 plus Line 12)	563,956,909	100.0	XXX	XXX	563,956,909	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

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	3,100,465		2,020,231	1,080,234	1,080,234	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	3,100,465	0	2,020,231	1,080,234	1,080,234	0

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

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.

Note 1 - Summary of Significant Accounting Policies (continued)

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

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.

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.

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

Note 1 - Summary of Significant Accounting Policies (continued)

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.

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

Note 1 - Summary of Significant Accounting Policies (continued)

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.

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, 2013 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).

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

Note 1 - Summary of Significant Accounting Policies (continued)

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, 2013 and 2012 amounted to $2,938,002 and $2,835,284, 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

The Company invests in short term bonds which are carried until maturity. The company had a carrying value of $18,208,981 and $21,465,000 for the years ended December 31, 2013 and 2012, respectively.

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

Note 7 – Investment Income

Net investment income earned of $576,256 and $667,255 for the years ended December 31, 2013 and 2012, respectively, consisted of Bonds from the Commonwealth of Puerto Rico.

Note 8 – Derivative Instruments – Not Applicable

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

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, 2013 and 2012, the Company had a deferred tax asset in the amount of $222,518 and $2,225,181, respectively.

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

Arising In	Expiring In	Amount
2008	2015	$674,2797

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

The Company accounts transactions with related parties in accordance with SSAP No. 25, Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties. In accordance with the provisions of SSAP No. 25, the financial statements shall disclose all material related party transactions. Transactions between related parties must be in the form of a written agreement and the agreement must provide for a timely settlement of amounts owed with a specific due date.

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 2013 and 2012, the Company made payments to IMC in the total amount of $335,414,247 and $318,528,049 of which $328,878,769 and $312,201,611 were to pay health providers and coinsurance charges and $6,535,478 and $6,326,438 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. These are:

1. Hospital Dr. Susoni Incorporado
2. Dr. Susoni Community Health Services Corp.

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

3. Metro Holding, Inc.
4. Metro Hato Rey, Inc.
5. Metro Santurce, Inc.
6. Metro Mayaguez, Inc.

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

7. Metro Health Central Corporation
8. Metro Health, Inc.
9. San Francisco Health System, Inc.
10. Southwest Health Corporation
11. Yauco Healthcare Corporation
12. Metro Ponce, Inc.
13. Metropolitan Health Community Services Corporation
14. Clinica Yaguez, Inc.
15. A.M.M.V.R. Group, Inc.
16. Integrated Community Health Systems, Inc.
17. Metro Pavia Healthcare Center, Inc.

First Medical Health Plan of Florida (FMFL) has contracted with FMHP for various administrative and consulting services. In exchange for FMHP services, FMFL pays a fixed overhead administration fee as defined in the agreement. The administrative fee was waived by FMHP for the years ending December 31, 2013 and 2012.

Three A Engineering and Construction, Inc. provide maintenance and improvement services to First Medical facilities. The total amount paid for 2013 was $1,296,418. The amount owed to Three A for those services amounted to $278,705 and $522,561 at December 31, 2013 and December 31, 2012, respectively.

EJA Property Group is the owner of various properties which are leased by the Company. Total rent paid during 2013 amounted $1,475,922. The total amount due for this concept at December 31, 2013 was $38,871.

Alpine Health Technologies Corp provides technology services to the company. The total amount paid for 2013 was $1,328,914. The total amount due for these services at December 31, 2013 was $312,449.

Contact Security, Inc. provides security services to First Medical facilities. The total amount paid for 2013 was $1,632,704. The total amount due for these services at December 31, 2013 was $78,799.

First Health Call, Inc. provides telephone medical consultation services for subscribers of the company. The total amount paid for 2013 was $536,474. The total amount due for these services at December 31, 2013 was $90,622.

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

Promosound International, Inc. provides promotional services to the company. The total amount paid for 2013 was $97,150. The total amount due for these services at December 31, 2013 was $39,293.

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

Pure Med Corp. provides OTC medicine to First Plus subscribers. The total amount paid for 2013 was $2,932,918. The total amount due for these services at December 31, 2013 was $30,583.

The Company rents office space from Southwest Health Corp. Total rent paid during 2013 amounted $72,000. The total amount due for these services at December 31, 2013 was $68,691.

Optimind – MBHO Corp provides mental health services to subscribers of the company. The total amount paid for 2013 was $1,211,469. The total amount due for these services at December 31, 2013 was $29,856.

The Company rents office space from Metrohealth Extended Care, Inc. Total rent paid during 2013 amounted $142,618. The total amount due for these services at December 31, 2013 was $33,027.

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 up to 6% of a maximum $10,000 annually for each qualified employee.

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, 2013 and 2012 were $186,035 and $127,326, respectively. The Company had its retirement plan together with two affiliates. At December 31, 2013 and 2012 the fair value of the plan assets was $4,716,100 and $3,483,483,369, respectively.

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

At December 31, 2013 and 2012, 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

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

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

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

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	Unapproved 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%	$13,380,135	$13,380,135	-0-	-0-	-0-	Indefinite
Total		$20,765,860	$20,765,860				

The amount of capital and surplus was $36,052,936 at December 31, 2013 and $23,748,100 at December 31, 2012.

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

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

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, 2013 and 2012 amounted to $1,896,100 and $1,995,834, respectively.

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.

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:

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

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

The Company has a substantial portion of their investments in Puerto Rico Government Bonds. In 2014, those bonds were degraded by investment community. Notwithstanding, the PR Government was able to issue debt to refinance part of its debt and to provide for additional

Note 22 – Subsequent Events (continued)

operating funds. This event has given confidence in the PR Government and its investors in the future of Puerto Rico.

It is the policy to maintain this type of investments until their due date when the principal is fully collected.

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 – Healthcare Receivables

A - Pharmaceutical Rebate Receivable

Pharmaceutical rebates arrangements are administered by the Company's Pharmacy Benefit Manager (PBM). The PBM contracts directly with the pharmaceutical companies the terms and conditions applicable for rebatable drugs. Billings of rebates is then performed by the PBM on a quarterly basis. Once collected from the pharmaceutical companies the PBM remits to the Company the Company's share of rebates received. An estimate of quarterly billable rebates is recorded as a reduction of claims expenses in the

First Medical Health Plan, Inc.
Notes to Financial Statements
December 31, 2013 and 2012

accompanying statement of earnings. Subsequent adjustments to such estimates are recorded in the period they become known by the Company.

The following table sets forth the estimated rebates recorded for each quarter, the actual rebates as confirmed by the PBM in their most recent Rebate Confirmation schedule and the allocation of such rebate amount to the respective aging collections category, based in the date they were originally billed.

Note 28 – Healthcare Receivables (continued)

B – Intercompany Receivable

The Company received a loan from International Medical Card in 2010. The Company has made payments to reduce its loan which will expire in 2014.

The loan balance was $428,640 and $1,217,325 for the years ended December 31, 2013 and 2012, respectively. This loan complies with SSAP 84 – Certain Health Care Receivables and is considered Admitted Asset.

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]

If yes, complete Schedule Y, Parts 1, 1A and 2.

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:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/11/2013

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:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

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?
Mareb Del Rosario 1F Cond. Hato Rey Plaza, San Juan, PR 00918-4101

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 [X] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

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

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

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 .....

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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. $.....0

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.

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 [ ]

PART 1 - COMMON INTERROGATORIES - INVESTMENT

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	18,208,982	16,953,115	(1,255,867)
30.2 Preferred stocks			0
30.3 Totals	18,208,982	16,953,115	(1,255,867)

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

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? $ 72,632

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	41,709

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	643,363,635	614,656,900
2.2 Premium Denominator	643,363,635	614,656,900
2.3 Premium Ratio (2.1/2.2)	100.0	100.0
2.4 Reserve Numerator	76,640,626	95,543,964
2.5 Reserve Denominator	76,640,626	95,543,964
2.6 Reserve Ratio (2.4/2.5)	100.0	100.0

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

3.2 If yes, give particulars:

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

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] 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 0

8.2 Number of providers at end of reporting year 0

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

9.2 If yes, direct premium earned:

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

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

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [ ] 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 2013	2 2012	3 2011	4 2010	5 2009
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	122,715,883	129,635,385	104,661,376	109,330,817	99,740,689
2. Total liabilities (Page 3, Line 24)	89,683,386	105,887,285	89,871,365	99,061,588	96,139,344
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 33)	33,032,137	23,748,100	14,790,011	10,269,229	3,601,345
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	643,363,635	614,656,900	585,703,965	562,744,517	519,312,747
6. Total medical and hospital expenses (Line 18)	564,462,565	546,676,885	525,455,215	505,984,761	471,106,847
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	69,841,236	60,796,144	58,346,821	53,170,301	46,585,345
9. Net underwriting gain (loss) (Line 24)	9,059,834	7,183,871	1,901,929	3,589,455	1,620,555
10. Net investment gain (loss) (Line 27)					
11. Total other income (Lines 28 plus 29)	984,263	817,417	306,609	291,334	461
12. Net income or (loss) (Line 32)	7,245,816	6,450,929	1,736,329	2,204,415	981,400
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(3,097,922)	21,729,350	11,685,257	5,314,732	(9,005,878)
Risk-Based Capital Analysis					
14. Total adjusted capital	33,032,137	23,748,100	14,790,011	10,269,229	3,601,345
15. Authorized control level risk-based capital	26,051,395	21,280,213	20,670,826	19,905,901	18,512,320
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	331,836	344,467	329,754	329,955	355,615
17. Total member months (Column 6, Line 7)	4,030,953	4,114,079	3,622,404	4,004,255	4,143,125
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)	87.7	88.9	89.7	89.9	90.7
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	98.6	98.8	99.7	99.4	99.7
23. Total underwriting gain (loss) (Line 24)	1.4	1.2	0.3	0.6	0.3
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	95,543,964	81,114,504	91,445,933	89,113,828	97,951,379
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	95,543,964	81,136,549	91,444,766	89,680,504	94,601,070
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:

* 9 5 7 2 2 2 0 1 3 4 3 0 5 4 1 0 0 *

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
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	344,467	105,945	214,892					23,630		
2. First quarter	339,436	108,648	204,344					26,444		
3. Second quarter	337,726	110,199	199,741					27,786		
4. Third quarter	334,714	110,663	194,751					29,300		
5. Current year	331,836	110,088	192,601					29,147		
6. Current year member months	4,030,953	1,307,554	2,394,707					328,692		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,595,472	406,092	879,917					309,463		
8. Non-physician	597	314	257					26		
9. Totals	1,596,069	406,406	880,174	0	0	0	0	309,489	0	0
10. Hospital patient days incurred	125,573	32,670	63,757					29,146		
11. Number of inpatient admissions	25,929	7,290	12,925					5,714		
12. Health premiums written (b)	643,363,635	113,588,894	352,731,802					177,042,939		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	564,462,565	825,544	392,002,894					171,634,127		
18. Amount incurred for provision of health care services	0									

(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 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

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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses

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	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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	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	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8

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							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	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 Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

SCHEDULE S - PART 6

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

	1 2013	2 2012	3 2011	4 2010	5 2009
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
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
18. Funds deposited by and withheld from (F)			XXX	XXX	XXX
19. Letters of credit (L)			XXX	XXX	XXX
20. Trust agreements (T)			XXX	XXX	XXX
21. Other (O)			XXX	XXX	XXX

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)	57,966,673		57,966,673
2.	Accident and health premiums due and unpaid (Line 15)	58,023,599		58,023,599
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	6,725,611		6,725,611
6.	Totals assets (Line 28)	122,715,883	0	122,715,883
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	76,615,835		76,615,835
8.	Accrued medical incentive pool and bonus payments (Line 2)	24,791		24,791
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)	13,043,120		13,043,120
15.	Total liabilities (Line 24)	89,683,746	0	89,683,746
16.	Total capital and surplus (Line 33)	33,032,137	XXX	33,032,137
17.	Total liabilities, capital and surplus (Line 34)	122,715,883	0	122,715,883
	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 Plan 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	466,320,696	177,042,939					643,363,635	
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	466,320,696	177,042,939	0	0	0	0	643,363,635	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	466,320,696	177,042,939	0	0	0	0	643,363,635	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	0
58999. Total (Lines 58001 thru 58003 + 58998)	0	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

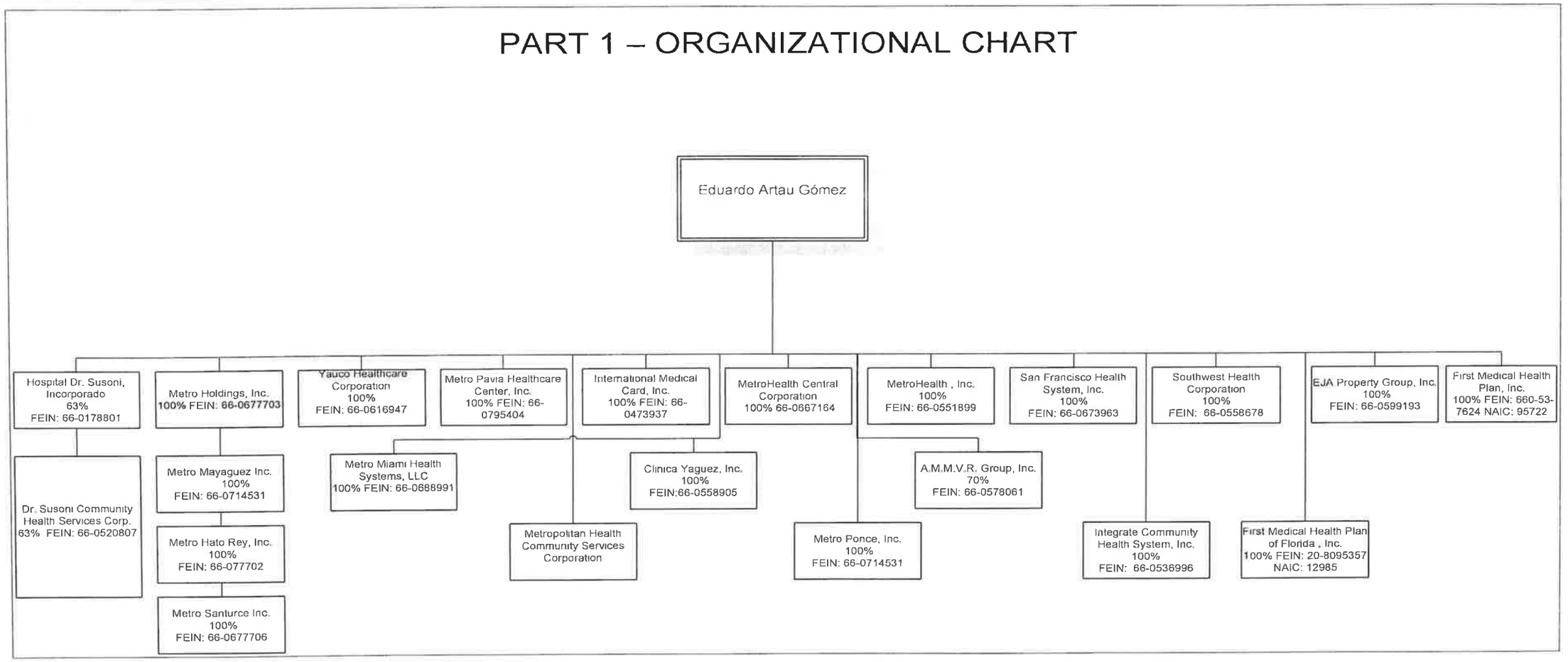
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

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

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

PART 1 – ORGANIZATIONAL CHART



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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 *
Members														
0000			66-0178801				Hospital Dr. Susoni, Incorporado	PR	DS	Eduardo Artau Gómez	OWNERSHIP	0.630	Eduardo Artau Gómez	
0000			66-0520807				Dr. Susoni Community Healht Services Corp	PR	DS	Hospital Dr. Susoni, Incorporado	BOARD	0.630	Eduardo Artau Gómez	
0000			66-0677703				Metro Holding, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0677702				Metro Hato Rey, Inc.	PR	DS	Metro Holding, Inc.	BOARD	1.000	Eduardo Artau Gómez	
0000			66-0677706				Metro Santurce, Inc.	PR	DS	Metro Holding, Inc.	BOARD	1.000	Eduardo Artau Gómez	
0000			66-0714531				Metro Mayaguez, Inc.	PR	DS	Metro Holding, Inc.	BOARD	1.000	Eduardo Artau Gómez	
0000			66-0667164				MetroHealth Central Corporation	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0551899				Metro Health, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0673963				San Francisco Health System, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0558678				Soutwest Health Corporation	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0616947				Yauco Health Care Coporation	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0714531				Metro Ponce, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0688991				Metro Miami Health Systems, LLC	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000		12985	20-5747296				Metropolitan Health Community Services Corporation	FL	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0558905				Clinica Yaguez, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0578061				A.M.M.V.R. Group, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	0.700	Eduardo Artau Gómez	
0000			20-8095357				First Medical Health Plan of Florida, Inc.	FL	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0536996				Integrate Community Health System, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			60-0599193				EJA Property Group, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0473937				International Medical Card, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	
0000			66-0795404				Metro Pavia Health Care Center, Inc.	PR	DS	Eduardo Artau Gómez	OWNERSHIP	1.000	Eduardo Artau Gómez	

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
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?	YES
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	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:

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BAR CODE:

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Leasehold Improvements	1,032,815	1,032,815	0	
2505. Prepaid Expenses	546,570	546,570	0	
2597. Summary of remaining write-ins for Line 25	1,579,385	1,579,385	0	0

Additional Write-ins for Statement of Revenue:

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
2904. Realized Loss			(250)
2905. Interest Expense			(168,628)
2997. Summary of remaining write-ins for Line 29	0	0	(168,878)

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			60,726		60,726
2505. Reference books			12,390		12,390
2506. Temporary labor and relocation			2,646,602		2,646,602
2507. Software			1,056,986		1,056,986
2508. Insurance			338,025		338,025
2509. Seminars & training			145,629		145,629
2510. Licenses			1,149,275		1,149,275
2511. Miscellaneous			102,617		102,617
2512. Repairs and maintenance			830,629		830,629
2513. Delivery			11,380		11,380
2514. Transportation expense			823,918		823,918
2515. Office expense, digital imaging and data entry			290,949		290,949
2516. Employees benefits and activities			303,126		303,126
2517. Uniforms			7,951		7,951
2518. Management program			481,296		481,296
2519. Utilities			758,328		758,328
2520. Entertainment			84,640		84,640
2597. Summary of remaining write-ins for Line 25	0	0	9,104,467	0	9,104,467

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	295,924	136,734	(159,190)
2597. Summary of remaining write-ins for Line 25	295,924	136,734	(159,190)

Overflow Page for Write-Ins

* 9 5 7 2 2 2 0 1 3 3 9 0 0 0 1 0 0 *

COMPANY INFORMATION PAGE (JURAT)

Health Risk-Based Capital
For the Year Ending December 31, 2013
Confidential when Completed

XR001

(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 (Street and Number or P.O. Box)	PO BOX 191580				
(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, 2014				
(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)

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.											0.0	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

XR002

NONE

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	0.500	0	0
7	Directly Owned Allen Insurer	7	1.000	0	0
8	Indirectly Owned Alien Insurers	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

XR003

* Capped at carrying value on the parent's statement

CROSS-CHECKING FOR AFFILIATED INVESTMENTS

Schedule D, Part 6, Section 1

		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	2[illegible]		XXX	XXX
3	U.S. Life Insurers	3[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

XR004

		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	2[illegible]		XXX	XXX
14	U.S. Health Entity	3[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

NONE

OFF-BALANCE SHEET AND OTHER ITEMS

XR005

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 Programs	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	

NONE

† 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.

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

XR006

NONE

		Annual Statement Source	1 Off-Balance Sheet Collateral Book/Adjusted Carrying Value	2 Schedule DL, Part 1, Book/Adjusted Carrying Value	3 Subtotal	Factor	4 RBC Requirement
	Asset Category **Fixed Income Assets** **Bonds**						
(1)	NAIC 01 - U.S. Government - Direct and Guaranteed	Company Records			0	0.000	0
(2)	Other NAIC 01 Bonds	Company Records			0	0.003	0
(3)	Total NAIC 01 Bonds	Line (1) + Line (2)	0	0	0		0
(4)	Total NAIC 02 Bonds	Company Records			0	0.010	0
(5)	Total NAIC 03 Bonds	Company Records			0	0.020	0
(6)	Total NAIC 04 Bonds	Company Records			0	0.045	0
(7)	Total NAIC 05 Bonds	Company Records			0	0.100	0
(8)	Total NAIC 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)	NAIC 01 Unaffiliated Preferred Stock	Company Records			0	0.003	0
(11)	NAIC 02 Unaffiliated Preferred Stock	Company Records			0	0.010	0
(12)	NAIC 03 Unaffiliated Preferred Stock	Company Records			0	0.020	0
(13)	NAIC 04 Unaffiliated Preferred Stock	Company Records			0	0.045	0
(14)	NAIC 05 Unaffiliated Preferred Stock	Company Records			0	0.100	0
(15)	NAIC 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

FIXED INCOME ASSETS

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
BONDS					
(1)	NAIC 01 - U.S. Government - Direct and Guaranteed	Sch D, Pt 1A, Sn 1, Col 6, Line 1.1			
(2)	Total NAIC 01 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.1 - Line 7.1			
(3)	Other NAIC 01 Bonds	L(2) - L(1)	0	0.0030	0
(4)	Total NAIC 02 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.2 - Line 7.2	18,208,982	0.0100	182,090
(5)	Total NAIC 03 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.3 - Line 7.3		0.0200	0
(6)	Total NAIC 04 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.4 - Line 7.4		0.0450	0
(7)	Total NAIC 05 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.5 - Line 7.5		0.1000	0
(8)	Total NAIC 06 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.6 - Line 7.6		0.3000	0
(9)	Total Bonds		18,208,982		182,090

XR007

		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	39,551,624	0.0030	118,655
(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	0.0030	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	0.0030	0
(19)	Mortgage Loans - First Liens	Page 2, Col 3, Line 3.1		0.0500	0
(20)	Mortgage Loans - Other Than First Liens	Page 2, Col 3, Line 3.2		0.0500	0
(21)	Receivable for Securities	Page 2, Col 3, Line 9		0.0500	0
(22)	Aggregate Write-ins for Invested Assets	Page 2, Col 3, Line 11		0.0500	0
(23)	Collateral Loans	Included in Page 2, Col 3, Line 8		0.0500	0
(24)	NAIC 01 Working Capital Finance Investments	Company Records		0.0038	0
(25)	NAIC 02 Working Capital Finance Investments	Company Records		0.0125	0
(26)	Other Long-Term Invested Assets Excluding Collateral Loans and Working Capital Finance Investments	Included in Page 2, Col 3, Line 8		0.2000	0
(27)	Federal Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3199999 + 3299999		0.0014	0
(28)	Federal Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3399999 + 3499999		0.0260	0
(29)	State Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3599999 + 3699999		0.0014	0
(30)	State Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3799999 + 3899999		0.0260	0
(31)	All Other Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3999999 + 4099999		0.0150	0
(32)	Total Other Long-Term Invested Assets (Page 2, Col 3, Line 8)	L(23)+L(24)+L(25)+L(26)+L(27)+L(28)+L(29)+L(30)+L(31)	0		0
(33)	Derivatives	Page 2, Col 3, Line 7		0.0500	0
(34)	Total Fixed Income Assets RBC	L(9) + L(10) + L(13) + L(18) + L(19) + L(20) + L(21) + L(22) + L(32) + L(33)			300,745

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

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORY 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

XR008

NONE

EQUITY ASSETS

XR009

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
PREFERRED STOCK - UNAFFILIATED					
(1)	NAIC 01 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.003	0
(2)	NAIC 02 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.010	0
(3)	NAIC 03 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.020	0
(4)	NAIC 04 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.045	0
(5)	NAIC 05 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.100	0
(6)	NAIC 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)	NAIC 01 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7		0.003	0
(9)	NAIC 02 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7		0.010	0
(10)	NAIC 03 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.3		0.020	0
(11)	NAIC 04 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.4		0.045	0
(12)	NAIC 05 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.5		0.100	0
(13)	NAIC 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

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	206,067	0.100	20,607
(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	400,971	0.100	40,097
(9)	Total Property & Equipment	L(1) + L(2) + L(3) + L(4) + L(5) + L(6) + L(7.1) + L(7.2) + L(8)	607,038		60,704

XR010

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #1			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.1

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #2			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.2

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #3			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.3

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #4			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.4

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #5			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of issuer = Lines (1) through (17)	0		0

NONE

XR011.5

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #6			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.6

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #7			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.7

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #8			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.8

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #9			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.9

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #10			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Unaffiliated Common Stock		0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.10

ASSET CONCENTRATION

	1	2		3
	ISSUER NAME GRAND TOTAL / GRAND TOTAL	Book/Adjusted Carrying Value	Factor	Additional RBC
(1)	NAIC 02 Unaffiliated Bonds	0	0.0100	0
(2)	NAIC 03 Unaffiliated Bonds	0	0.0200	0
(3)	NAIC 04 Unaffiliated Bonds	0	0.0450	0
(4)	NAIC 05 Unaffiliated Bonds	0	0.1000	0
(5)	Collateral Loans	0	0.0500	0
(6)	Mortgages	0	0.0500	0
(7)	NAIC 02 Preferred Stock	0	0.0100	0
(8)	NAIC 03 Preferred Stock	0	0.0200	0
(9)	NAIC 04 Preferred Stock	0	0.0450	0
(10)	NAIC 05 Preferred Stock	0	0.1000	0
(11)	NAIC 02 Hybrids Securities	0	0.0100	0
(12)	NAIC 03 Hybrids Securities	0	0.0200	0
(13)	NAIC 04 Hybrids Securities	0	0.0450	0
(14)	NAIC 05 Hybrids Securities	0	0.1000	0
(15)	Other Long-Term Invested Assets	0	0.1000	0
(16)	NAIC 02 Working Capital Finance Investments	0	0.0125	0
(17)	Unaffiliated Common Stock	0	0.1500	0
(18)	Total of Issuer = Lines (1) through (17)	0		0

NONE

XR011.GT

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	466,320,696					466,320,696
(2) †	Title XVIII - Medicare	177,042,939	XXX	XXX	XXX	XXX	177,042,939
(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)	643,363,635	0	0	0	0	643,363,635
(6) †	Net Incurred Claims	564,462,565					564,462,565
(7) †	Fee-for-Service Offset		XXX				0
(8)	Underwriting Risk Incurred Claims = L(6) - L(7)	564,462,565	0	0	0	0	564,462,565
(9)	Underwriting Risk Claims Ratio = L(8) / L(5)	0.877	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)	51,909,152	0	0	0	0	51,909,152
(12)	Managed Care Discount Factor	0.843	0.843	0.843	1.000	1.000	XXX
(13)	RBC After Managed Care Discount = L(11) x L(12)	43,759,415	0	0	0	0	43,759,415
(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)))	43,759,415	0	0	0	0	43,759,415

XR012

*** 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.

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, C2 + C7 + C8, L17	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
(27.6)	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 Lines (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

XR014

UNDERWRITING RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Long-Term Care (LTC) Insurance Premium					
(30)	Noncancellable LTC Premium - Rate Risk	Company Records **NONE**		*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

XR015

		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 [Columns (1), Line (31) + Line (32)] x Column (3), Line (34.3), else Column (2), Line (34.1)		0		
(35.1)	Claims (to $35 million) - Morbidity Risk	Lower of Col. (2), Line (35) and $35 million		0	†0.370	0
(35.2)	Claims (over $35 million) - Morbidity Risk	Excess of Col. (2), Line (35) over $35 million		0	‡0.120	0
(36)	LTC Claims Reserves	Company Records			0.050	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

XR016

‡‡ 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	555,448,294	83,317,244	
(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	6,843,694	4,106,216	
(5.1)	Capitation Payments - Medical Group - Category 3a	Exhibit 7, Pt 1, Col 1, Line 1, in part §		6,843,694		
(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	1,664,921	998,953	
(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)		563,956,909	88,422,413	
	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)		563,956,909		
(16)	Weighted Average Managed Care Discount				0.157	0.000
(17)	Weighted Average Managed Care Risk Adjustment Factor				0.843	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

XR019

		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 1899999			
(2)	Recoverables on Paid Losses - Other Affiliates	Included in Sch S, Pt 2, Col 6, Line 1899999		0.005	0
(3)	Recoverables on Paid Losses - Non-Affiliates	Sch S, Pt 2, Col 6, Line 2199999		0.005	0
(4)	Total Recoverables on Paid Losses	Lines (1) + (2) + (3) (Sch S, Pt 2, Col 6, Line 2299999)	0		0
(5)	Recoverables on Unpaid Losses - 100% Owned Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999			
(6)	Recoverables on Unpaid Losses - Other Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999		0.005	0
(7)	Recoverables on Unpaid Losses - Non-Affiliates	Sch S, Pt 2, Col 7, Line 2199999		0.005	0
(8)	Total Recoverables on Unpaid Losses	Line (5) + (6) + (7) (Sch S, Pt 2, Col 7, Line 2299999)	0		0
(9)	Unearned premiums - 100% Owned Affiliates	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0799999 + Line 1899999 + Line 2999999			
(10)	Unearned premiums - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0799999 + Line 1899999 + Line 2999999		0.005	0
(11)	Unearned premiums - Non-Affiliates	Included in Sch S, Pt 3, Sn 2, Col 8, Line 1099999 + Line 2199999 + Line 3299999		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 0799999 + Line 1899999 + Line 2999999			
(14)	Other Reserve Credits - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0799999 + Line 1899999 + Line 2999999		0.005	0
(15)	Other Reserve Credits - Non-Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 1099999 + Line 2199999 + Line 3299999		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)	6,843,694		
(19)	Less Secured Capitations to Providers	Company Records	0		
(20)	Capitation to Providers Subject to Credit Risk Charge	Line (18) - Line (19)	6,843,694	0.020	136,874
(21)	Total Capitations to Intermediaries	XR017, Col (2) Line (6) + Line (7)	1,664,921		
(22)	Less Secured Capitations to Intermediaries	Company Records	0		
(23)	Capitations to Intermediaries Subject to Credit Risk Charge	Line (21) - Line (22)	1,664,921	0.040	66,597
(24)	Capitation Credit Risk RBC	Line (20) + Line (23)			203,471

CREDIT RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Other Receivables					
(25)	Investment Income Receivable	Page 2, Col 3, Line 14	119,630	0.010	1,196
(26)	Health Care Receivables	Exhibit 3, Col 7, Line 0799999	6,118,435		
(26.1)	Pharmaceutical Rebate Receivables	Exhibit 3, Col 7, Line 0199999	5,689,795	0.050	284,490
(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	428,640	0.050	21,432
(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	86,575	0.050	4,329
(30)	Total Other Receivables RBC	L(25) + Sum L(26.1) through L(29)			311,447
(31)	TOTAL CREDIT RBC	L(17) + L(24) + L(30)			514,918

XR020

BUSINESS RISK

XR021

		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	69,841,236		
(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)	69,841,236	* 0.041	2,863,491
(7)	Proration of Admin Expense to Experience Fluctuation Risk	L(6) * L(20) / (L(21) + L(22))			2,863,491
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	2012 XR012 Col (6) Line (5) (manual entry)	614,656,900		
(14)	Underwriting Risk Revenue, Current Year	2013 XR012 Col (6) Line (5)	643,363,635		
(15)	Net Underwriting Risk RBC, Prior Year	2012 XR012 Col (6) Line (18) (manual entry)	42,479,467		
(16)	Net Underwriting Risk RBC, Current Year	2013 XR012 Col (6) Line (18)	43,759,415		
(17)	RBC Growth Safe Harbor	[L(14) / L(13) + 0.10] * L(15)	48,711,361		
(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)	643,363,635		
(21)	Premiums Earned	Page 4, Col 2, Line 2 + 3	643,363,635		
(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)		618,363,635	0.040	24,734,545
(25)	Total Experience Fluctuation Risk Revenue	L(23) + L(24)	643,363,635		26,484,545
(26)	Administrative Expenses Base RBC Factor	Col (2), Line (25) / Col (1), Line (25)			0.041

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

XR022

			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(34)	300,745
(15)	Replication & Mandatory 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))	60,704
(19)	Asset Concentration	XR011, Grand Total, Asset Concentration Page, L(18)	
(20)	Total H1	Sum L(9) through L(19)	361,449
H2 - UNDERWRITING RISK			
(21)	Net Underwriting Risk	XR012, Underwriting Risk Page, L(18)	43,759,415
(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)	43,759,415

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)	203,471
(30)	Total Other Receivables RBC	XR020, Credit Risk Page, L(30)	311,447
(31)	Total H3	Sum L(28) through L(30)	514,918
H4 - BUSINESS RISK			
(32)	Administrative Expense RBC	XR021, Business Risk Page, L(7)	2,863,491
(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)	2,863,491
(37)	RBC After Covariance	H0+Square Root of ($H1^2+H2^2+H3^2+H4^2$)	43,857,517
(38)	Authorized Control Level RBC	0.50 * RBC AFTER COVARIANCE	21,928,759

CALCULATION OF TOTAL ADJUSTED CAPITAL

XR024

		Annual Statement Source	1 Amount	Factor	2 Adjusted Capital
Company Amounts					
(1)	Capital and Surplus	Page 3, Col 3, Line 33	33,032,137	1.000	33,032,137
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				33,032,137
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)			33,032,137
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)			33,032,137
(14)	Authorized Control Level RBC	XR025 Comparison of Total Adjusted Capital to RBC Line (4)			21,928,759
(15)	Ex DTA ACL RBC Ratio	Line (13) / Line (14)			150.634

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

		Abbreviation	1 Amount
(1)	Total Adjusted Capital, Post-Tax		33,032,137
(2)	Company Action Level=200% of Authorized Control Level	CAL	43,857,518
(3)	Regulatory Action Level=150% of Authorized Control Level	RAL	32,893,139
(4)	Authorized Control Level=100% of Authorized Control Level	ACL	21,928,759
(5)	Mandatory Control Level=70% of Authorized Control Level	MCL	15,350,131
(6)	Level of Action, if Any		Company Action Level
			1
	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		33,032,137
	Authorized Control Level Risk-Based Capital on Line 15 of the Five Year Historical Data Page		21,928,759

XR025

TREND TEST

		Annual Statement Source	1 Amount	2 Result
(7)	Total Revenue	Page 4, Line 8	639,682,782	
(8)	Underwriting Deductions	Page 4, Line 23	633,666,544	
(9)	Combined Ratio	Line (8)/Line (7)	99.100	
(10)	RBC Ratio	Line (1)/Line (4)	150.600	
(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		Company Action Level	

Pandemic and Biological Risk - Interrogatories
(For Informational Purposes ONLY)

In 2011, the Solvency Modernization Initiative Risk-Based Capital (E) Subgroup tasked the Health Risk-Based Capital (E) Working Group to look at catastrophe risks (such as pandemic and biological risks) and consider the impact to a health insurer should a major health catastrophe occur. The Working Group understands that some health insurers currently hold a certain amount of capital should such a catastrophic or tail event occur. In order to evaluate these potential risks, the Health Risk-Based Capital (E) Working Group asks that health insurers complete the interrogatory questions for informational purposes only.

NONE

		Yes/No Response
(1)	Do you allocate a component of surplus for pandemic or bio risks? Yes or No.	
(2.1)	Do you use modeling for this? Yes or No.	
(2.2)	If yes, describe modeling.	
(3.1)	Do you have a computation for this? Yes or No.	
(3.2)	If yes, describe computation.	