ANNUAL STATEMENT

OF THE

Plan Medico Servicios de Salud Bella Vista

2014

of

Mayaguez

in the state of

Puerto Rico

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED

DECEMBER 31, 2014

HEALTH

2014

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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

Plan Medico Servicios de Salud Bella Vista

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 95762 Employer's ID Number 66-0524575

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

Country of Domicile United States

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

Incorporated/Organized 04/11/1985 Commenced Business 02/03/1986

Statutory Home Office 770 Avenida Hostos (Street and Number), Mayaguez, PR, US 00683-1538 (City or Town, State, Country and Zip Code)

Main Administrative Office 770 Avenida Hostos (Street and Number)
Mayaguez, PR, US 00682-1538 (City or Town, State, Country and Zip Code) 787-833-8070 (Area Code) (Telephone Number)

Mail Address 770 Avenida Hostos (Street and Number or P.O. Box), Mayaguez, PR, US 00682-1538 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 770 Avenida Hostos (Street and Number)
Mayaguez, PR, US 00682-1538 (City or Town, State, Country and Zip Code), 787-833-8070 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Juan Ramon Rosado (Name), 787-833-8070 (Area Code) (Telephone Number) (Extension)
juan.rosado@planmedicobellavista.com (E-Mail Address) 787-832-5400 (Fax Number)

OFFICERS

Name	Title	Name	Title
Ramon A Santiago	Director	Juan R Rosado	Accountant
Evelyn Rivera	Secretary		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Jesus Nieves	Enrique Rivera	Benjamin Astacio	Camil Vega

AFF.#-12,301-

State of PUERTO RICO

County of MAYAGUEZ ss

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

Ramon A Santiago	Juan R Rosado	Evelyn Rivera
Director	Accountant	Secretary

Subscribed and sworn to before me this 10TH. day of APRIL, 2015

NOTARY PUBLIC

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

11781294

CRESPO ACEVEDO

9397
04/07/2015
$5.00
$5 Sello Asistencia Legal
52841-2015-0407-44607024

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	83,474		83,474	83,474
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $ ..... encumbrances)			0	0
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ 818,844 , Schedule E-Part 1), cash equivalents ($ 1,279,086 , Schedule E-Part 2) and short-term investments ($ 0 , Schedule DA)	2,097,930		2,097,930	2,030,984
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,181,404	0	2,181,404	2,114,458
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	5,190		5,190	1,776
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	392,857		392,857	434,125
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets ($ .....)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($ .....) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,579,450	0	2,579,450	2,550,359
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	2,579,450	0	2,579,450	2,550,359
DETAILS OF WRITE-INS				
1101. Statutary Deposit			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. ACCOUNT RECEIVABLE OTHER			0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	797,593		797,593	864,101
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	64,210
9. General expenses due or accrued	178,324		178,324	77,407
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	0		0	41,351
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	600,000	0	600,000	600,000
24. Total liabilities (Lines 1 to 23)	1,575,917	0	1,575,917	1,647,069
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	1,414,232	1,414,232
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	5,125	(25,922)
31. Unassigned funds (surplus)	XXX	XXX	(415,824)	(485,020)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,003,533	903,290
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,579,450	2,550,359
DETAILS OF WRITE-INS				
2301. Statutary Deposit	600,000	0	600,000	600,000
2302. HEALTH INSURANCE TAX	0		0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	600,000	0	600,000	600,000
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 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. NON ADMITTED ASSETS	XXX	XXX	5,125	(25,922)
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 through 3003 plus 3098) (Line 30 above)	XXX	XXX	5,125	(25,922)

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	69,850	72,934
2. Net premium income (including $ 0 non-health premium income)	XXX	5,255,552	5,389,906
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of $ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	44,695	39,919
8. Total revenues (Lines 2 to 7)	XXX	5,300,247	5,429,825
Hospital and Medical:			
9. Hospital/medical benefits		3,785,275	3,822,404
10. Other professional services			0
11. Outside referrals			0
12. Emergency room and out-of-area			0
13. Prescription drugs		571,447	615,995
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0
16. Subtotal (Lines 9 to 15)	0	4,356,722	4,438,399
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	4,356,722	4,438,399
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 0 cost containment expenses		0	160,182
21. General administrative expenses		848,408	562,412
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	5,205,129	5,160,993
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	95,118	268,832
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		0	47,879
26. Net realized capital gains (losses) less capital gains tax of $			(6,526)
27. Net investment gains (losses) (Lines 25 plus 26)	0	0	41,353
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]		0	(5,415)
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	95,118	304,770
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	95,118	304,770
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		0
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701. OTHER INCOME	XXX	44,695	39,919
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	44,695	39,919
1401.			0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			0
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	903,291	624,443
34.	Net income or (loss) from Line 32	95,118	304,770
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax		0
39.	Change in nonadmitted assets	25,922	(25,922)
40.	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders		0
47.	Aggregate write-ins for gains or (losses) in surplus	(20,798)	0
48.	Net change in capital and surplus (Lines 34 to 47)	100,242	278,848
49.	Capital and surplus end of reporting year (Line 33 plus 48)	1,003,533	903,291
DETAILS OF WRITE-INS			
4701.	LOSS	(20,798)	
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(20,798)	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	5,232,610	5,460,810
2. Net investment income	(3,414)	46,103
3. Miscellaneous income	44,695	39,919
4. Total (Lines 1 through 3)	5,273,891	5,546,832
5. Benefit and loss related payments	4,423,229	4,293,032
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	747,491	650,602
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	5,170,720	4,943,634
11. Net cash from operations (Line 4 minus Line 10)	103,171	603,198
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	693,217
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	693,217
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	6,526
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	6,526
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	686,691
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	(5,124)	600,055
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(31,102)	(188,345)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(36,226)	411,710
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	66,946	1,701,599
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,030,984	329,385
19.2 End of year (Line 18 plus Line 19.1)	2,097,930	2,030,984

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	5,255,552	5,167,388	88,164	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... 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	44,695	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44,695
7. Total revenues (Lines 1 to 6)	5,300,247	5,167,388	88,164	0	0	0	0	0	0	44,695
8. Hospital/medical benefits	3,785,000	3,729,505	55,495							XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	571,447	571,447								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)	4,356,447	4,300,952	55,495	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	4,356,447	4,300,952	55,495	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ .....0 cost containment expenses	0									
20. General administrative expenses	848,408	848,408								
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	5,204,854	5,149,359	55,495	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	95,393	18,029	32,669	0	0	0	0	0	0	44,695
DETAILS OF WRITE-INS										
0501. OTHER	0									XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601. OTHER NON HEALTH REVENUE	44,695	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44,695
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	44,695	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44,695
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 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)	5,167,388			5,167,388
2. Medicare Supplement	88,164			88,164
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	5,255,552	0	0	5,255,552
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	5,255,552	0	0	5,255,552

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & 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	4,422,955	4,376,686	46,269							
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	4,422,955	4,376,686	46,269	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	797,593	788,368	9,226	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	797,593	788,368	9,226	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0							
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	864,102	864,102	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	864,102	864,102	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	4,356,447	4,300,952	55,495	0	0	0	0	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	4,356,447	4,300,952	55,495	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT 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. Reported in Process of Adjustment:										
1.1. Direct	0	0								
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct	797,593	788,368	9,226							
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	797,593	788,368	9,226	0	0	0	0	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	797,593	788,368	9,226	0	0	0	0	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	797,593	788,368	9,226	0	0	0	0	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)	831,154	2,951,411	36,285	752,014	867,439	864,101
2. Medicare Supplement	23,740	45,477	249	8,977	23,989	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health		571,447	69		69	0
9. Health subtotal (Lines 1 to 8)	854,894	3,568,336	36,602	760,991	891,496	864,101
10. Healthcare receivables (a)					0	0
11. Other non-health				0	0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	854,894	3,568,336	36,602	760,991	891,496	864,101

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A – Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	
2. 2010	0	0	0	0	
3. 2011	XXX	0	0	0	
4. 2012	XXX	XXX	0	0	
5. 2013	XXX	XXX	XXX	0	
6. 2014	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	
2. 2010	0	0	0	0	
3. 2011	XXX	0	0	0	
4. 2012	XXX	XXX	0	0	
5. 2013	XXX	XXX	XXX	0	
6. 2014	XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	0	0		0.0	0	0.0			0	0.0
2. 2011	0	0		0.0	0	0.0			0	0.0
3. 2012	0	0		0.0	0	0.0			0	0.0
4. 2013	0	0		0.0	0	0.0			0	0.0
5. 2014		0		0.0	0	0.0	798		798	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	0
2. 2010	0	0	0	0	0
3. 2011	XXX	0	0	0	0
4. 2012	XXX	XXX	0	0	0
5. 2013	XXX	XXX	XXX	0	0
6. 2014	XXX	XXX	XXX	XXX	0

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	0
2. 2010	0	0	0	0	0
3. 2011	XXX	0	0	0	0
4. 2012	XXX	XXX	0	0	0
5. 2013	XXX	XXX	XXX	0	0
6. 2014	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2012	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2014	0	0	0	0.0	0	0.0	798	0	798	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ ..... 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.									
0502.									
0503.									
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 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
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 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses 1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($ ..... for occupancy of own building)			39,624		39,624
2. Salaries, wages and other benefits			285,588		285,588
3. Commissions (less $ ..... ceded plus $ ..... assumed)					0
4. Legal fees and expenses					0
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			192,819		192,819
7. Traveling expenses			155		155
8. Marketing and advertising			33,925		33,925
9. Postage, express and telephone			23,383		23,383
10. Printing and office supplies			17,925		17,925
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software			5,344		5,344
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			900		900
17. Collection and bank service charges			13,073		13,073
18. Group service and administration fees			0		0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			53,040		53,040
23.3 Regulatory authority licenses and fees			27,000		27,000
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	155,631	0	155,631
26. Total expenses incurred (Lines 1 to 25)	0	0	848,408	0	(a) 848,408
27. Less expenses unpaid December 31, current year			178,324		178,324
28. Add expenses unpaid December 31, prior year	0	0	77,407	0	77,407
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	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	747,491	0	747,491
DETAILS OF WRITE-INS					
2501. MISCELLANEOUS			130,146		130,146
2502. CONTRIBUTION					0
2503. COMMISSIONER OF INSURANCE			25,485		25,485
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	155,631	0	155,631

(a) Includes management fees of $ ..... to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 5,130	
1.1	Bonds exempt from U.S. tax	(a) 0	0
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a) 0	
2.1	Preferred stocks (unaffiliated)	(b) 0	
2.11	Preferred stocks of affiliates	(b) 0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 0	
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	5,130	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)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		0
	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 through 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 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... 0 paid for accrued interest on purchases.
(b) Includes $ ..... accrual of discount less $ ..... 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 $ ..... paid for accrued interest on purchases.
(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.
(e) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.
(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.
(g) Includes $ ..... investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.
(i) Includes $ ..... depreciation on real estate and $ ..... 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	0	
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	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.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 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	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	25,922	25,922
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	25,922	25,922
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	0	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	0	25,922	25,922
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	0	25,922	25,922
DETAILS OF WRITE-INS			
1101. OTHER RECEIVABLE		25,922	25,922
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	25,922	25,922
2501.	0		0
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	17,840	17,746	17,468	17,192	17,312	69,850
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	17,840	17,746	17,468	17,192	17,312	69,850
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 through 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
0199999 Total individuals						
Group subscribers:						
OTHER	133,185	131,453	106,214	22,006		392,857
0299997 Group subscriber subtotal	133,185	131,453	106,214	22,006	0	392,857
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	133,185	131,453	106,214	22,006	0	392,857
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	133,185	131,453	106,214	22,006	0	392,857

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						
Claim Overpayment Receivables						
Loans and Advances to Providers						
Capitation Arrangement Receivables						
Risk sharing Receivables						
Other Receivables						
0799999 Gross Health Care Receivables	0	0	0	0	0	0

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health 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 Claims 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					0	
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)	0	0	0	0	0	0

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)						
Claim Unpaid	262,896	218,011	131,768	87,579	97,339	797,593
0199999 Individually listed claims unpaid	262,896	218,011	131,768	87,579	97,339	797,593
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	262,896	218,011	131,768	87,579	97,339	797,593
0599999 Unreported claims and other claim reserves						
0699999 Total amounts withheld						0
0799999 Total claims unpaid						797,593
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
	0	0	0	0			
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed				0			
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0199999 Individually listed payables		0	0	0
0299999 Payables not Individually listed				
0399999 Total gross payables		0	0	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
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	0	0.0	XXX	XXX	0	0
13. Total (Line 4 plus Line 12)	0	100 %	XXX	XXX	0	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
9999999 Totals		0	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

I. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Plan Médico Servicios de Salud Bella Vista, Inc., (Plan Médico SSBV) are presented on the basis of accounting practices prescribed or permitted by the Commonwealth of Puerto Rico Department of the Treasury.

The Department of the Treasury recognizes only statutory accounting practices prescribed or permitted by the state of Puerto Rico for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Puerto Rico Department of the Treasury Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Puerto Rico. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

		State of Domicile	2014	2013
NET INCOME				
(1) Plan Medico SSBV state basis (Page4, Line 32, Columns 2 & 3)		PR	$188,325	$74,250
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:				
(3) State Permitted Practices that increase/(decrease) NAIC SAP:				
(4) NAIC SAP	(1-2-3=4)	PR	$188,325	$74,250
SURPLUS				
(5) Plan Medico SSBV state basis (Page 3, Line 33, Columns 3 & 4)		PR	$1,117,537	$902,290
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:				
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				
(8) NAIC SAP	(5-6-7=8)	PR	$1,117,537	$902,290

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the NAIC Statutory Accounting Principles requires management to make estimates and assumptions that effect the reported amounts of assets and liabilities.

C. Significant Accounting Policies

The Company uses the following accounting principles:

1) Cash and short-term investments

Cash and cash equivalents consist of all highly liquid instruments which mature within three months form the date of purchase. Short-term investments consist primarily of investments purchased with an original maturity of 91 days to one year. The carrying amounts of cash, cash equivalents and short-term investments reported in the accompanying balance sheets approximate fair value. Drafts that have not been presented for payment and remain outstanding at the balance sheet date are reported as a liability on the Liabilities, Capital and Surplus page.

2-4) Bonds, common and preferred stock

Bonds, which include special deposits, are carried at amortized cost except for those bonds with a NAIC designation of 3 through 6 which are reported at the lower of amortized cost or fair value. Bond premiums and discounts are amortized using the scientific interest method. Fair values for bonds that are rated by the Securities Valuation Office (SVO) are based on current NAIC prices, if available. If current NAIC prices are not available, fair values are based on quoted market prices from brokers/dealers. The company conducts regular reviews to assess whether other-that- temporary impairments exist. Investments could be adversely effected by specific issuers, specific industries, or changing global of regional economic conditions. Declines deemed the other-that-temporary impairments in the cost basis are recognized as realized capital losses. The cost of bonds sold is based on the specific identification method. Bonds include all investments whose maturity is greater than one year when purchased. The company has no common or preferred stock.

5-9) None

10) The Company anticipates investment income as a factor in the premium deficiency calculation.

11) Premiums and amounts due and unpaid

Premium revenue for prepaid health care is recognized as income in the month in which the enrollees are entitled to health care services. Premiums collected in advance are reported as premiums received in advance.

Nonadmitted amounts consist of all premiums receivable greater than 90 days due, with the exception of amounts due under government insured plans, which may be admitted assets. In addition, for any customer in which the premiums receivable which are greater than 90 days due is more than a de minimis portion of the entire premiums receivable balance for that customer, the entire premiums receivable balance for that customer is nonadmitted. Management also performs a specific review of accounts and based on that review, consideration is given to nonadmitting additional amounts. After the calculation of the nonadmitted amounts, the Company evaluated the remaining admitted assets, including those due from government insured plans, and if it is probable that any additional amounts are uncollectible, those uncollectible amounts are written of and charged to revenue in the period the determination is made. Uncollectible amounts are generally written off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactively) or when the account is determined to be uncollectible (bad debt).

Medical and hospital costs and claims adjustment expenses and related reserves

Medical and hospital costs consist principally of medical claims and capitation costs. Claims unpaid include estimates of payments to be made on claims reported as of the balance sheet date. These estimates are developed using actuarial principles and assumptions which consider, among other things, contracted requirements, historical utilization trends and payments patterns, medical inflation, product mix, seasonality and other relevant factors. Changes in estimated are recorded in hospital and medical costs in current earnings in the period they are determined. Capitation costs represent monthly fees paid to participating physicians and other medical providers for providing continuing medical care. The Company uses the triangulation method to estimate the required claims incurred but not reported reserves. The method of triangulation makes estimates of completion factors which are then applied to the total paid claims net of coordination of benefits to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). Consideration is given to changes in turnaround time and claim processing which may impact the completion factors.

NOTES TO FINANCIAL STATEMENTS

Claims adjustment expenses represent costs incurred ralted to the claim settlement process such as costs to record, process and adjust claims. These expenses, which are included in the Company's management agreement described in Note 10, are calculated using a percentage of current hospital and medical costs, which is based on historical cost experience. For the most current dates of service where there is insufficient paid claim data to rely solely on the completion factor method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, membership changes and historical seasonal patterns to estimate the reserve required for these months.

Aggregate health policy reserves and related expenses

The Company offers individual conversion policies to qualifying group policyholders. These policies are generally renewable at the option of the policyholder and statutory regulations preclude the company form canceling coverages and may limit premium rate increases. The company has established a conversion rate (CR) for such policies. The CR represents the net present value of future benefits to be paid to or on behalf of policyholders and related expenses less the present value of future net premiums. The Company estimates its CR using actuarial principles and assumptions which consider, among other things, contracted requirements, future premium increases, discount rates, historical utilization trends and payment patterns, persistency of membership and other relevant factors based on the Company's experience. CR expenses are recorded as an increase in life and accident and health contracts. The CR Balances of $0 and 0 are included in aggregate health policy reserves on the Liabilities, Capital and Surplus page as of December 31, 2014 and 2013 respectively.

Premium deficiency reserves (PDR) are recognized when it is probable that the expected future medical costs, including maintenance costs, will exceed anticipated future premiums & reinsurance recoveries on existing contracts. Contracts are groped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. The Company considers anticipated investment income when calculating the premium deficiency reserves. The Company had no PDR as December 31, 2014 and 2014.

Unearned premium reserves (UEP) are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The UEP balances at December 31, 2014 and 2013, of 0 and $0, respectively, are recorded in aggregate health policy reserves on the Liabilities, Capital and Surplus page.

Aggregate health claim reserves

The reserve for future contingent benefits includes the estimated cost of services which will continue to be incurred after the balance sheet date if the Company is obligated to pay for such services in accordance with contract provisions or regulatory requirements. These balance are recorded in aggregate health claim reserves on the Liabilities, Capital and Surplus page and are estimated using a percentage of current hospital and medical costs which are based on historical cost experience.

Covered and uncovered expenses and related liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

12) Capitalization policy

Furniture and equipment are depreciated on the straight line method over their respective estimated useful lives for financial reporting and under the Accelerated Cost Recovery System for Federal Income Tax purposes. Depreciation expense for the Quaterly ended December 31, 2014 and 2013 was $0 and $0, respectively. Undepreciated furniture and equipment is nonadmitted on the Assets page. There are no changed in the policy from the prior period.

13) Method used to estimate pharmaceutical rebate receivable

Estimated rebates receivable based upon the historical payment trends, actual utilization and other variables.

2. Accounting Changes and Corrections of Errors

The company has not detected any errors in reporting which would require a correction of an error be recorded.

The State of PR adopted SSAP 101; however, this does not impact Plan Médico SSBV because we are a tax-exempt organization under Section 11.01 of Commonwealth of Puerto Rico Department of the Treasury (3).

3. Business Combinations and Goodwill

A. Company has not participated in any statutory purchase during the current reporting period.

B. The Company has not been a party to a statutory merger during the current reporting period.

C. Company does not participate in assumption reinsurance.

D. The Company did not recognize an impairment loss on any of the transactions described above.

4. Discontinued Operations

(1)-(5) Company does not have discontinued operations.

5. Investments

A-H The company had no mortgage loans, debt restructuring, reserve mortgages, loan-back securities, repurchase agreements, real estate or low income housing tax credit.

6. Joint Ventures, Partnerships, and Limited Liability Companies

NOTES TO FINANCIAL STATEMENTS

A-B The Company had no joint ventures, partnerships or limited liability companies that exceeded 10% of its admitted assets.

7. Investment Income

A-B Investment Income due and accrued with amounts that are over 90 days old was zero.

8. Derivative Instruments

A-F the Company does not have derivative instruments.

9. Income Taxes

A-G Not Aplicable

The Company has received a determination letter from the internal Revenue Service specifying that the Company qualifies for treatment as a tax-exempt organization under Section 11.01 (3) of the Internal Revnue Code of PR.

10. Information Concerning Parent, Subsidiaries, and Affiliates

A-D, F The Company has the following significant transactions with affiliates:

During 2014, the Company had no agreement with Health Insurance Company of Puerto Rico (Parent), under which Parent provides certain administrative services, including accounting and processing of premiums and claims. At December 31, 2014 and 2013, the Company reported $0 and $0, respectively, as amounts due to Parent related to the administration service agreement. The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. Amounts due to and due from affiliates shown on the accompanying balance sheet pages include the Company's net receipts and disbursements processed by affiliates, administrative services and pharmacy rebate transactions.

E. The Company has not made any guarantees for the benefit of an affiliate.
G-L The Company does not hold any investments in any affiliate.

11. Debt

A-B The Company has no debt or FHLB agreements.

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

A-F & H-I Not Applicable

F. The company participates in a plan sponsored by the parent and has no legal obligation for benefits under plan.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1)-(2) The Company has no shares of common stock and has no preferred stock outstanding.

(3) In accordance with Puerto Rico statutes, the Company shall not pay any extraordinary dividend unless the Company has notified the Commonwealth of Puerto Rico Department of the Treasury in writing at least 30 days prior thereto or such shorter period as the PR may permit and PR has not disapproved it within such period. An extraordinary dividend is any dividend or other distribution which, together with other dividends and distributions made within the preceding 12 months, exceeds the greater of: ten percent of such insurer's surplus as regards policyholders as of the preceding December 31; or the net income of such insurer for the period covered by such statement, but shall not include pro rat distributions of any class of the insurer's own securities.

The Company may not make a non-extraordinary dividend without prior notification to the MDI within five business days following the declaration thereto and at least ten days, commencing from the date of receipt by the MDI, prior to the payment thereof.

(4) The Company paid no dividends on December 31, 2014 and 2013, respectively.

(5)-(6) Ordinary dividends are ultimately limited to earned surplus. The portion of the Company's profits that may be paid as ordinary dividends to stockholders is $0. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(7) N/A

(8) The Company is not holding stock for any special purposes.

(9) N/A

(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and (losses) was $0.

(11) –(13) The Company does not have surplus notes or quasi-reorganizations.

14. Contingencies:

A-D N/A

E In the ordinary course of business, the Company is involved in and is subject to claims, contractual disputes with providers and other uncertainties. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the Company's financial condition or results of operations.

15. Leases

NOTES TO FINANCIAL STATEMENTS

A-B The Company has no material lease obligations at this time, as a lessor or lessee.

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

(1)-(4) The Company does not have financial instruments with off-balances sheet risk or financial instruments with concentration of credit risk.

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

A. Transfer of Receivables Reported as Sales – The Company had no transfers of receivables as sales.

B. Transfers and Servicing of Financial Assets – The Company had no transfers and servicing of financial assets.

C. Wash Sales – The Company has no wash sales.

18. Gain or Loss to the HMO form Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans

A-C The Company did not serve as an Administrative Services Only (ASO) or as an Administrative Services Contract (ASC) plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans or a Medicare or Similarly Structured Cost Based Reimbursement Contract.

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

The Company does not have direct premiums written through/produced by managing general agents or third party administrators.

20. Fair Value Measurements

A-D N/A-The company has no common or preferred stock and only has Class 1 Bonds carried at amortized cost.

21. Other Items

A. Extraordinary Items _ The Company does not have extraordinary items.
B. Troubled Debt Restructuring: Debtors – The Company does not have troubled debt restructuring.
C. Other Disclosures and Unusual Items
Minimum Net Worth – Under the laws of the Puerto Rico, the Company is required to maintain minimum net worth at an amount that is equal to the greater of:
(1) $600,000
(2) three months of uncovered health care expenditures as reported on the most recent financial statement filed with the PR.
(3) two percent of gross annual premiums written

At December 31, 2014 and 2013, the Company's net worth exceeded all such requirements.

D. The Company had no business interruption insurance recoveries.

E. The Company had no State Transferable and Non-transferable Tax Credits.

F. The Company had no investments in Subprime Mortgages.

G. Retained Assets – Not Applicable

22. Events Subsequent

The Company does not have Type I or II

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other similar credit?

Yes ( ) No (X)

NOTES TO FINANCIAL STATEMENTS

(2) Does the HMO have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

Section 3 – Ceded reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making the estimate. $0.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B-C The Company does not have uncollectible reinsurance or commutation of ceded reinsurance.

D N/A – The Company does not use a Certified Reinsurer.

24. The Company does not use a Retrospectively Rated Contracts & Contracts Subject to Redetermination

25. Change in Claims Unpaid and Unpaid Claims Adjustment Expense

The following schedule represents the changes in claims unpaid, unpaid adjustment expense and aggregate health claim reserves from the beginning of the year to the end of the year:

26. Intercompany Pooling Arrangements

A-G The Company has no intercompany pooling arrangements.

27. Structured Settlements

Not applicable to health entities.

28. Health Care Receivables

A. Pharmacy Rebates are $0 to December 2014

B. Risk Sharing Receivables

The Company has no risk share receivable contracts.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

The Company has no premium deficiency reserves

31. Anticipated Salvage and Subrogation

Not Applicable to the company.

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?

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: 12/31/2013

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013

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. 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/31/2013

3.4 By what department or departments? N/A

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

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

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 0.0

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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.

0

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?

0

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:

0

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

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

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

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

0.0

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?

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 N/A

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $ 0

12.2 If yes, provide explanation

0

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

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

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

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

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

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

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

GENERAL INTERROGATORIES

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 [X]

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate 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 [ ]

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 $ 0
- 21.22 Borrowed from others $ 0
- 21.23 Leased from others $ 0
- 21.24 Other $ 0

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 $ 0
- 22.22 Amount paid as expenses $ 0
- 22.23 Other amounts paid $ 0

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

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 [X] No [ ]

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

0

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 [ ] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $ 0

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 [X] NA [ ]

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

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 [X] NA [ ]

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 $ 0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
- 24.103 Total payable for securities lending reported on the liability page $ 0

GENERAL INTERROGATORIES

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	$ 0
25.22	Subject to reverse repurchase agreements	$ 0
25.23	Subject to dollar repurchase agreements	$ 0
25.24	Subject to reverse dollar repurchase agreements	$ 0
25.25	Placed under option agreements	$ 0
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	$ 0
25.27	FHLB Capital Stock	$ 0
25.28	On deposit with states	$ 0
25.29	On deposit with other regulatory bodies	$ 0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$ 0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$ 0
25.32	Other	$ 0

25.3 For category (25.26) 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 [X] 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. $ 0

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

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

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

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

GENERAL INTERROGATORIES

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 [X]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	83,474		(83,474)
30.2 Preferred Stocks	0		0
30.3 Totals	83,474	0	(83,474)

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

0

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

0

GENERAL INTERROGATORIES

OTHER

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

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

1 Name	2 Amount Paid
	$
	$
	$

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

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

1 Name	2 Amount Paid
	$
	$
	$

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

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

1 Name	2 Amount Paid
	$
	$
	$

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. $ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $ 0

1.31 Reason for excluding

0

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. $ 55,495

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 55,495

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 5,255,552	$ 5,389,906
2.2	Premium Denominator	$ 5,255,552	$ 5,389,906
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	$	$ 0
2.5	Reserve Denominator	$ 797,593	$ 864,101
2.6	Reserve Ratio (2.4/2.5)	0.000	0.000

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

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

5.2 If no, explain:

0

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

0

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 1,000

8.2 Number of providers at end of reporting year 1,000

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 0

9.22 Business with rate guarantees over 36 months 0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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 $ 0

10.22 Amount actually paid for year bonuses $ 0

10.23 Maximum amount payable withholds $ 0

10.24 Amount actually paid for year withholds $ 0

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. 0

11.4 If yes, show the amount required. $ 0

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

11.6 If the amount is calculated, show the calculation

0

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 accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $ 0

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. $ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [X N/A [ ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded) $ 0

15.2 Total incurred claims $ 0

15.3 Number of covered lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,579,450	2,550,359	2,146,950	2,154,621	2,323,910
2. Total liabilities (Page 3, Line 24)	1,575,917	1,647,069	1,522,508	1,815,106	1,863,137
3. Statutory surplus		0	0	0	0
4. Total capital and surplus (Page 3, Line 33)	1,003,533	903,290	624,442	339,514	460,773
Income Statement (Page 4)					
5. Total revenues (Line 8)	5,300,247	5,429,825	5,768,287	4,747,078	5,124,171
6. Total medical and hospital expenses (Line 18)	4,356,722	4,438,399	4,934,572	4,444,215	4,635,094
7. Claims adjustment expenses (Line 20)	0	160,182	0	0	0
8. Total administrative expenses (Line 21)	848,408	562,412	548,788	516,480	615,345
9. Net underwriting gain (loss) (Line 24)	95,118	268,832	284,927	(213,617)	(126,268)
10. Net investment gain (loss) (Line 27)	0	41,353	0	92,359	86,386
11. Total other income (Lines 28 plus 29)	0	(5,415)	0	0	0
12. Net income or (loss) (Line 32)	95,118	304,770	284,927	(121,258)	(39,882)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	103,171	603,198	(123,532)	(230,484)	(401,939)
Risk-Based Capital Analysis					
14. Total adjusted capital	1,003,533	903,290	624,442	339,514	460,773
15. Authorized control level risk-based capital	753,504	850,143	853,335	846,766	846,767
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	17,312	17,840	6,364	3,441	3,515
17. Total members months (Column 6, Line 7)	69,850	72,934	79,664	3,441	3,515
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 (Lines 18 plus Line 19)	82.9	82.3	85.5	93.6	90.5
20. Cost containment expenses	0.0	3.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	99.0	95.8	95.1	104.5	102.5
23. Total underwriting gain (loss) (Line 24)	1.8	5.0	4.9	(4.5)	(2.5)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	891,496	579,447	1,423,075	1,302,489	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	864,101	718,734	1,069,104	1,103,388	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
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		0	0	0	0

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

If no, please explain

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. _____ (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF ..... DURING THE YEAR 2014 NAIC Company Code 95762

	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
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	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. _____ (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95762

	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,720	5,560	12,023	137						
2 First Quarter	17,746	5,425	12,011	310						
3 Second Quarter	17,468	5,458	11,723	287						
4. Third Quarter	17,192	5,484	11,446	262						
5. Current Year	17,444	5,499	11,562	383						
6 Current Year Member Months	69,850	21,866	46,742	1,242						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
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	0	0		0						
18. Amount Incurred for Provision of Health Care Services	4,356,447	4,300,952		55,495						

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. _____ (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014 NAIC Company Code 95762

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,720	5,560	12,023	137	0	0	0	0	0	0
2 First Quarter	17,746	5,425	12,011	310	0	0	0	0	0	0
3 Second Quarter	17,468	5,458	11,723	287	0	0	0	0	0	0
4. Third Quarter	17,192	5,484	11,446	262	0	0	0	0	0	0
5. Current Year	17,444	5,499	11,562	383	0	0	0	0	0	0
6 Current Year Member Months	69,850	21,866	46,742	1,242	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	4,356,447	4,300,952	0	55,495	0	0	0	0	0	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
Affiliates - U.S. - Captive											
Affiliates - U.S. Other											
Affiliates - Non-U.S. - Captive											
Affiliates - Non-U.S. - Other											
Non-Affiliates - U.S. Non-Affiliates											
Non-Affiliates - Non-U.S. Non-Affiliates											
9999999 Totals						0	0	0	0	0	0

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
Life and Annuity - Affiliates - U.S. - Captive						
Life and Annuity - Affiliates - U.S. - Other						
Life and Annuity - Affiliates - Non-U.S. - Captive						
Life and Annuity - Affiliates - Non-U.S. - Other						
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates						
Accident and Health - Affiliates - U.S. - Captive						
Accident and Health - Affiliates - U.S. - Other						
Accident and Health - Affiliates - Non-U.S. - Captive						
Accident and Health - Affiliates - Non-U.S. - Other						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
9999999 Totals—Life, Annuity and Accident and Health (Sum of 1199999 and 2299999)					0	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 11 Current Year	 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Captive													
General Account - Authorized - Affiliates - U.S. - Other													
General Account - Authorized - Affiliates - Non-U.S. - Captive													
General Account - Authorized - Affiliates - Non-U.S. - Other													
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
General Account - Unauthorized - Affiliates - U.S. - Captive													
General Account - Unauthorized - Affiliates - U.S. - Other													
General Account - Unauthorized - Affiliates - Non-U.S. - Captive													
General Account - Unauthorized - Affiliates - Non-U.S. - Other													
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
General Account - Certified - Affiliates - U.S. - Captive													
General Account - Certified - Affiliates - U.S. - Other													
General Account - Certified - Affiliates - Non-U.S. - Captive													
General Account - Certified - Affiliates - Non-U.S. - Other													
General Account - Certified - Non-Affiliates - U.S. Non-Affiliates													
General Account - Certified - Non-Affiliates - Non-U.S. Non-Affiliates													
Separate Accounts - Authorized - Affiliates - U.S. - Captive													
Separate Accounts - Authorized - Affiliates - U.S. - Other													
Separate Accounts - Authorized - Affiliates - Non-U.S. - Captive													
Separate Accounts - Authorized - Affiliates - Non-U.S. - Other													
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates													
Separate Accounts - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
Separate Accounts - Unauthorized - Affiliates - U.S. - Captive													
Separate Accounts - Unauthorized - Affiliates - U.S. - Other													
Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Captive													
Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Other													
Separate Accounts - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
Separate Accounts - Certified - Affiliates - U.S. - Captive													
Separate Accounts - Certified - Affiliates - U.S. - Other													
Separate Accounts - Certified - Affiliates - Non-U.S. - Captive													
Separate Accounts - Certified - Affiliates - Non-U.S. - Other													
Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates													
Separate Accounts - Certified - Non-Affiliates - Non-U.S. Non-Affiliates													
9999999 Totals							0	0	0	0	0	0	0

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
General Account - Life and Annuity - Affiliates - U.S. - Captive														
General Account - Life and Annuity - Affiliates - U.S. - Other														
General Account - Life and Annuity - Affiliates - Non-U.S. - Captive														
General Account - Life and Annuity - Affiliates - Non-U.S. - Other														
General Account - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates														
General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates														
General Account - Accident and Health - Affiliates - U.S. - Captive														
General Account - Accident and Health - Affiliates - U.S. - Other														
General Account - Accident and Health - Affiliates - Non-U.S. - Other														
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
Separate Accounts - Affiliates - U.S. - Captive														
Separate Accounts - Affiliates - U.S. - Other														
Separate Accounts - Affiliates - Non-U.S. - Captive														
Separate Accounts - Affiliates - Non-U.S. - Other														
Separate Accounts - Non-Affiliates - U.S. Non-Affiliates														
Separate Accounts - Non-Affiliates - Non-U.S. Non-Affiliates														
9999999 Total				0	0	0	0	0	XXX	0	0	0	0	0

(a) Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 5

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 through 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 (Col. 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 (Col. 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)
General Account - Life and Annuity - Affiliates - U.S. - Captive																									
General Account - Life and Annuity - Affiliates - U.S. - Other																									
General Account - Life and Annuity - Affiliates - Non-U.S. - Captive																									
General Account - Life and Annuity - Affiliates - Non-U.S. - Other																									
General Account - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates																									
General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates																									
General Account - Accident and Health - Affiliates - U.S. - Captive																									
General Account - Accident and Health - Affiliates - U.S. - Other																									
General Account - Accident and Health - Affiliates - Non-U.S. - Other																									
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates																									
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates																									
Separate Accounts - Affiliates - U.S. - Captive																									
Separate Accounts - Affiliates - U.S. - Other																									
Separate Accounts - Affiliates - Non-U.S. - Captive																									
Separate Accounts - Affiliates - Non-U.S. - Other																									
Separate Accounts - Non-Affiliates - U.S. Non-Affiliates																									
Separate Accounts - Non-Affiliates - Non-U.S. Non-Affiliates																									
9999999	Total (Sum of 2399999 and 3499999)							0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0

(a) Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S – PART 6

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

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
5. Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	0	XXX	XXX
19. Letters of credit (L)	0	0	0	XXX	XXX
20. Trust agreements (T)	0	0	0	XXX	XXX
21. Other (O)	0	0	0	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)	2,181,404		2,181,404
2. Accident and health premiums due and unpaid (Line 15)	392,857		392,857
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	5,190		5,190
6. Total assets (Line 28)	2,579,450	0	2,579,450
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	797,593	0	797,593
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	778,324		778,324
15. Total liabilities (Line 24)	1,575,917	0	1,575,917
16. Total capital and surplus (Line 33)	1,003,533	XXX	1,003,533
17. Total liabilities, capital and surplus (Line 34)	2,579,450	0	2,579,450
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 & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	0
2. Alaska AK	N							0	0
3. Arizona AZ	N							0	0
4. Arkansas AR	N							0	0
5. California CA	N							0	0
6. Colorado CO	N							0	0
7. Connecticut CT	N							0	0
8. Delaware DE	N							0	0
9. District of Columbia DC	N							0	0
10. Florida FL	N							0	0
11. Georgia GA	N							0	0
12. Hawaii HI	N							0	0
13. Idaho ID	N							0	0
14. Illinois IL	N							0	0
15. Indiana IN	N							0	0
16. Iowa IA	N							0	0
17. Kansas KS	N							0	0
18. Kentucky KY	N							0	0
19. Louisiana LA	N							0	0
20. Maine ME	N							0	0
21. Maryland MD	N							0	0
22. Massachusetts MA	N							0	0
23. Michigan MI	N							0	0
24. Minnesota MN	N							0	0
25. Mississippi MS	N							0	0
26. Missouri MO	N							0	0
27. Montana MT	N							0	0
28. Nebraska NE	N							0	0
29. Nevada NV	N							0	0
30. New Hampshire NH	N							0	0
31. New Jersey NJ	N							0	0
32. New Mexico NM	N							0	0
33. New York NY	N							0	0
34. North Carolina NC	N							0	0
35. North Dakota ND	N							0	0
36. Ohio OH	N							0	0
37. Oklahoma OK	N							0	0
38. Oregon OR	N							0	0
39. Pennsylvania PA	N							0	0
40. Rhode Island RI	N							0	0
41. South Carolina SC	N							0	0
42. South Dakota SD	N							0	0
43. Tennessee TN	N							0	0
44. Texas TX	N							0	0
45. Utah UT	N							0	0
46. Vermont VT	N							0	0
47. Virginia VA	N							0	0
48. Washington WA	N							0	0
49. West Virginia WV	N							0	0
50. Wisconsin WI	N							0	0
51. Wyoming WY	N							0	0
52. American Samoa AS	N							0	0
53. Guam GU	N							0	0
54. Puerto Rico PR	N	5,255,552						5,255,552	0
55. U.S. Virgin Islands VI	N							0	0
56. Northern Mariana Islands MP	N							0	0
57. Canada CAN	N							0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	5,255,552	0	0	0	0	0	5,255,552	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 0	5,255,552	0	0	0	0	0	5,255,552	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	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. Allocation

(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

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 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 *

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not In the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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 Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	SEE EXPLANATION
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION
	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 the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed 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 with electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's 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

Explanation:

8. IN PROCESS

9. IN PROCESS

11.

12.

13.

14.

15.

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17.

18.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19.

20.

21.

22.

23.

24.

25.

26.

Bar code:

11. 9 5 7 6 2 2 0 1 4 3 6 0 5 9 0 0 0

12. 9 5 7 6 2 2 0 1 4 2 0 5 0 0 0 0 0

13. 9 5 7 6 2 2 0 1 4 2 0 7 0 0 0 0 0

14. 9 5 7 6 2 2 0 1 4 4 2 0 0 0 0 0 0

15. 9 5 7 6 2 2 0 1 4 3 7 1 0 0 0 0 0

16. 9 5 7 6 2 2 0 1 4 3 7 0 0 0 0 0 0

17. 9 5 7 6 2 2 0 1 4 3 6 5 0 0 0 0 0

18. 9 5 7 6 2 2 0 1 4 2 2 4 0 0 0 0 0

19. 9 5 7 6 2 2 0 1 4 2 2 5 0 0 0 0 0

20 9 5 7 6 2 2 0 1 4 2 2 6 0 0 0 0 0

21. 9 5 7 6 2 2 0 1 4 3 0 6 0 0 0 0 0

22. 9 5 7 6 2 2 0 1 4 2 1 1 5 9 0 0 0

23. 9 5 7 6 2 2 0 1 4 2 1 3 0 0 0 0 0

24. 9 5 7 6 2 2 0 1 4 2 1 6 5 9 0 0 0

25. 9 5 7 6 2 2 0 1 4 2 1 7 0 0 0 0 0

26.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

9 5 7 6 2 2 0 1 4 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.000			0	0.000
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including $ ____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including $ ____ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments		0.000	2,097,930		2,097,930	96.173
11. Other invested assets		0.000	83,474		83,474	3.827
12. Total invested assets	0	0.000	2,181,404	0	2,181,404	100.000

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year			0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition (Part 2, Column 6)	0		
2.2 Additional investment made after acquisition (Part 2, Column 9)	0	0	
3. Current year change in encumbrances:			
3.1 Totals, Part 1, Column 13	0		
3.2 Totals, Part 3, Column 11	0	0	
4. Total gain (loss) on disposals, Part 3, Column 18			0
5. Deduct amounts received on disposals, Part 3, Column 15			0
6. Total foreign exchange change in book/adjusted carrying value:			0
6.1 Totals, Part 1, Column 15	0		
6.2 Totals, Part 3, Column 13	0	0	
7. Deduct current year's other-than-temporary impairment recognized:			
7.1 Totals, Part 1, Column 12	0		
7.2 Totals, Part 3, Column 10	0	0	
8. Deduct current year's depreciation:			
8.1 Totals, Part 1, Column 11	0		
8.2 Totals, Part 3, Column 9	0	0	
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)			0
10. Deduct total nonadmitted amounts			0
11. Statement value at end of current period (Line 9 minus Line 10)			0

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year			0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition (Part 2, Column 7)	0		
2.2 Additional investment made after acquisition (Part 2, Column 8)	0	0	
3. Capitalized deferred interest and other:			
3.1 Totals, Part 1, Column 12	0		
3.2 Totals, Part 3, Column 11	0	0	
4. Accrual of discount			
5. Unrealized valuation increase (decrease):			
5.1 Totals, Part 1, Column 9	0		
5.2 Totals, Part 3, Column 8	0	0	
6. Total gain (loss) on disposals, Part 3, Column 18			0
7. Deduct amounts received on disposals, Part 3, Column 15			0
8. Deduct amortization of premium and mortgage interest points and commitment fees			0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:			
9.1 Totals, Part 1, Column 13	0		
9.2 Totals, Part 3, Column 13	0	0	
10. Deduct current year's other-than-temporary impairment recognized:			
10.1 Totals, Part 1, Column 11	0		
10.2 Totals, Part 3, Column 10	0	0	
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)			0
12. Total valuation allowance			0
13. Subtotal (Line 11 plus Line 12)			
14. Deduct total nonadmitted amounts			0
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)			0

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year			0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition (Part 2, Column 8)	0		
2.2 Additional investment made after acquisition (Part 2, Column 9)	0	0	
3. Capitalized deferred interest and other:			
3.1 Totals, Part 1, Column 16	0		
3.2 Totals, Part 3, Column 12	0	0	
4. Accrual of discount			
5. Unrealized valuation increase (decrease):			
5.1 Totals, Part 1, Column 13	0		
5.2 Totals, Part 3, Column 9	0	0	
6. Total gain (loss) on disposals, Part 3, Column 19			0
7. Deduct amounts received on disposals, Part 3, Column 16			0
8. Deduct amortization of premium and depreciation			0
9. Total foreign exchange change in book/adjusted carrying value:			
9.1 Totals, Part 1, Column 17	0		
9.2 Totals, Part 3, Column 14	0	0	
10. Deduct current year's other-than-temporary impairment recognized:			
10.1 Totals, Part 1, Column 15	0		
10.2 Totals, Part 3, Column 11	0	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)			0
12. Deduct total nonadmitted amounts			0
13. Statement value at end of current period (Line 11 minus Line 12)			0

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year			83,427
2. Cost of bonds and stocks acquired, Part 3, Column 7			0
3. Accrual of discount			0
4. Unrealized valuation increase (decrease):			
4.1 Part 1, Column 12	0		
4.2 Part 2, Section 1, Column 15	0		
4.3 Part 2, Section 2, Column 13	0		
4.4 Part 4, Column 11	0	0	
5. Total gain (loss) on disposals, Part 4, Column 19			0
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7			0
7. Deduct amortization of premium			0
8. Total foreign exchange change in book/adjusted carrying value:			
8.1 Part 1, Column 15	0		
8.2 Part 2, Section 1, Column 19	0		
8.3 Part 2, Section 2, Column 16	0		
8.4 Part 4, Column 15	0	0	
9. Deduct current year's other-than-temporary impairment recognized:			
9.1 Part 1, Column 14	0		
9.2 Part 2, Section 1, Column 17	0		
9.3 Part 2, Section 2, Column 14	0		
9.4 Part 4, Column 13	0	0	
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)			83,427
11. Deduct total nonadmitted amounts			
12. Statement value at end of current period (Line 10 minus Line 11)			83,427

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States	0	0	0	0
	2. Canada				
	3. Other Countries				
	4. Totals	0	0	0	0
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	83,474	66,830	90,000	90,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	0	0	0	0
Industrial and Miscellaneous and Hybrid Securities (unaffiliated)	8. United States				
	9. Canada				
	10. Other Countries				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	83,474	66,830	90,000	90,000
PREFERRED STOCKS Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	83,474	66,830	90,000	

SCHEDULE D - PART 1A - SECTION 1

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 NAIC 1						0	0.0	0	0.0		
1.2 NAIC 2						0	0.0	0	0.0		
1.3 NAIC 3						0	0.0	0	0.0		
1.4 NAIC 4						0	0.0	0	0.0		
1.5 NAIC 5						0	0.0	0	0.0		
1.6 NAIC 6						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. All Other Governments											
2.1 NAIC 1						0	0.0	0	0.0		
2.2 NAIC 2						0	0.0	0	0.0		
2.3 NAIC 3						0	0.0	0	0.0		
2.4 NAIC 4						0	0.0	0	0.0		
2.5 NAIC 5						0	0.0	0	0.0		
2.6 NAIC 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed											
3.1 NAIC 1			83,474		0	83,474	100.0	83,474	100.0	83,474	
3.2 NAIC 2						0	0.0	0	0.0		
3.3 NAIC 3						0	0.0	0	0.0		
3.4 NAIC 4						0	0.0	0	0.0		
3.5 NAIC 5						0	0.0	0	0.0		
3.6 NAIC 6						0	0.0	0	0.0		
3.7 Totals	0	0	83,474	0	0	83,474	100.0	83,474	100.0	83,474	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 NAIC 1						0	0.0	0	0.0		
4.2 NAIC 2						0	0.0	0	0.0		
4.3 NAIC 3						0	0.0	0	0.0		
4.4 NAIC 4						0	0.0	0	0.0		
4.5 NAIC 5						0	0.0	0	0.0		
4.6 NAIC 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 NAIC 1						0	0.0	0	0.0		
5.2 NAIC 2						0	0.0	0	0.0		
5.3 NAIC 3						0	0.0	0	0.0		
5.4 NAIC 4						0	0.0	0	0.0		
5.5 NAIC 5						0	0.0	0	0.0		
5.6 NAIC 6						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 NAIC 1						0	0.0	0	0.0		
6.2 NAIC 2						0	0.0	0	0.0		
6.3 NAIC 3						0	0.0	0	0.0		
6.4 NAIC 4						0	0.0	0	0.0		
6.5 NAIC 5						0	0.0	0	0.0		
6.6 NAIC 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Hybrid Securities											
7.1 NAIC 1						0	0.0	0	0.0		
7.2 NAIC 2						0	0.0	0	0.0		
7.3 NAIC 3						0	0.0	0	0.0		
7.4 NAIC 4						0	0.0	0	0.0		
7.5 NAIC 5						0	0.0	0	0.0		
7.6 NAIC 6						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates											
8.1 NAIC 1						0	0.0	0	0.0		
8.2 NAIC 2						0	0.0	0	0.0		
8.3 NAIC 3						0	0.0	0	0.0		
8.4 NAIC 4						0	0.0	0	0.0		
8.5 NAIC 5						0	0.0	0	0.0		
8.6 NAIC 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 NAIC 1	(d) 0	0	83,474	0	0	83,474	100.0	XXX	XXX	83,474	0
9.2 NAIC 2	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 NAIC 3	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 NAIC 4	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 NAIC 5	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.6 NAIC 6	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.7 Totals	0	0	83,474	0	0	(b) 83,474	100.0	XXX	XXX	83,474	0
9.8 Line 9.7 as a % of Col. 6	0.0	0.0	100.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
10. Total Bonds Prior Year											
10.1 NAIC 1	0	0	83,474	0	0	XXX	XXX	83,474	100.0	83,474	0
10.2 NAIC 2	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.3 NAIC 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.4 NAIC 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.5 NAIC 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
10.6 NAIC 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
10.7 Totals	0	0	83,474	0	0	XXX	XXX	(b) 83,474	100.0	83,474	0
10.8 Line 10.7 as a % of Col. 8	0.0	0.0	100.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
11. Total Publicly Traded Bonds											
11.1 NAIC 1					83,474	83,474	100.0	83,474	100.0	83,474	XXX
11.2 NAIC 2						0	0.0	0	0.0	0	XXX
11.3 NAIC 3						0	0.0	0	0.0	0	XXX
11.4 NAIC 4						0	0.0	0	0.0	0	XXX
11.5 NAIC 5						0	0.0	0	0.0	0	XXX
11.6 NAIC 6			0			0	0.0	0	0.0	0	XXX
11.7 Totals	0	0	0	0	83,474	83,474	100.0	83,474	100.0	83,474	XXX
11.8 Line 11.7 as a % of Col. 6	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
12. Total Privately Placed Bonds											
12.1 NAIC 1						0	0.0	0	0.0	XXX	0
12.2 NAIC 2						0	0.0	0	0.0	XXX	0
12.3 NAIC 3						0	0.0	0	0.0	XXX	0
12.4 NAIC 4						0	0.0	0	0.0	XXX	0
12.5 NAIC 5						0	0.0	0	0.0	XXX	0
12.6 NAIC 6						0	0.0	0	0.0	XXX	0
12.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.8 Line 12.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes $ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $ ..... current year, $ ..... prior year of bonds with Z designations and $ ..... current year, $ ..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes $ ..... current year, $ ..... prior year of bonds with 5* designations and $..... current year, $ ..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ ..... ; NAIC 2 $ ..... ; NAIC 3 $ ..... ; NAIC 4 $ ..... ; NAIC 5 $ ..... NAIC 6 $ .....

SCHEDULE D - PART 1A - SECTION 2

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations						0	0.0	0	0.0		
1.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
1.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
1.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
1.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. All Other Governments											
2.1 Issuer Obligations						0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations			83,474			83,474	100.0	83,474	100.0	83,474	
3.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
3.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
3.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
3.5 Totals	0	0	83,474	0	0	83,474	100.0	83,474	100.0	83,474	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations						0	0.0	0	0.0		
4.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
4.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Issuer Obligations						0	0.0	0	0.0		
5.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
5.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
5.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
5.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
6. Industrial and Miscellaneous											
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
6.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
6.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Hybrid Securities											
7.1 Issuer Obligations						0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
7.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
7.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations						0	0.0	0	0.0		
8.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		
8.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		
8.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9. Total Bonds Current Year											
9.1 Issuer Obligations	0	0	83,474	0	0	83,474	100.0	XXX	XXX	83,474	0
9.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Totals	0	0	83,474	0	0	83,474	100.0	XXX	XXX	83,474	0
9.6 Lines 9.5 as a % Col. 6	0.0	0.0	100.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
10. Total Bonds Prior Year											
10.1 Issuer Obligations	0	0	83,474	0	0	XXX	XXX	83,474	100.0	83,474	0
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.5 Totals	0	0	83,474	0	0	XXX	XXX	83,474	100.0	83,474	0
10.6 Line 10.5 as a % of Col. 8	0.0	0.0	100.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
11. Total Publicly Traded Bonds											
11.1 Issuer Obligations					83,474	83,474	100.0	83,474	100.0	83,474	XXX
11.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	XXX
11.5 Totals	0	0	0	0	83,474	83,474	100.0	83,474	100.0	83,474	XXX
11.6 Line 11.5 as a % of Col. 6	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
12. Total Privately Placed Bonds											
12.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
12.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	XXX	0
12.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	XXX	0
12.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	XXX	0
12.5 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.6 Line 12.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

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

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

SCHEDULE DB - PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/adjusted carrying value, December 31, prior year (Line 9, prior year)			0
2. Cost paid/(consideration received) on additions:			
2.1 Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12	0		
2.2 Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14	0	0	
3. Unrealized valuation increase/(decrease):			
3.1 Section 1, Column 17	0		
3.2 Section 2, Column 19	0	0	
4. Total gain (loss) on termination recognized, Section 2, Column 22			0
5. Considerations received/(paid) on terminations, Section 2, Column 15			0
6. Amortization:			
6.1 Section 1, Column 19	0		
6.2 Section 2, Column 21	0	0	
7. Adjustment to the book/adjusted carrying value of hedged item:			
7.1 Section 1, Column 20	0		
7.2 Section 2, Column 23	0	0	
8. Total foreign exchange change in book/adjusted carrying value:			
8.1 Section 1, Column 18	0		
8.2 Section 2, Column 20	0	0	
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6+7+8)			0
10. Deduct nonadmitted assets			
11. Statement value at end of current period (Line 9 minus Line 10)			0

SCHEDULE DB - PART B – VERIFICATION BETWEEN YEARS

Futures Contracts

1. Book/adjusted carrying value, December 31 of prior year (Line 6, prior year)				0
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column)				0
3.1 Add:				
Change in variation margin on open contracts – Highly effective hedges:				
3.11 Section 1, Column 15, current year minus	0			
3.12 Section 1, Column 15, prior year	0	0		
Change in the variation margin on open contracts – All other:				
3.13 Section 1, Column 18, current year minus	0			
3.14 Section 1, Column 18, prior year	0	0	0	
3.2 Add:				
Change in adjustment to basis of hedged item:				
3.21 Section 1, Column 17, current year to date minus	0			
3.22 Section 1, Column 17, prior year	0	0		
Change in amount recognized				
3.23 Section 1, Column 19, current year to date minus	0			
3.24 Section 1, Column 19, prior year	0	0	0	
3.3 Subtotal (Line 3.1 minus Line 3.2)				0
4.1 Cumulative variation margin on terminated contracts during the year (Section 2, Column 15)		0		
4.2 Less:				
4.21 Amount used to adjust basis of hedged item (Section 2, Column 17)	0			
4.22 Amount recognized (Section 2, Column 16)	0	0		
4.3 Subtotal (Line 4.1 minus Line 4.2)				0
5. Dispositions gains (losses) on contracts terminated in prior year:				
5.1 Total gain (loss) recognized for terminations in prior year				
5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year				
6. Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)				0
7. Deduct total nonadmitted amounts				
8. Statement value at end of current period (Line 6 minus Line 7)				0

SCHEDULE DB - PART C - SECTION 1

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

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
								Derivative Instrument(s) Open			Cash Instrument(s) Held				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
Replication (Synthetic Asset) Transactions Open															
9999999 Totals				0	0	XXX	XXX	XXX	0	0	XXX	XXX	XXX	0	0

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions	0	0	0	0	0	0			0	0
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	XXX	0	XXX	0	XXX	0	XXX		XXX	0
4. Less: Closed or Disposed of Transactions	0	0	0	0	0	0			0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria	0	0	0	0	0	0			0	0
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX	0	XXX	0	XXX	0	XXX		XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

SCHEDULE DB - VERIFICATION

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

		Book/Adjusted Carrying Value Check
1.	Part A, Section 1, Column 14	0
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance	0
3.	Total (Line 1 plus Line 2)	0
4.	Part D, Section 1, Column 5	0
5.	Part D, Section 1, Column 6	0
6.	Total (Line 3 minus Line 4 minus Line 5)	0

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

		Potential Exposure Check
13.	Part A, Section 1, Column 21	0
14	Part B, Section 1, Column 20	0
15.	Part D, Section 1, Column 11	0
16.	Total (Lines 13 plus Line 14 minus Line 15)	0

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year	1,279,086	0	1,279,086
2. Cost of cash equivalents acquired	0		
3. Accrual of discount	0		
4. Unrealized valuation increase (decrease)	0		
5. Total gain (loss) on disposals	0		
6. Deduct consideration received on disposals	0		
7. Deduct amortization of premium	0		
8. Total foreign exchange change in book/adjusted carrying value	0		
9. Deduct current year's other-than-temporary impairment recognized	0		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,279,086	0	1,279,086
11. Deduct total nonadmitted amounts	0		
12. Statement value at end of current period (Line 10 minus Line 11)	1,279,086	0	1,279,086

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

SCHEDULE A - PART 1

Showing All Real Estate OWNED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (13-11-12)	Total Foreign Exchange Change in B./A.C.V.	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
Properties occupied by the reporting entity - Health Care Delivery																
Properties occupied by the reporting entity - Administrative																
Properties held for the production of income																
Properties held for sale																
0699999 Totals						0	0	0	0	0	0	0	0	0	0	0

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED and Additions Made During the Year

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
Acquired by purchase								
Acquired by internal transfer								
0399999 Totals					0	0	0	0

SCHEDULE A - PART 3

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

1	Location		4	5	6	7	8	Changes in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A. C.V. (11-9-10)	Total Foreign Exchange Change in B./A. C. V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain(Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
Property disposed																			
Property transferred																			
0399999 Totals					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SCHEDULE B - PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

1	2	Location		5	6	7	8	Change in Book Value/Recorded Investment					14	15
		3	4					9	10	11	12	13		
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/ Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change In Book Value	Value of Land and Buildings	Date of Last Appraisal or Valuation
Mortgages in Good Standing - Farm Mortgages														
Mortgages in Good Standing - Residential Mortgages - Insured or Guaranteed														
Mortgages in Good Standing - Residential Mortgages - All Other														
Mortgages in Good Standing - Commercial Mortgages - Insured or Guaranteed														
Mortgages in Good Standing - Commercial Mortgages - All Other														
Mortgages in Good Standing - Mezzanine Loans														
Mortgages in Good Standing - Not Shown on Lines 0199999 through 0699999														
Restructured Mortgages - Farm Mortgages														
Restructured Mortgages - Residential Mortgages - Insured or Guaranteed														
Restructured Mortgages - Residential Mortgages - All Other														
Restructured Mortgages - Commercial Mortgages - Insured or Guaranteed														
Restructured Mortgages - Commercial Mortgages - All Other														
Restructured Mortgages - Mezzanine Loans														
Restructured Mortgages Not Shown on Lines 0999999 through 1499999														
Mortgages with overdue interest over 90 days, not in process of foreclosure - Farm Mortgages														
Mortgages with overdue interest over 90 days, not in process of foreclosure - Residential Mortgages - Insured or Guaranteed														
Mortgages with overdue interest over 90 days, not in process of foreclosure - Residential Mortgages- All Other														
Mortgages with overdue interest over 90 days, not in process of foreclosure - Commercial Mortgages - Insured or Guaranteed														
Mortgages with overdue interest over 90 days, not in process of foreclosure - Commercial Mortgages - All Other														
Mortgages with overdue interest over 90 days, not in process of foreclosure - Mezzanine Loans														
Mortgages with Overdue Interest Over 90 Days, Not in the Process of Foreclosure Not Shown on Lines 1799999 through 2299999														
Mortgages in the Process of Foreclosure - Farm Mortgages														
Mortgages in the Process of Foreclosure - Residential Mortgages - Insured or Guaranteed														
Mortgages in the Process of Foreclosure - Residential Mortgages - All Other														
Mortgages in the Process of Foreclosure - Commercial Mortgages - Insured or Guaranteed														
Mortgages in the Process of Foreclosure - Commercial Mortgages - All Other														
Mortgages in the Process of Foreclosure - Mezzanine Loans														
Mortgages in the Process of Foreclosure Not Shown on Lines 2599999 through 3099999														
3399999 Totals							0	0	0	0	0	0	0	XXX

General Interrogatory:

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

SCHEDULE B - PART 2

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

1	Location		4	5	6	7	8	9
	2	3						
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
Mortgages in Good Standing - Farm Mortgages								
Mortgages in Good Standing - Residential Mortgages - Insured or Guaranteed								
Mortgages in Good Standing - Residential Mortgages - All Other								
Mortgages in Good Standing - Commercial Mortgages - Insured or Guaranteed								
Mortgages in Good Standing - Commercial Mortgages - All Other								
Mortgages in Good Standing - Mezzanine Loans								
Mortgages in Good Standing Not Shown on Lines 0199999 through 0699999								
Restructured Mortgages - Farm Mortgages								
Restructured Mortgages - Residential Mortgages - Insured or Guaranteed								
Restructured Mortgages - Residential Mortgages - All Other								
Restructured Mortgages - Commercial Mortgages - Insured or Guaranteed								
Restructured Mortgages - Commercial Mortgages - All Other								
Restructured Mortgages - Mezzanine Loans								
Restructured Mortgages - Restructured Mortgages Not Shown on Lines 0999999 through 1499999								
Mortgages with overdue interest over 90 days, not in process of foreclosure - Farm Mortgages								
Mortgages with overdue interest over 90 days, not in process of foreclosure - Residential Mortgages - Insured or Guaranteed								
Mortgages with overdue interest over 90 days, not in process of foreclosure - Residential Mortgages - All Other								
Mortgages with overdue interest over 90 days, not in process of foreclosure - Commercial Mortgages - Insured or Guaranteed								
Mortgages with overdue interest over 90 days, not in process of foreclosure - Commercial Mortgages - All Other								
Mortgages with overdue interest over 90 days, not in process of foreclosure - Mezzanine Loans								
Mortgages with Overdue Interest Over 90 Days, Not in the Process of Foreclosure Not Shown on Lines 1799999 through 2299999								
Mortgages in the Process of Foreclosure - Farm Mortgages								
Mortgages in the Process of Foreclosure - Residential Mortgages - Insured or Guaranteed								
Mortgages in the Process of Foreclosure - Residential Mortgages - All Other								
Mortgages in the Process of Foreclosure - Commercial Mortgages - Insured or Guaranteed								
Mortgages in the Process of Foreclosure - Commercial Mortgages - All Other								
Mortgages in the Process of Foreclosure - Mezzanine Loans								
Mortgages in the Process of Foreclosure - Mortgages in the Process of Foreclosure Not Shown on Lines 2599999 through 3099999								
3399999 Totals					XXX	0	0	0

SCHEDULE B - PART 3

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

1	Location		4	5	6	7	Change in Book Value/Recorded Investment						14	15	16	17	18
	2	3					8	9	10	11	12	13					
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
Mortgages closed by repayment																	
Mortgages with partial repayments																	
Mortgages disposed																	
Mortgages transferred																	
0599999 Totals						0	0	0	0	0	0	0	0	0	0	0	0

SCHEDULE BA - PART 1

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

1	2	3	Location		6	7	8	9	10	11	12	Change In Book/Adjusted Carrying Value					18	19	20
			4	5								13	14	15	16	17			
CUSIP Identification	Name or Description	Code	City	State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book / Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B./A.C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership
Oil and Gas Production - Unaffiliated																			
Oil and Gas Production - Affiliated																			
Transportation Equipment - Unaffiliated																			
Transportation Equipment - Affiliated																			
Mineral Rights - Unaffiliated																			
Mineral Rights - Affiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Bonds - Unaffiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Bonds - Affiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Mortgage Loans - Unaffiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Mortgage Loans - Affiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Other Fixed Income Instruments - Unaffiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Other Fixed Income Instruments - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Fixed Income Instruments - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Fixed Income Instruments - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Common Stocks - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Common Stocks - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Real Estate - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Real Estate - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Mortgage Loans - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Mortgage Loans - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Other - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Other - Affiliated																			
Surplus Debentures, etc.- Unaffiliated																			
Surplus Debentures, etc. - Affiliated																			
Collateral Loans - Unaffiliated																			
Collateral Loans - Affiliated																			
Non-collateral Loans - Unaffiliated																			
Non-Collateral Loans - Affiliated																			
Capital Notes - Unaffiliated																			
Capital Notes - Affiliated																			
Guaranteed Federal Low Income Housing Tax Credit - Unaffiliated																			
Guaranteed Federal Low Income Housing Tax Credit - Affiliated																			
Non-Guaranteed Federal Low Income Housing Tax Credit - Unaffiliated																			
Non-Guaranteed Federal Low Income Housing Tax Credit - Affiliated																			
Guaranteed State Low Income Housing Tax Credit - Unaffiliated																			
Guaranteed State Low Income Housing Tax Credit - Affiliated																			
Non-Guaranteed State Low Income Housing Tax Credit - Unaffiliated																			
Non-Guaranteed State Low Income Housing Tax Credit - Affiliated																			
All Other Low Income Housing Tax Credit - Unaffiliated																			
All Other Low Income Housing Tax Credit - Affiliated																			
Working Capital Finance Investment - Unaffiliated																			
Any Other Class of Assets - Unaffiliated																			
Any Other Class of Assets - Affiliated																			
4499999 - Subtotals - Unaffiliated									0	0	0	0	0	0	0	0	0	0	XXX
4599999 - Subtotals - Affiliated									0	0	0	0	0	0	0	0	0	0	XXX
4699999 Totals									0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE BA - PART 2

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

1	2	Location		5	6	7	8	9	10	11
		3	4							
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership
Oil and Gas Production - Unaffiliated										
Oil and Gas Production - Affiliated										
Transportation Equipment - Unaffiliated										
Transportation Equipment - Affiliated										
Mineral Rights - Unaffiliated										
Mineral Rights - Affiliated										
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Bonds - Unaffiliated										
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Bonds - Affiliated										
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Mortgage Loans - Unaffiliated										
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Mortgage Loans - Affiliated										
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Other Fixed Income Instruments - Unaffiliated										
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Other Fixed Income Instruments - Affiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Fixed Income Instruments - Unaffiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Fixed Income Instruments - Affiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Common Stocks - Unaffiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Common Stocks - Affiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Real Estate - Unaffiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Real Estate - Affiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Mortgage Loans - Unaffiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Mortgage Loans - Affiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Other - Unaffiliated										
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Other - Affiliated										
Surplus Debentures, etc. - Unaffiliated										
Surplus Debentures, etc. - Affiliated										
Collateral Loans - Unaffiliated										
Collateral Loans - Affiliated										
Non-collateral Loans - Unaffiliated										
Non-collateral Loans - Affiliated										
Capital Notes - Unaffiliated										
Capital Notes - Affiliated										
Guaranteed Federal Low Income Housing Tax Credit - Unaffiliated										
Guaranteed Federal Low Income Housing Tax Credit - Affiliated										
Non-Guaranteed Federal Low Income Housing Tax Credit - Unaffiliated										
Non-Guaranteed Federal Low Income Housing Tax Credit - Affiliated										
Guaranteed State Low Income Housing Tax Credit - Unaffiliated										
Guaranteed State Low Income Housing Tax Credit - Affiliated										
Non-Guaranteed State Low Income Housing Tax Credit - Unaffiliated										
Non-Guaranteed State Low Income Housing Tax Credit - Affiliated										
All Other Low Income Housing Tax Credit - Unaffiliated										
All Other Low Income Housing Tax Credit - Affiliated										
Working Capital Finance Investment - Unaffiliated										
Any Other Class of Assets - Unaffiliated										
Any Other Class of Assets - Affiliated										
4499999 -- Subtotals - Unaffiliated							0	0	0	XXX
4599999 -- Subtotals - Affiliated							0	0	0	XXX
4699999 Totals							0	0	0	XXX

SCHEDULE BA - PART 3

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

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/ Adjusted Carrying Value Less Encumbrances Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
Oil and Gas Production - Unaffiliated																			
Oil and Gas Production - Affiliated																			
Transportation Equipment - Unaffiliated																			
Transportation Equipment - Affiliated																			
Mineral Rights - Unaffiliated																			
Mineral Rights - Affiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Bonds - Unaffiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Bonds - Affiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Mortgage Loans - Unaffiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Mortgage Loans - Affiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Other Fixed Income Instruments - Unaffiliated																			
Fixed or Variable Interest Rate Investments that have the Underlying Characteristics of: Other Fixed Income Instruments - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Fixed Income Instruments - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Fixed Income Instruments - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Common Stocks - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Common Stocks - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Real Estate - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Real Estate - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Mortgage Loans - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Mortgage Loans - Affiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Other - Unaffiliated																			
Joint Venture, Partnership or Limited Liability Company Interests that have the Underlying Characteristics of: Other - Affiliated																			
Surplus Debentures, etc. - Unaffiliated																			
Surplus Debentures, etc. - Affiliated																			
Collateral Loans - Unaffiliated																			
Collateral Loans - Affiliated																			
Non-collateral Loans - Unaffiliated																			
Non-collateral Loans - Affiliated																			
Capital Notes - Unaffiliated																			
Capital Notes - Affiliated																			
Guaranteed Federal Low Income Housing Tax Credit - Unaffiliated																			
Guaranteed Federal Low Income Housing Tax Credit - Affiliated																			
Non-Guaranteed Federal Low Income Housing Tax Credit - Unaffiliated																			
Non-Guaranteed Federal Low Income Housing Tax Credit - Affiliated																			
Guaranteed State Low Income Housing Tax Credit - Unaffiliated																			
Guaranteed State Low Income Housing Tax Credit - Affiliated																			
Non-Guaranteed State Low Income Housing Tax Credit - Unaffiliated																			
Non-Guaranteed State Low Income Housing Tax Credit - Affiliated																			
All Other Low Income Housing Tax Credit - Unaffiliated																			
All Other Low Income Housing Tax Credit - Affiliated																			
Working Capital Finance Investment - Unaffiliated																			
Any Other Class of Assets - Unaffiliated																			
Any Other Class of Assets - Affiliated																			
4499999 – Subtotals - Unaffiliated							0	0	0	0	0	0	0	0	0	0	0	0	0
4599999 – Subtotals - Affiliated							0	0	0	0	0	0	0	0	0	0	0	0	0
4699999 Totals							0	0	0	0	0	0	0	0	0	0	0	0	0

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change In Book / Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
Bonds - U.S. Governments - Issuer Obligations																					
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																					
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities																					
Bonds - U.S. Governments - Other Loan-Backed and Structured Securities																					
Bonds - All Other Governments - Issuer Obligations																					
Bonds - All Other Governments - Residential Mortgage-Backed Securities																					
Bonds - All Other Governments - Commercial Mortgage-Backed Securities																					
Bonds - All Other Governments - Other Loan-Backed and Structured Securities																					
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																					
74514L-ST-5	PUERTO RICO GOVERNMENT OBLIGATION			1	1	90,000	74.2500	66,830	90,000	83,474					5.700	5.000	MON	427	5,130	05/21/2012	07/01/2023
1199999 - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						90,000	XXX	66,830	90,000	83,474	0	0	0	0	XXX	XXX	XXX	427	5,130	XXX	XXX
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities																					
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities																					
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities																					
1799999 - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Subtotals - U.S. States, Territories and Possessions (Direct and Guaranteed)						90,000	XXX	66,830	90,000	83,474	0	0	0	0	XXX	XXX	XXX	427	5,130	XXX	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																					
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities																					
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities																					
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities																					
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																					
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities																					
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities																					
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Other Loan-Backed and Structured Securities																					
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																					
Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities																					
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																					
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																					
Bonds - Hybrid Securities - Issuer Obligations																					
Bonds - Hybrid Securities - Residential Mortgage-Backed Securities																					
Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities																					
Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities																					
Bonds - Parent, Subsidiaries and Affiliates - Issuer Obligations																					
Bonds - Parent, Subsidiaries and Affiliates - Residential Mortgage-Backed Securities																					
Bonds - Parent, Subsidiaries and Affiliates - Other Loan-Backed and Structured Securities																					
7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations						90,000	XXX	66,830	90,000	83,474	0	0	0	0	XXX	XXX	XXX	427	5,130	XXX	XXX
8399999 Subtotals - Total Bonds						90,000	XXX	66,830	90,000	83,474	0	0	0	0	XXX	XXX	XXX	427	5,130	XXX	XXX

SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change In Book/Adjusted Carrying Value					20	21
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Code	Foreign	Number Of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change In B./A.C.V. (15+16-17)	Total Foreign Exchange Change In B./A.C.V.	NAIC Desig-nation	Date Acquired
Industrial and Miscellaneous (Unaffiliated)																				
Parent, Subsidiaries, and Affiliates																				
8999999 Total Preferred Stocks							0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	XXX

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Book / Adjusted Carrying Value	Rate per Share Used To Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (13-14)	Total Foreign Exchange Change in B./A.C.V.	NAIC Market Indicator (a)	Date Acquired
Industrial and Miscellaneous (Unaffiliated)																	
Parent, Subsidiaries, and Affiliates																	
Mutual Funds																	
Money Market Mutual Funds																	
9799999 Total Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999 Total Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX

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

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks **ACQUIRED** During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
Bonds - All Other Governments								
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)								
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)								
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions								
Bonds - Industrial and Miscellaneous (Unaffiliated)								
Bonds - Hybrid Securities								
Bonds - Parent, Subsidiaries, and Affiliates								
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)								
Preferred Stocks - Parent, Subsidiaries, and Affiliates								
Common Stocks - Industrial and Miscellaneous (Unaffiliated)								
Common Stocks - Parent, Subsidiaries, and Affiliates								
Common Stocks - Mutual Funds								
Common Stocks - Money Market Mutual Funds								
9999999 Totals						0	XXX	0

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identi-fication	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change In B/A. C.V. (11+12-13)	Total Foreign Exchange Change in B/A. C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
Bonds - U.S. Governments																				
Bonds - All Other Governments																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)																				
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																				
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
Bonds - Hybrid Securities																				
Bonds - Parent, Subsidiaries, and Affiliates																				
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Preferred Stocks - Parent, Subsidiaries, and Affiliates																				
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Common Stocks - Parent, Subsidiaries, and Affiliates																				
Common Stocks - Mutual Funds																				
Common Stocks - Money Market Mutual Funds																				
9999999 Totals						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE D - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	Change In Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stocks)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change In B./A. C.V. (12 + 13 - 14)	Total Foreign Exchange Change In B./A. C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
Bonds - U.S. Governments																				
Bonds - All Other Governments																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)																				
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																				
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
Bonds - Hybrid Securities																				
Bonds - Parent, Subsidiaries, and Affiliates																				
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Preferred Stocks - Parent, Subsidiaries, and Affiliates (Unaffiliated)																				
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																				
Common Stocks - Parent, Subsidiaries, and Affiliates																				
Common Stocks - Mutual Funds																				
Common Stocks - Money Market Mutual Funds																				
9999999 Totals								0	0	0	0	0	0	0	0	0	0	0	0	0

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	Stock of Such Company Owned by Insurer on Statement Date	
								9	10
CUSIP Identification	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAIC Company Code or Alien Insurer Identification Number	NAIC Valuation Method (See SVO Purposes and Procedures Manual)	Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	Total Amount of Such Intangible Assets	Book / Adjusted Carrying Value	Number of Shares	% of Outstanding
Preferred Stocks - Parent									
Preferred Stocks - U.S. Property & Casualty Insurer									
Preferred Stocks - U.S. Life Insurer									
Preferred Stocks - U.S. Health Entity									
Preferred Stocks - Alien Insurer									
Preferred Stocks - Non-Insurer Which Controls Insurer									
Preferred Stocks - Investment Subsidiary									
Preferred Stocks - Other Affiliates									
Common Stocks - Parent									
Common Stocks - U.S. Property & Casualty Insurer									
Common Stocks - U.S. Life Insurer									
Common Stocks - U.S. Health Entity									
Common Stocks - Alien Insurer									
Common Stocks - Non-Insurer Which Controls Insurer									
Common Stocks - Investment Subsidiary									
Common Stocks - Other Affiliates									
1999999 Totals - Preferred and Common Stocks						0	0	XXX	XXX

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

SCHEDULE D - PART 6 - SECTION 2

1	2	3	4	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5	6
CUSIP Identification	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Number of Shares	% of Outstanding
Preferred Stocks					
Common Stocks					
0399999 Totals - Preferred and Common			0	XXX	XXX

SCHEDULE DA - PART 1

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

1	2	Codes		5	6	7	8	Change In Book/Adjusted Carrying Value				13	14	Interest						21
		3	4					9	10	11	12			15	16	17	18	19	20	
CUSIP Identi-fication	Description	Code	Fo rel gn	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Par Value	Actual Cost	Amount Due And Accrued Dec. 31 of Current Year On Bond Not In Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
Bonds - U.S. Governments Issuer Obligations																				
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																				
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities																				
Bonds - U.S Governments - Other Loan-Backed and Structured Securities																				
Bonds - All Other Governments - Issuer Obligations																				
Bonds - All Other Governments - Residential Mortgage-Backed Securities																				
Bonds - All Other Governments - Single Class Mortgage-Backed/Asset-Backed Securities																				
Bonds - All Other Governments - Other Loan-Backed and Structured Securities																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities																				
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities																				
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities																				
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Issuer Obligations																				
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Residential Mortgage-Backed Securities																				
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Commercial Mortgage-Backed Securities																				
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Other Loan-Backed and Structured Securities																				
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																				
Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities																				
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																				
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																				
Bonds - Hybrid Securities - Issuer Obligations																				
Bonds - Hybrid Securities - Residential Mortgage-Backed Securities																				
Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities																				
Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities																				
Bonds - Parent, Subsidiaries and Affiliates Bonds - Issuer Obligations																				
Bonds - Parent, Subsidiaries and Affiliates Bonds - Residential Mortgage-Backed Securities																				
Bonds - Parent, Subsidiaries and Affiliates Bonds - Commercial Mortgage-Backed Securities																				
Bonds - Parent, Subsidiaries and Affiliates Bonds - Other Loan-Backed and Structured Securities																				
Parent, Subsidiaries and Affiliates - Mortgage Loans																				
Parent, Subsidiaries and Affiliates - Other Short-Term Invested Assets																				
Mortgage Loans																				
Exempt Money Market Mutual Funds																				
Class One Money Market Mutual Funds																				
Other Short-Term Invested Assets																				
9199999 Total Short-Term Investments							0	0	0	0	0	XXX	0	0	0	XXX	XXX	XXX	0	0

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1 Description	2 Description of Item(s) Hedged, Used for Income Generation or Replicated	3 Schedule/ Exhibit Identifier	4 Type(s) of Risk(s) (a)	5 Exchange, Counterparty or Central Clearinghouse	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 Notional Amount	10 Strike Price, Rate or Index Received (Paid)	11 Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	12 Current Year Initial Cost of Premium (Received) Paid	13 Current Year Income	14 Book/ Adjusted Carrying Value	15 Code	16 Fair Value	17 Unrealized Valuation Increase/ (Decrease)	18 Total Foreign Exchange Change in B./A.C.V.	19 Current Year's (Amortization)/ Accretion	20 Adjustment To Carrying Value of Hedged Item	21 Potential Exposure	22 Credit Quality of Reference Entity	23 Hedge Effectiveness At Inception and at Year-end (b)
Purchased Options - Hedging Effective - Call Options and Warrants																						
Purchased Options - Hedging Effective - Put Options																						
Purchased Options - Hedging Effective - Caps																						
Purchased Options - Hedging Effective - Floors																						
Purchased Options - Hedging Effective - Collars																						
Purchased Options - Hedging Effective - Other																						
Purchased Options - Hedging Other - Call Options and Warrants																						
Purchased Options - Hedging Other - Put Options																						
Purchased Options - Hedging Other - Caps																						
Purchased Options - Hedging Other - Floors																						
Purchased Options - Hedging Other - Collars																						
Purchased Options - Hedging Other - Other																						
Purchased Options - Replications - Call Options and Warrants																						
Purchased Options - Replications - Put Options																						
Purchased Options - Replications - Caps																						
Purchased Options - Replications - Floors																						
Replications - Collars																						
Purchased Options - Replications - Other																						
Purchased Options - Income Generation - Call Options and Warrants																						
Purchased Options - Income Generation - Put Options																						
Purchased Options - Income Generation - Caps																						
Purchased Options - Income Generation - Floors																						
Purchased Options - Income Generation - Collars																						
Purchased Options - Income Generation - Other																						
Purchased Options - Other - Call Options and Warrants																						
Purchased Options - Other - Put Options																						
Purchased Options - Other - Caps																						
Purchased Options - Other - Floors																						
Purchased Options - Other - Collars																						
Purchased Options - Other - Other																						
Written Options - Hedging Effective - Call Options and Warrants																						
Written Options - Hedging Effective - Put Options																						
Written Options - Hedging Effective - Caps																						
Written Options - Hedging Effective - Floors																						
Written Options - Hedging Effective - Collars																						
Written Options - Hedging Effective - Other																						
Written Options - Hedging Other - Call Options and Warrants																						
Written Options - Hedging Other - Put Options																						
Written Options - Hedging Other - Caps																						
Written Options - Hedging Other - Floors																						
Written Options - Hedging Other - Collars																						
Written Options - Hedging Other - Other																						
Written Options - Replications - Call Options and Warrants																						
Written Options - Replications - Put Options																						
Written Options - Replications - Caps																						
Written Options - Replications - Floors																						
Written Options - Replications - Collars																						
Written Options - Replications - Other																						
Written Options - Income Generation - Call Options																						
Written Options - Income Generation - Put Options																						
Written Options - Income Generation - Caps																						
Written Options - Income Generation - Floors																						
Written Options - Income Generation - Collars																						
Written Options - Income Generation - Other																						
Written Options - Other - Call Options and Warrants																						
Written Options - Other - Put Options																						
Written Options - Other - Caps																						
Written Options - Other - Floors																						
Written Options - Other - Collars																						
Written Options - Other - Other																						
Swaps - Hedging Effective - Interest Rate																						
Swaps - Hedging Effective - Credit Default																						
Swaps - Hedging Effective - Foreign Exchange																						
Swaps - Hedging Effective - Total Return																						

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1 Description	2 Description of Item(s) Hedged, Used for Income Generation or Replicated	3 Schedule/ Exhibit Identifier	4 Type(s) of Risk(s) (a)	5 Exchange, Counterparty or Central Clearinghouse	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 Notional Amount	10 Strike Price, Rate or Index Received (Paid)	11 Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	12 Current Year Initial Cost of Premium (Received) Paid	13 Current Year Income	14 Book/ Adjusted Carrying Value	15 Code	16 Fair Value	17 Unrealized Valuation Increase/ (Decrease)	18 Total Foreign Exchange Change in B./A.C.V.	19 Current Year's (Amortization)/ Accretion	20 Adjustment To Carrying Value of Hedged Item	21 Potential Exposure	22 Credit Quality of Reference Entity	23 Hedge Effectiveness At Inception and at Year-end (b)
Swaps - Hedging Effective - Other																						
Swaps - Hedging Other - Interest Rate																						
Swaps - Hedging Other - Credit Default																						
Swaps - Hedging Other - Foreign Exchange																						
Swaps - Hedging Other - Total Return																						
Swaps - Hedging Other - Other																						
Swaps - Replication - Interest Rate																						
Swaps - Replication - Credit Default																						
Swaps - Replication - Foreign Exchange																						
Swaps - Replication - Total Return																						
Swaps - Replication - Other																						
Swaps - Income Generation - Interest Rate																						
Swaps - Income Generation - Credit Default																						
Swaps - Income Generation - Foreign Exchange																						
Swaps - Income Generation - Total Return																						
Swaps - Income Generation - Other																						
Swaps - Other - Interest Rate																						
Swaps - Other - Credit Default																						
Swaps - Other - Foreign Exchange																						
Swaps - Other - Total Return																						
Swaps - Other - Other																						
Forwards - Hedging Effective																						
Forwards - Hedging Other																						
Forwards - Replication																						
Forwards - Income Generation																						
Forwards - Other																						
1269999 Subtotal - Forwards										0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
1399999 Subtotal - Hedging Effective										0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
1409999 Subtotal - Hedging Other										0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
1419999 Subtotal - Replication										0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
1429999 Subtotal - Income Generation										0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
1439999 Subtotal - Other										0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
1449999 Totals										0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX

(a)	Code	Description of Hedged Risk(s)

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

SCHEDULE DB - PART A - SECTION 2

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

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

SCHEDULE DB - PART A - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Item(s) Hedged, Used For Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity, or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) /Accretion	Gain (Loss) On Termination Recognized	Adjustment to Carrying Value of Hedged Item	Gain (Loss) On Termination-Deferred	Hedge Effectiveness at Inception and at Termination (b)
Written Options - Replications - Call Options and Warrants																								
Written Options - Replications - Put Options																								
Written Options - Replications - Caps																								
Written Options - Replications - Floors																								
Written Options - Replications - Collars																								
Written Options - Replications - Other																								
Written Options - Income Generation - Call Options																								
Written Options - Income Generation - Put Options																								
Written Options - Income Generation - Caps																								
Written Options - Income Generation - Floors																								
Written Options - Income Generation - Collars																								
Written Options - Income Generation - Other																								
Written Options - Other - Call Options and Warrants																								
Written Options - Other - Put Options																								
Written Options - Other - Caps																								
Written Options - Other - Floors																								
Written Options - Other - Collars																								
Written Options - Other - Other																								
Swaps - Hedging Effective - Interest Rate																								
Swaps - Hedging Effective - Credit Default																								
Swaps - Hedging Effective - Foreign Exchange																								
Swaps - Hedging Effective - Total Return																								
Swaps - Hedging Effective - Other																								
Swaps - Hedging Other - Interest Rate																								
Swaps - Hedging Other - Credit Default																								
Swaps - Hedging Other - Foreign Exchange																								
Swaps - Hedging Other - Total Return																								
Swaps - Hedging Other - Other																								
Swaps - Replication - Interest Rate																								
Swaps - Replication - Credit Default																								
Swaps - Replication - Foreign Exchange																								
Swaps - Replication - Total Return																								
Swaps - Replication - Other																								
Swaps - Income Generation - Interest Rate																								
Swaps - Income Generation - Credit Default																								
Swaps - Income Generation - Foreign Exchange																								
Swaps - Income Generation - Total Return																								
Swaps - Income Generation - Other																								
Swaps - Other - Interest Rate																								
Swaps - Other - Credit Default																								
Swaps - Other - Foreign Exchange																								
Swaps - Other - Total Return																								

SCHEDULE DB - PART A - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Item(s) Hedged, Used For Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity, or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change In B./A.C.V.	Current Year's (Amortization)/Accretion	Gain (Loss) On Termination Recognized	Adjustment to Carrying Value of Hedged Item	Gain (Loss) On Termination-Deferred	Hedge Effectiveness at Inception and at Termination (b)
Swaps - Other - Other																								
Forwards - Hedging Effective																								
Forwards - Hedging Other																								
Forwards - Replication																								
Forwards - Income Generation																								
Forwards - Other																								
1269999 Forwards - Subtotal - Forwards												0	0	0	0	0	XXX	0	0	0	0	0	0	XXX
1399999 Totals - Subtotal - Hedging Effective												0	0	0	0	0	XXX	0	0	0	0	0	0	XXX
1409999 Totals - Subtotal - Hedging Other												0	0	0	0	0	XXX	0	0	0	0	0	0	XXX
1419999 Totals - Subtotal - Replication												0	0	0	0	0	XXX	0	0	0	0	0	0	XXX
1429999 Totals - Subtotal - Income Generation												0	0	0	0	0	XXX	0	0	0	0	0	0	XXX
1439999 Totals - Subtotal - Other												0	0	0	0	0	XXX	0	0	0	0	0	0	XXX
1449999 Total												0	0	0	0	0	XXX	0	0	0	0	0	0	XXX

(a)	Code	Description of Hedged Risk(s)

SCHEDULE DB - PART A - SECTION 2

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly Effective Hedges			18	19	20	21	22
														15	16	17					
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used For Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-End (b)	Value of One (1) Point
Long Futures - Hedging Effective																					
Long Futures - Hedging Other																					
Long Futures - Replication																					
Long Futures - Income Generation																					
Long Futures - Other																					
Short Futures - Hedging Effective																					
Short Futures - Hedging Other																					
Short Futures - Replication																					
Short Futures - Income Generation																					
Short Futures - Other																					
1449999 – Totals												0	0	0	0	0	0	0	0	XXX	XXX

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Total Net Cash Deposits	0	0	0

(a)	Code	Description of Hedged Risk(s)

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

SCHEDULE DB - PART B - SECTION 2

Future Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Change In Variation Margin			19	20
															16	17	18		
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used For Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Expiration, Maturity or Sale	Cumulative Variation Margin at Termination	Gain (Loss) Recognized In Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item	Deferred	Hedge Effectiveness at Inception/ and at Termination (b)	Value of One (1) Point
Long Futures - Hedging Effective																			
Long Futures - Hedging Other																			
Long Futures - Replication																			
Long Futures - Income Generation																			
Long Futures - Other																			
Short Futures - Hedging Effective																			
Short Futures - Hedging Other																			
Short Futures - Replication																			
Short Futures - Income Generation																			
Short Futures - Other																			
1449999	Total													0	0	0	0	XXX	XXX

(a)	Code	Description of Hedged Risk(s)

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
	b	
	b	
	b	
	b	

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	4	Book/Adjusted Carrying Value			Fair Value			11	12
				5	6	7	8	9	10		
Description of Exchange, Counterparty or Central Clearinghouse	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Contracts With Book/Adjusted Carrying Value >0	Contracts With Book/Adjusted Carrying Value <0	Exposure Net of Collateral	Contracts With Fair Value >0	Contracts With Fair Value <0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure
NAIC 1 Designation											
NAIC 2 Designation											
NAIC 3 Designation											
NAIC 4 Designation											
NAIC 5 Designation											
NAIC 6 Designation											
0999999 Totals			0	0	0	0	0	0	0	0	0

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
0199999 Total				0	0	0	XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
0299999 Total				0	0	XXX	XXX	XXX

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
Bonds - U.S. Governments - Issuer Obligations						
Bonds - U.S. Governments - Residential Mortgage-Backed Securities						
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities						
Bonds - U.S. Governments - Other Loan-Backed and Structured Securities						
Bonds - All Other Governments - Issuer Obligations						
Bonds - All Other Governments - Residential Mortgage-Backed Securities						
Bonds - All Other Governments - Commercial Mortgage-Backed Securities						
Bonds - All Other Governments - Other Loan-Backed and Structured Securities						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Other Loan-Backed and Structured Securities						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities						
Bonds - Hybrid Securities - Issuer Obligations						
Bonds - Hybrid Securities - Residential Mortgage-Backed Securities						
Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities						
Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities						
Bonds - Parent, Subsidiaries and Affiliates - Issuer Obligations						
Bonds - Parent, Subsidiaries and Affiliates - Residential Mortgage-Backed Securities						
Bonds - Parent, Subsidiaries and Affiliates - Commercial Mortgage-Backed Securities						
Bonds - Parent, Subsidiaries and Affiliates - Other Loan-Backed and Structured Securities						
Stocks - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)						
Stocks - Preferred Stocks - Parent, Subsidiaries, and Affiliates						
Stocks - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						
Stocks - Common Stocks - Parent, Subsidiaries, and Affiliates						
Stocks - Common Stocks - Mutual Funds						
Stocks - Common Stocks - Money Market Mutual Funds						
Real Estate (Schedule A type)						
Mortgage Loans on Real Estate (Schedule B type)						
Other Invested Assets (Schedule BA type)						
Short-Term Invested Assets (Schedule DA type)						
Cash (Schedule E Part 1 type)						
Cash Equivalents (Schedule E Part 2 type)						
Other Assets						
9999999 Totals				0	0	XXX

General Interrogatories:

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

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
Bonds - U.S. Governments - Issuer Obligations						
Bonds - U.S. Governments - Residential Mortgage-Backed Securities						
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities						
Bonds - U.S. Governments - Other Loan-Backed and Structured Securities						
Bonds - All Other Governments - Issuer Obligations						
Bonds - All Other Governments - Residential Mortgage-Backed Securities						
Bonds - All Other Governments - Commercial Mortgage-Backed Securities						
Bonds - All Other Governments - Other Loan-Backed and Structured Securities						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities						
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities						
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Other Loan-Backed and Structured Securities						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities						
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities						
Bonds - Hybrid Securities - Issuer Obligations						
Bonds - Hybrid Securities - Residential Mortgage-Backed Securities						
Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities						
Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities						
Bonds - Parent, Subsidiaries and Affiliates - Issuer Obligations						
Bonds - Parent, Subsidiaries and Affiliates - Residential Mortgage-Backed Securities						
Bonds - Parent, Subsidiaries and Affiliates - Commercial Mortgage-Backed Securities						
Bonds - Parent, Subsidiaries and Affiliates - Other Loan-Backed and Structured Securities						
Stocks - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)						
Stocks - Preferred Stocks - Parent, Subsidiaries, and Affiliates						
Stocks - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						
Stocks - Common Stocks - Parent, Subsidiaries, and Affiliates						
Stocks - Common Stocks - Mutual Funds						
Stocks - Common Stock - Money Market Mutual Funds						
Real Estate (Schedule A type)						
Mortgage Loans on Real Estate (Schedule B type)						
Other Invested Assets (Schedule BA type)						
Short-Term Invested Assets (Schedule DA type)						
Cash (Schedule E Part 1 type)						
Cash Equivalents (Schedule E Part 2 type)						
Other Assets						
9999999 Totals				0	0	XXX

General Interrogatories:

1. Total activity for the year ..... Fair Value $ ..... Book/Adjusted Carrying Value $ .....
2. Average balance for the year ..... Fair Value $ ..... Book/Adjusted Carrying Value $ .....

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions)-open depositories	XXX	XXX	25,961		818,544	XXX
0199999 Totals-Open Depositories	XXX	XXX	25,961	0	818,544	XXX
0399999 Total Cash on Deposit	XXX	XXX	25,961	0	818,544	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	300	XXX
0599999 Total Cash	XXX	XXX	25,961	0	818,844	XXX

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

1. January	809,144	4. April	841,625	7. July	826,781	10. October	997,572
2. February	877,740	5. May	888,411	8. August	888,625	11. November	1,020,195
3. March	863,346	6. June	858,126	9. September	939,061	12. December	818,844

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Bonds - U.S. Governments - Issuer Obligations							
Bonds - U.S. Governments - Residential Mortgage-Backed Securities							
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities							
Bonds - U.S. Governments - Other Loan-Backed and Structured Securities							
Bonds - All Other Governments - Issuer Obligations							
Bonds - All Other Governments - Residential Mortgage-Backed Securities							
Bonds - All Other Governments - Commercial Mortgage-Backed Securities							
Bonds - All Other Governments - Other Loan-Backed and Structured Securities							
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations							
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities							
Bonds - .S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities							
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities							
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations							
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities							
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities							
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities							
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations							
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities							
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Other Loan-Backed and Structured Securities							
Bonds - Industrial and Miscellaneous - Issuer Obligations							
Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities							
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities							
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities							
Bonds - Hybrid Securities - Issuer Obligations							
Bonds - Hybrid Securities - Residential Mortgage-Backed Securities							
Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities							
Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities							
Bonds - Parent, Subsidiaries and Affiliates Bonds - Issuer Obligations							
Bonds - Parent, Subsidiaries and Affiliates Bonds - Residential Mortgage-Backed Securities							
Bonds - Parent, Subsidiaries and Affiliates Bonds - Commercial Mortgage-Backed Securities							
Bonds - Parent, Subsidiaries and Affiliates Bonds - Other Loan-Backed and Structured Securities							
Sweep Accounts							
Other Cash Equivalents							
CERTIFICATE OF DEPOSIT		03/20/2014	2.350	03/20/2016	200,000		
CERTIFICATE OF DEPOSIT		01/11/2014	1.050	01/11/2016	200,000		
CERTIFICATE OF DEPOSIT		07/29/2014	2.000	07/30/2016	50,079		
CERTIFICATE OF DEPOSIT		10/31/2013	2.000	11/07/2018	179,007		
CERTIFICATE OF DEPOSIT		08/13/2013	1.250	08/13/2015	50,000		
STATUTARY DEPOSIT		11/13/2013	0.250	11/13/2015	104,975		
STATUTARY DEPOSIT		01/23/2014	1.050	01/23/2016	195,025		
STATUTARY DEPOSIT		02/28/2013	2.500	02/08/2015	100,000		
STATUTARY DEPOSIT		03/16/2014	0.650	03/16/2015	200,000		
8599999 - Other Cash Equivalents					1,279,086	0	0
8699999 Total Cash Equivalents					1,279,086	0	0

SCHEDULE E PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders 3 Book/Adjusted Carrying Value	 4 Fair Value	All Other Special Deposits 5 Book/Adjusted Carrying Value	 6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR	C	STATUTARY DEPOSIT		600,000		
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Other Alien OT	XXX	XXX	0	0	0	0
59. Total	XXX	XXX	0	600,000	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX	0	0	0	0

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9 5 7 6 2 2 0 1 4 2 0 5 0 0 1 0 0

LIFE SUPPLEMENTS

For The Year Ended December 31, 2014

(To Be Filed By March 1)

Of The Plan Medico Servicios de Salud Bella Vista Insurance Company
Address (City, State and Zip Code) Mayaguez, PR 00682-1538
NAIC Group Code 0000 NAIC Company Code 95762 Employer's ID Number 66-0524575

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
LIFE INSURANCE:					
0199997. Totals (Gross)	0	0	0	0	0
0199998. Reinsurance ceded	0				
0199999. Totals (Net)	0	0	0	0	0
ANNUITIES (excluding supplementary contracts with life contingencies):					
0299997. Totals (Gross)	0	XXX	0	XXX	0
0299998. Reinsurance ceded	0	XXX		XXX	
0299999. Totals (Net)	0	XXX	0	XXX	0
SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES:					
0399997. Totals (Gross)	0	0	0	0	0
0399998. Reinsurance ceded	0				
0399999. Totals (Net)	0	0	0	0	0
ACCIDENTAL DEATH BENEFITS:					
0499997. Totals (Gross)	0	0	0	0	0
0499998. Reinsurance ceded	0				
0499999. Totals (Net)	0	0	0	0	0
DISABILITY-ACTIVE LIVES:					
0599997. Totals (Gross)	0	0	0	0	0
0599998. Reinsurance ceded	0				
0599999. Totals (Net)	0	0	0	0	0
DISABILITY-DISABLED LIVES:					
0699997. Totals (Gross)	0	0	0	0	0
0699998. Reinsurance ceded	0				
0699999. Totals (Net)	0	0	0	0	0
MISCELLANEOUS RESERVES:					
0799997. Totals (Gross)	0	0	0	0	0
0799998. Reinsurance ceded	0				
0799999. Totals (Net)	0	0	0	0	0
9999999. Totals (Net)	0	0	0	0	0

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? ..... Yes [ ] No [ ]

1.2 If not, state which kind is issued.

.....

2.1 Does the reporting entity at present issue both participating and non-participating contracts? ..... Yes [ ] No [ ]

2.2 If not, state which kind is issued.

.....

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? ..... Yes [ ] No [ ]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the Instructions.

4. Has the reporting entity any assessment or stipulated premium contracts in force? ..... Yes [ ] No [ ]
If so, state:

4.1 Amount of insurance? ..... $.....

4.2 Amount of reserve? ..... $.....

4.3 Basis of reserve:

.....

4.4 Basis of regular assessments:

.....

4.5 Basis of special assessments:

.....

4.6 Assessments collected during the year: ..... $.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

.....

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? ..... Yes [ ] No [ ]

6.1 If so, state the amount or reserve on such contracts on the basis actually held: ..... $.....

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: ..... $.....
Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [ ]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements? ..... $.....

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

.....

7.3 State the amount of reserves established for this business: ..... $.....

7.4 Identify where the reserves are reported in the blank:

.....

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [ ]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: ..... $.....

8.2 State the amount of reserves established for this business: ..... $.....

8.3 Identify where the reserves are reported in the blank:

.....

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? ..... Yes [ ] No [ ]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders ..... $.....

9.2 State the amount of reserves established for this business: ..... $.....

9.3 Identify where the reserves are reported in the blank:

.....

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance	0					
2. Deposits received during the year	0					
3. Investment earnings credited to the account	0					
4. Other net change in reserves	0					
5. Fees and other charges assessed	0					
6. Surrender charges	0					
7. Net surrender or withdrawal payments	0					
8. Other net transfers to or (from) Separate Accounts	0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	0	0	0	0	0	0
10. Reinsurance balance at the beginning of the year	0					
11. Net change in reinsurance assumed	0					
12. Net change in reinsurance ceded	0					
13. Reinsurance balance at the end of the year (Lines 10+11-12)	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits 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 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Affiliates - U.S. - Captive											
General Account - Affiliates - U.S. - Other											
General Account - Affiliates - Non-U.S. - Captive											
General Account - Affiliates - Non-U.S. - Other											
General Account - Non-Affiliates - U.S. Non-Affiliates											
General Account - Non-Affiliates - Non-U.S. Non-Affiliates											
Separate Accounts - Affiliates - U.S. - Captive											
Separate Accounts - Affiliates - U.S. - Other											
Separate Accounts - Affiliates - Non-U.S. - Captive											
Separate Accounts - Affiliates - Non-U.S. - Other											
Separate Accounts - Non-Affiliates - U.S. Non-Affiliates											
Separate Accounts - Non-Affiliates - Non-U.S. Non-Affiliates											
9999999 Totals						0	0	0	0	0	0

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Captive														
General Account - Authorized - Affiliates - U.S. - Other														
General Account - Authorized - Affiliates - Non-U.S. - Captive														
General Account - Authorized - Affiliates - Non-U.S. - Other														
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates														
General Account - Unauthorized - Affiliates - U.S. - Captive														
General Account - Unauthorized - Affiliates - U.S. - Other														
General Account - Unauthorized - Affiliates - Non-U.S. - Captive														
General Account - Unauthorized - Affiliates - Non-U.S. - Other														
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates														
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates														
General Account - Certified - Affiliates - U.S. - Captive														
General Account - Certified - Affiliates - U.S. - Other														
General Account - Certified - Affiliates - Non-U.S. - Captive														
General Account - Certified - Affiliates - Non-U.S. - Other														
General Account - Certified - Non-Affiliates - U.S. Non-Affiliates														
General Account - Certified - Non-Affiliates - Non-U.S. Non-Affiliates														
Separate Accounts - Authorized - Affiliates - U.S. - Captive														
Separate Accounts - Authorized - Affiliates - U.S. - Other														
Separate Accounts - Authorized - Affiliates - Non-U.S. - Captive														
Separate Accounts - Authorized - Affiliates - Non-U.S. - Other														
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates														
Separate Accounts - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates														
Separate Accounts - Unauthorized - Affiliates - U.S. - Captive														
Separate Accounts - Unauthorized - Affiliates - U.S. - Other														
Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Captive														
Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Other														
Separate Accounts - Unauthorized - Non-Affiliates - U.S. Non-Affiliates														
Separate Accounts - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates														
Separate Accounts - Certified - Affiliates - U.S. - Captive														
Separate Accounts - Certified - Affiliates - U.S. - Other														
Separate Accounts - Certified - Affiliates - Non-U.S. - Captive														
Separate Accounts - Certified - Affiliates - Non-U.S. - Other														
Separate Accounts - Certified - Non-Affiliates - U.S. Non-Affiliates														
Separate Accounts - Certified - Non-Affiliates - Non-U.S. Non-Affiliates														
9999999 Totals							0	0	0	0	0	0	0	0

9 5 7 6 2 2 0 1 4 2 0 6 0 0 0 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

DIRECT BUSINESS IN THE STATE OF .....

DURING THE YEAR 2014

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 95762

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year $ ..... current year $ .....

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year $ ..... current year $ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $ ..... current year $ .....

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

9 5 7 6 2 2 0 1 4 2 0 7 0 0 1 0 0

PROPERTY/CASUALTY SUPPLEMENTS

For The Year Ended December 31, 2014

(To Be Filed On Or Before March 1)

Of The Plan Medico Servicios de Salud Bella Vista Insurance Company
Address (City, State and Zip Code) Mayaguez, PR 00682-1538
NAIC Group Code 0000 NAIC Company Code 95762 Employer's ID Number 66-0524575

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 +7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
Affiliates - U.S. Intercompany Pooling														
Affiliates - U.S. Non-Pool - Captive														
Affiliates - U.S. Non-Pool - Other														
Affiliates - Other (Non-U.S.) - Captive														
Affiliates - Other (Non-U.S.) - Other														
Other U.S. Unaffiliated Insurers														
Pools and Associations - Mandatory Pools														
Pools and Associations - Voluntary Pools														
Other Non-U.S. Insurers														
9999999 Totals				0	0	0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
Authorized - Affiliates - U.S. Intercompany Pooling																		
Authorized - Affiliates - U.S. Non-Pool - Captive																		
Authorized - Affiliates - U.S. Non-Pool - Other																		
Authorized - Affiliates - Other (Non-U.S.) - Captive																		
Authorized - Affiliates - Other (Non-U.S.) - Other																		
Authorized - Other U.S. Unaffiliated Insurers																		
Authorized - Pools - Mandatory Pools																		
Authorized - Pools - Voluntary Pools																		
Authorized - Other Non-U.S. Insurers																		
Unauthorized - Affiliates - U.S. Intercompany Pooling																		
Unauthorized - Affiliates - U.S. Non-Pool - Captive																		
Unauthorized - Affiliates - U.S. Non--Pool - Other																		
Unauthorized - Affiliates - Other (Non-U.S.) - Captive																		
Unauthorized - Affiliates - Other (Non-U.S.) - Other																		
Unauthorized - Other U.S. Unaffiliated Insurers																		
Unauthorized - Pools - Mandatory Pools																		
Unauthorized - Pools - Voluntary Pools																		
Unauthorized - Other non-U.S. Insurers																		
Certified - Affiliates - U.S. Intercompany Pooling																		
Certified - Affiliates - U.S. Non-Pool - Captive																		
Certified - Affiliates - U.S. Non-Pool - Other																		
Certified - Affiliates - Other (Non-U.S) - Captive																		
Certified - Affiliates - Other (Non-U.S.) - Other																		
Certified - Other U.S. Unaffiliated Insurers																		
Certified - Pools - Mandatory Pools																		
Certified - Pools - Voluntary Pools																		
Certified - Other Non-U.S. Insurers																		
9999999 Totals					0	0	0	0	0	0	0	0	0	0	0	0	0	0

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of $50,000:

	1 Name of Company	2 Commission Rate	3 Ceded Premium
1.			
2.			
3.			
4.			
5.			

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.				Yes [ ] No [ ]
2.				Yes [ ] No [ ]
3.				Yes [ ] No [ ]
4.				Yes [ ] No [ ]
5.				Yes [ ] No [ ]

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding - Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0		0	0
3.	0	0	0	0.0	0.0	0.0	0	0		0	0
4.	0	0	0	0.0	0.0	0.0	0	0		0	0
5.	0	0	0	0.0	0.0	0.0	0	0		0	0
6.	0	0	0	0.0	0.0	0.0	0	0		0	0
7.	0	0	0	0.0	0.0	0.0	0	0		0	0
8.	0	0	0	0.0	0.0	0.0	0	0		0	0
9.	0	0	0	0.0	0.0	0.0	0	0		0	0
10.	0	0	0	0.0	0.0	0.0	0	0		0	0
11.	0	0	0	0.0	0.0	0.0	0	0		0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	12
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P-PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2013	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P-PART 1K - FIDELITY/SURETY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P-PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1M - INTERNATIONAL

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct And Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7+ 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12.	0	0	0	0	0	0	0	0	0	0	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct And Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7+ 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12.	0	0	0	0	0	0	0	0	0	0	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1P - REINSURANCE - NONPROPORTIONAL ASSUMED FINANCIAL LINES

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct And Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7+ 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12.	0	0	0	0	0	0	0	0	0	0	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P-PART 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1T - WARRANTY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2013	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2D- WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior											0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

9 5 7 6 2 2 0 1 4 2 0 8 0 0 0 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000 | BUSINESS IN THE STATE OF ..... | DURING THE YEAR 2014 | NAIC Company Code 95762

Line of Business	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (personal injury protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (personal injury protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 $ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2014
(To Be Filed by April 1)

NAIC Group Code 0000

NAIC Company Code 95762

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves				0.000			
1.2 Without Contract Reserves				0.000			
1.3 Subtotal	0	0	0	0.000	0	0	0
2. Short-Term Medical							
2.1 With Contract Reserves				0.000			
2.2 Without Contract Reserves				0.000			
2.3 Subtotal	0	0	0	0.000	0	0	0
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves				0.000			
3.2 Without Contract Reserves				0.000			
3.3 Subtotal	0	0	0	0.000	0	0	0
4. Specified/Named Disease							
4.1 With Contract Reserves				0.000			
4.2 Without Contract Reserves				0.000			
4.3 Subtotal	0	0	0	0.000	0	0	0
5. Limited Benefit							
5.1 With Contract Reserves				0.000			
5.2 Without Contract Reserves				0.000			
5.3 Subtotal	0	0	0	0.000	0	0	0
6. Student							
6.1 With Contract Reserves				0.000			
6.2 Without Contract Reserves				0.000			
6.3 Subtotal	0	0	0	0.000	0	0	0
7. Accident Only or AD&D							
7.1 With Contract Reserves				0.000			
7.2 Without Contract Reserves				0.000			
7.3 Subtotal	0	0	0	0.000	0	0	0
8. Disability Income -- Short-Term							
8.1 With Contract Reserves				0.000			
8.2 Without Contract Reserves				0.000			
8.3 Subtotal	0	0	0	0.000	0	0	0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only

For The Year Ended December 31, 2014

(To Be Filed by April 1)

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives As of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income -- Long-Term							
9.1 With Contract Reserves				0.000			
9.2 Without Contract Reserves				0.000			
9.3 Subtotal	0	0	0	0.000	0	0	0
10. Long-Term Care							
10.1 With Contract Reserves				0.000			
10.2 Without Contract Reserves				0.000			
10.3 Subtotal	0	0	0	0.000	0	0	0
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves				0.000			
11.2 Without Contract Reserves				0.000			
11.3 Subtotal	0	0	0	0.000	0	0	0
12. Dental							
12.1 With Contract Reserves				0.000			
12.2 Without Contract Reserves				0.000			
12.3 Subtotal	0	0	0	0.000	0	0	0
13. State Children's Health Insurance Program							
13.1 With Contract Reserves				0.000			
13.2 Without Contract Reserves				0.000			
13.3 Subtotal	0	0	0	0.000	0	0	0
14. Medicare							
14.1 With Contract Reserves				0.000			
14.2 Without Contract Reserves				0.000			
14.3 Subtotal	0	0	0	0.000	0	0	0
15. Medicaid							
15.1 With Contract Reserves				0.000			
15.2 Without Contract Reserves				0.000			
15.3 Subtotal	0	0	0	0.000	0	0	0
16. Medicare Part D -- Stand-Alone							
16.1 With Contract Reserves				0.000			
16.2 Without Contract Reserves				0.000			
16.3 Subtotal	0	0	0	0.000	0	0	0
17. Other Individual Business							
17.1 With Contract Reserves				0.000			
17.2 Without Contract Reserves				0.000			
17.3 Subtotal	0	0	0	0.000	0	0	0
18. Total Individual Business							
18.1 With Contract Reserves	0	0	0	0.000	0	0	0
18.2 Without Contract Reserves	0	0	0	0.000	0	0	0
19. Grand Total Individual	0	0	0	0.000	0	0	0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2014
(To Be Filed by April 1)

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives As of Dec. 31	7 Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer				0.000			
1.2 Other Employer				0.000			
1.3 Single Employer Subtotal	0	0	0	0.000	0	0	0
2. Multiple Employer Assns and Trusts				0.000			
3. Other Associations and Discretionary Trusts				0.000			
4. Other Comprehensive Major Medical				0.000			
5. Comprehensive/Major Medical Subtotal	0	0	0	0.000	0	0	0
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease				0.000			
7. Limited Benefit				0.000			
8. Student				0.000			
9. Accident Only or AD&D				0.000			
10. Disability Income – Short-term				0.000			
11. Disability Income -- Long-term				0.000			
12. Long-Term Care				0.000			
13. Medicare Supplement (Medigap)				0.000			
14. Federal Employees Health Benefits Plan				0.000			
15. Tricare				0.000			
16. Dental				0.000			
17. Medicare				0.000			
18. Medicare Part D – Stand-Alone				0.000			
19. Other Group Care				0.000			
20. Grand Total Group Business	0	0	0	0.000	0	0	0
C. OTHER BUSINESS							
1. Credit (Individual and Group)				0.000			
2. Stop Loss/Excess Loss				0.000			
3. Administrative Services Only	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX			
5. Grand Total Other Business	0	0	0	0.000	0	0	0
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms				0.000			
2. Grand Total Individual, Group and Other Business	0	0	0	0.000	0	0	0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 - INDIVIDUAL POLICIES

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	5,255,552	3,364,126		64.011
2. Other Forms Direct Business				0.000
3. Total Direct Business	5,255,552	3,364,126	0	64.011
4. Reinsurance Assumed				0.000
5. Less Reinsurance Ceded				0.000
6. Total	5,255,552	3,364,126	0	64.011

PART 2 - GROUP POLICIES

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business				0.000
2. Other Forms Direct Business				0.000
3. Total Direct Business	0	0	0	0.000
4. Reinsurance Assumed				0.000
5. Less Reinsurance Ceded				0.000
6. Total	0	0	0	0.000

PART 3 - CREDIT POLICIES (Individual and Group)

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	0			0.000
2. Other Forms Direct Business				0.000
3. Total Direct Business	0	0	0	0.000
4. Reinsurance Assumed				0.000
5. Less Reinsurance Ceded				0.000
6. Total	0	0	0	0.000

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	5,255,552	3,364,126	0	64.011
2. Other Forms Direct Business	0	0	0	0.000
3. Total Direct Business	5,255,552	3,364,126	0	64.011
4. Reinsurance Assumed	0	0	0	0.000
5. Less Reinsurance Ceded	0	0	0	0.000
6. Total	5,255,552	3,364,126	0	64.011

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For Year Ended December 31, 2014
(To be Filed by April 1)

OF THE Plan Medico Servicios de Salud Bella Vista
Direct Business in the State of .....

NAIC COMPANY CODE 95762

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				0
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for Other Deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0
DETAILS OF WRITE-INS				
3.501.				
3.502.				
3.503.				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599. Total (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Total (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For The Year Ended December 31,2014

(To be Filed by April 1)

OF THE Plan Medico Servicios de Salud Bella Vista

Direct Business in the State of .....

NAIC COMPANY CODE 95762

	1 Life Insurance Premium	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	0	0	0	0
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	0
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	0
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	0
7.3 Amounts NOT in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year 2014	0	0	0	0
DETAILS OF WRITE - INS				
1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)	0	0	0	0

9 5 7 6 2 2 0 1 4 2 1 3 0 0 1 0 0

INSURANCE EXPENSE EXHIBIT

For The Year Ended December 31, 2014
(To Be Filed by April 1)

OF THE (Name) Plan Medico Servicios de Salud Bella Vista
ADDRESS (City, State and Zip Code) Mayaguez, PR 00682-1538
NAIC Group Code 0000 NAIC Company Code 95762 Employer's Identification Number 66-0524575
Contact Person Juan Ramon Rosado Title Telephone 787-833-8070

INTERROGATORIES

1. Change in reserve for deferred maternity and other similar benefits are reflected in:

   1.1 Premiums Earned ..... [ ]

   1.2 Losses Incurred ..... [ ]

   1.3 Not Applicable ..... [ ]

2. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:

   2.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2 ..... $.....

   2.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2 ..... $.....

   2.3 Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2 ..... $.....

   2.4 Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2 ..... $.....

   2.5 Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2 ..... $.....

3. Indicate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:

   3.1 Net Investment Income ..... $.....

   3.2 Net realized Capital Gain or (Loss) ..... $.....

4.1. The information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation? ..... Yes [ ] No [ ]

4.2. Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Statement may be attached ..... Yes [ ] No [ ]

4.3. If yes, explain:

.....

INSURANCE EXPENSE EXHIBIT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

PART I - ALLOCATION TO EXPENSE GROUPS

(000 OMITTED)

Operating Expense Classifications	1 Loss Adjustment Expense	Other Underwriting Expenses 2 Acquisition, Field Supervision and Collection Expenses	3 General Expenses	4 Taxes, Licenses and Fees	5 Investment Expenses	6 Total Expenses
1. Claim adjustment services:						
1.1 Direct						0
1.2 Reinsurance assumed						0
1.3 Reinsurance ceded						0
1.4 Net claim adjustment services (Lines 1.1 + 1.2 - 1.3)	0	0	0	0	0	0
2. Commission and brokerage:						
2.1 Direct excluding contingent						0
2.2 Reinsurance assumed excluding contingent						0
2.3 Reinsurance ceded excluding contingent						0
2.4 Contingent-direct						0
2.5 Contingent-reinsurance assumed						0
2.6 Contingent-reinsurance ceded						0
2.7 Policy and membership fees						0
2.8 Net commission and brokerage (Lines 2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	0	0	0	0	0
3. Allowances to managers and agents						0
4. Advertising						0
5. Boards, bureaus and associations						0
6. Surveys and underwriting reports						0
7. Audit of assureds' records						0
8. Salary related items:						
8.1 Salaries						0
8.2 Payroll taxes						0
9. Employee relations and welfare						0
10. Insurance						0
11. Directors' fees						0
12. Travel and travel items						0
13. Rent and rent items						0
14. Equipment						0
15. Cost or depreciation of EDP equipment and software						0
16. Printing and stationery						0
17. Postage, telephone and telegraph, exchange and express						0
18. Legal and auditing						0
19. Totals (Lines 3 to 18)	0	0	0	0	0	0
20. Taxes, licenses and fees:						
20.1 State and local insurance taxes deducting guaranty association credits of $						0
20.2 Insurance department licenses and fees						0
20.3 Gross guaranty association assessments						0
20.4 All other (excl Fed. and foreign income and real estate)						0
20.5 Total taxes, licenses and fees (Lines 20.1 + 20.2 + 20.3 + 20.4)	0	0	0	0	0	0
21. Real estate expenses						0
22. Real estate taxes						0
23. Reimbursements by uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX
24. Aggregate write-ins for miscellaneous operating expenses	0	0	0	0	0	0
25. TOTAL EXPENSES INCURRED	0	0	0	0	0	0
DETAILS OF WRITE-INS						
2401.						
2402.						
2403.						
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0	0	0
2499. TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)	0	0	0	0	0	0

INSURANCE EXPENSE EXHIBIT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

PART II - ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE
(000 OMITTED)

		Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expense: Defense and Cost Containment Expenses Incurred		Loss Adjustment Expense: Adjusting and Other Expenses Incurred		Unpaid Losses		Loss Adjustment Expense: Defense and Cost Containment Expenses Unpaid		Loss Adjustment Expense: Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1.	Fire		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
2.1	Allied Lines		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
2.2	Multiple Peril Crop		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
2.3	Federal Flood		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
2.4	Private Crop		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
3.	Farmowners Multiple Peril		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
4.	Homeowners Multiple Peril		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.1	Commercial Multiple Peril (Non-Liability Portion)		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.2	Commercial Multiple Peril (Liability Portion)		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
6.	Mortgage Guaranty		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
8.	Ocean Marine		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9.	Inland Marine		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10.	Financial Guaranty		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
11.	Medical Professional Liability		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
12.	Earthquake		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
13.	Group A&H (See Interrogatory 1)		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Credit A&H		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
15.	Other A&H (See Interrogatory 1)		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
16.	Workers' Compensation		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
17.1	Other liability - Occurrence		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
17.2	Other Liability - Claims-Made		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
17.3	Excess Workers' Compensation		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
18.	Products Liability		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
19.1,19.2	Private Passenger Auto Liability		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
19.3,19.4	Commercial Auto Liability		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
21.1	Private Passenger Auto Physical Damage		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
21.2	Commercial Auto Physical Damage		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
22.	Aircraft (all perils)		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
23.	Fidelity		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
24.	Surety		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
26.	Burglary and Theft		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
27.	Boiler and Machinery		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
28.	Credit		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
29.	International		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
30.	Warranty		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
31,32,33.	Reinsurance-Nonproportional Assumed		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
34.	Aggregate Write-Ins for Other Lines of Business	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
35.	TOTAL (Lines 1 through 34)	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																							
3401.			XXX		100.0																		
3402.			XXX		100.0																		
3403.			XXX		100.0																		
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
3499.	TOTAL (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

PART II - ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE (Continued)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE
(000 OMITTED)

	Other Underwriting Expenses																			
	Commission and Brokerage Expenses Incurred (IEE Pt. 1, Line 2.8, Col. 2)		Taxes, Licenses and Fees Incurred (IEE Pt. 1, Line 20.5, Col. 4)		Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Pt. 1, Line 25 minus 2.8, Col. 2)		General Expenses Incurred (IEE Pt. 1, Line 25, Col. 3)		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment Gain		Investment Gain On Funds Attributable to Insurance Transactions		Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus		Investment Gain Attributable to Capital and Surplus		Total Profit or Loss	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %
1. Fire		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2.1 Allied Lines		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2.2 Multiple Peril Crop		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2.3 Federal Flood		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2.4 Private Crop		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
3. Farmowners Multiple Peril		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Homeowners Multiple Peril		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5.1 Commercial Multiple Peril (Non-Liability Portion)		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5.2 Commercial Multiple Peril (Liability Portion)		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Mortgage Guaranty		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
8. Ocean Marine		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9. Inland Marine		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10. Financial Guaranty		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Medical Professional Liability		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Earthquake		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Group A&H (See Interrogatory 1)		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Credit A&H		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15. Other A&H (See Interrogatory 1)		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
16. Workers' Compensation		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
17.1. Other Liability - Occurrence		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
17.2. Other Liability - Claims-Made		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
17.3. Excess Workers' Compensation		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
18. Products Liability		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
19.1,19.2 Private Passenger Auto Liability		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
19.3,19.4 Commercial Auto Liability		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
21.1 Private Passenger Auto Physical Damage		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
21.2 Commercial Auto Physical Damage		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
22. Aircraft (all perils)		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
23. Fidelity		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
24. Surety		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
26. Burglary and Theft		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
27. Boiler and Machinery		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
28. Credit		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
29. International		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
30. Warranty		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
31,32,33. Reinsurance-Nonproportional Assumed		0.0		0.0		0.0		0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
34. Aggregate Write-Ins for Other Lines of Business	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
35. TOTAL (Lines 1 through 34)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																				
3401.																				
3402.																				
3403.																				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
3499. TOTAL (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

NOTE: THE ALLOCATION OF INVESTMENT INCOME FROM CAPITAL AND SURPLUS BY LINE OF BUSINESS MAY NOT ACCURATELY REFLECT THE PROFITABILITY OF A PARTICULAR LINE FOR USE IN THE RATE MAKING PROCESS.

INSURANCE EXPENSE EXHIBIT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

PART III - ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN
(000 OMITTED)

		Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expense: Defense and Cost Containment Expenses Incurred		Loss Adjustment Expense: Adjusting and Other Expenses Incurred		Unpaid Losses		Loss Adjustment Expense: Defense and Cost Containment Expenses Unpaid		Loss Adjustment Expense: Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1.	Fire	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
2.1	Allied Lines	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
2.2	Multiple Peril Crop	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
2.3	Federal Flood	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
2.4	Private Crop	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
3.	Farmowners Multiple Peril	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
4.	Homeowners Multiple Peril	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
5.1	Commercial Multiple Peril (Non-Liability Portion)	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
5.2	Commercial Multiple Peril (Liability Portion)	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
6.	Mortgage Guaranty	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
8.	Ocean Marine	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
9.	Inland Marine	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
10.	Financial Guaranty	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
11.	Medical Professional Liability	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
12.	Earthquake	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
13.	Group A&H (See Interrogatory 1)	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
14.	Credit A&H	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
15.	Other A&H (See Interrogatory 1)		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
16.	Workers' Compensation	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
17.1	Other Liability - Occurrence	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
17.2	Other Liability - Claims-Made	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
17.3	Excess Workers' Compensation	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
18.	Products Liability	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
19.1,19.2	Private Passenger Auto Liability		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
19.3,19.4	Commercial Auto Liability		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
21.1	Private Passenger Auto Physical Damage	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
21.2	Commercial Auto Physical Damage	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
22.	Aircraft (all perils)	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
23.	Fidelity	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
24.	Surety	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
26.	Burglary and Theft	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
27.	Boiler and Machinery	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
28.	Credit	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
29.	International		XXX		100.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
30.	Warranty	0	XXX	0	100.0		0.0	0	0.0	0	0.0		0.0	0	0.0	0	0.0		0.0	0	0.0		0.0
34.	Aggregate Write-Ins for Other Lines of Business	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
35.	TOTAL (Lines 1 through 34)	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																							
3401.			XXX		100.0																		
3402.			XXX		100.0																		
3403.			XXX		100.0																		
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
3499.	TOTAL (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	XXX	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

INSURANCE EXPENSE EXHIBIT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

PART III - ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN (Continued)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN
(000 OMITTED)

	Other Underwriting Expenses											
	Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
1. Fire	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
2.1 Allied Lines	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
2.2 Multiple Peril Crop	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
2.3 Federal Flood	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
2.4 Private Crop	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
3. Farmowners Multiple Peril	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
4. Homeowners Multiple Peril	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
5.2 Commercial Multiple Peril (Liability Portion)	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
6. Mortgage Guaranty	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
8. Ocean Marine	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
9. Inland Marine	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
10. Financial Guaranty	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
11. Medical Professional Liability	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
12. Earthquake	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
13. Group A & H (See Interrogatory 1)	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
14. Credit A & H	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
15. Other A & H (See Interrogatory 1)		0.0		0.0		0.0		0.0		0.0	0	0.0
16. Workers' Compensation	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
17.1 Other Liability - Occurrence	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
17.2 Other Liability - Claims-Made	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
17.3 Excess Workers' Compensation	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
18. Products Liability	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
19.1,19.2 Private Passenger Auto Liability		0.0		0.0		0.0		0.0		0.0	0	0.0
19.3,19.4 Commercial Auto Liability		0.0		0.0		0.0		0.0		0.0	0	0.0
21.1 Private Passenger Auto Physical Damage	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
21.2 Commercial Auto Physical Damage	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
22. Aircraft (all perils)	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
23. Fidelity	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
24. Surety	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
26. Burglary and Theft	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
27. Boiler and Machinery	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
28. Credit	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
29. International		0.0		0.0		0.0		0.0		0.0	0	0.0
30. Warranty	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0
34. Aggregate write-ins for Other Lines of Business	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
35. TOTAL (Lines 1 through 34)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
3499. TOTAL (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

OVERFLOW PAGE FOR WRITE-INS

9 5 7 6 2 2 0 1 4 2 1 4 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2014
(To Be Filed by April 1)

	1	Individual					Group				
	Total Annuities	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
1. Premiums and annuity considerations for life and accident and health contracts (a)	0										
2. Considerations for supplementary contracts with life contingencies	0										
3. Net investment income	0										
4. Amortization of Interest Maintenance Reserve (IMR)	0										
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0										
6. Commissions and expense allowances on reinsurance ceded	0										
7. Reserve adjustments on reinsurance ceded	0										
8. Miscellaneous Income:											
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts	0										
8.2 Charges and fees for deposit-type contracts	0										
8.3 Aggregate write-ins for miscellaneous income	0	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3)	0	0	0	0	0	0	0	0	0	0	0
10. Death benefits	0										
11. Matured endowments (excluding guaranteed annual pure endowments)	0										
12. Annuity benefits	0										
13. Disability benefits and benefits under accident and health contracts	0										
14. Coupons, guaranteed annual pure endowments and similar benefits	0										
15. Surrender benefits and withdrawals for life contracts	0										
16. Group conversions	0										
17. Interest and adjustments on contract or deposit-type contract funds	0										
18. Payments on supplementary contracts with life contingencies	0										
19. Increase in aggregate reserves for life and accident and health contracts	0										
20. Totals (Lines 10 to 19)	0	0	0	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	0										
22. Commissions and expense allowances on reinsurance assumed	0										
23. General insurance expenses	0										
24. Insurance taxes, licenses and fees, excluding federal income taxes	0										
25. Increase in loading on deferred and uncollected premiums	0										
26. Net transfers to or (from) Separate Accounts net of reinsurance	0										
27. Aggregate write-ins for deductions	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27)	0	0	0	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	0	0	0	0	0	0	0	0	0	0	0
30. Dividends to policyholders	0										
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	0	0	0	0	0	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains)	0										
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b)	0	0	0	0	0	0	0	0	0	0	0
34. Policies/certificates in force end of year	0										
DETAILS OF WRITE-INS											
08.301.											
08.302.											
08.303.											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	0	0	0	0	0	0	0	0	0	0	0
2701.											
2702.											
2703.											
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0	0	0	0	0	0	0	0	0	0

(a) Premiums and annuity considerations for life and accident and health contracts includes $ for individual variable annuities not associated with guarantees, $ for individual variable annuities associated with guarantees, $ for group variable annuities not associated with guarantees, and $ for group variable annuities associated with guarantees.

(b) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) includes $ for individual variable annuities not associated with guarantees, $ for individual variable annuities associated with guarantees, $ for group variable annuities not associated with guarantees, and $ for group variable annuities associated with guarantees.

OVERFLOW PAGE FOR WRITE-INS

9 5 7 6 2 2 0 1 4 2 1 5 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

For the Year Ended December 31, 2014
(To Be Filed by April 1)

	1	Individual					Group				
	Total Annuities	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)											
1. Reserve December 31, prior year	0	0	0	0	0	0	0	0	0	0	0
2. Tabular net premiums or considerations	0										
3. Present value of disability claims incurred	0										
4. Tabular interest	0										
5. Tabular less actual reserve released	0										
6. Increase in reserve on account of change in valuation basis	0										
7. Other increases (net)	0										
8. Totals (Lines 1 to 7)	0	0	0	0	0	0	0	0	0	0	0
9. Tabular cost	0										
10. Reserves released by death	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net)	0										
12. Annuity, supplementary contract, and disability payments involving life contingencies	0										
13. Net transfers to or (from) Separate Accounts	0										
14. Total deductions (Lines 9 to 13)	0	0	0	0	0	0	0	0	0	0	0
15. Reserve December 31, current year (a)	0	0	0	0	0	0	0	0	0	0	0

(a) Reserve December 31, current year includes $ for individual variable annuities not associated with guarantees, $ for individual variable annuities associated with guarantees, $ for group variable annuities not associated with guarantees, and $ for group variable annuities associated with guarantees.

9 5 7 6 2 2 0 1 4 2 1 6 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF ..... DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Subtotal (Cols 1 thru 12	Uninsured Plans	Total (13 + 14)
1.	Premium:															
	1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
	1.2 Federal high risk pools													0	XXX	0
	1.3 State high risk pools													0	XXX	0
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
	1.5 Federal taxes and federal assessments													0		0
	1.6 State insurance, premium and other taxes (Similar local taxes of $ .....)													0		0
	1.6a Community Benefit Expenditures (Informational only)													0		0
	1.7 Regulatory authority licenses and fees													0		0
	1.8 Adjusted premiums earned (Lines 1.4 -- 1.5 – 1.6 – 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
	1.9 Net assumed less ceded reinsurance premiums earned													0	XXX	0
	1.10 Other adjustments due to MLR calculations -- Premiums													0	XXX	0
	1.11 Risk revenue													0	XXX	0
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.	Claims:															
	2.1 Incurred claims excluding prescription drugs													0	XXX	0
	2.2 Prescription drugs													0	XXX	0
	2.3 Pharmaceutical rebates													0	XXX	0
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3.	Incurred medical incentive pools and bonuses													0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)													0		0
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 -- 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
	5.1 Net assumed less ceded reinsurance claims incurred													0	XXX	0
	5.2 Other adjustments due to MLR calculations – Claims													0	XXX	0
	5.3 Rebates paid										XXX	XXX	XXX	0	XXX	0
	5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0				XXX	XXX	XXX	0	XXX	0
	5.5 Estimated rebates unpaid current year										XXX	XXX	XXX	0	XXX	0
	5.6 Fee for service and co-pay revenue													0	XXX	0
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6.	Improving Health Care Quality Expenses Incurred:															
	6.1 Improve Health Outcomes													0		0
	6.2 Activities to prevent hospital readmissions													0		0
	6.3 Improve patient. safety and reduce medical errors													0		0
	6.4 Wellness and health promotion activities													0		0
	6.5 Health Information Technology expenses related to health improvement													0		0
	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 +6.3 + 6.4 + 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6													0		0
	8.2 All other claims adjustment expenses													0		0
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits													0		0
	10.2 Agents and brokers fees and commissions													0		0
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)													0		0
	10.4 Other general and administrative expenses													0		0
	10.4a Community Benefit Expenditures (Informational only)													0		0
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF ..... DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-med Plans			Expatriate Plans								
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Subtotal (Cols 1 thru 12	Uninsured Plans	Total (13 + 14)
11.	Underwriting Gain/(Loss) (Lines 1.12 -- 5.7 -- 6.6 -- 8.3 -- 10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 -- 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16.	ICD-10 Implementation Expenses (Informational only; already included in general expenses and Line 6.5)													0		0
	16a ICD-10 Implementation Expenses (Informational only; already included in Line 6.5)													0		0
	OTHER INDICATORS:															
1.	Number of Certificates/Policies													0		0
2.	Number of Covered Lives													0		0
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months													0		0

Is run-off business reported in Columns 1 through 9? Yes [ ] No [ ] If yes, show the amount of premiums and claims included: Premiums $ _____ Claims $ _____

9 5 7 6 2 2 0 1 4 2 1 6 5 4 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans			Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Subtotal (Cols 1 thru 12	Uninsured Plans	Total (13 + 14)
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans						
1.	Premium:															
1.1	Health premiums earned (From Part 2, Line 1.11)	2,455,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
1.2	Federal high risk pools													0	XXX	0
1.3	State high risk pools													0	XXX	0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,455,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
1.5	Federal taxes and federal assessments													0		0
1.6	State insurance, premium and other taxes (Similar local taxes of $ ....)													0		0
	1.6a Community Benefit Expenditures (informational only)													0		0
1.7	Regulatory authority licenses and fees													0		0
1.8	Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	2,455,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
1.9	Net assumed less ceded reinsurance premiums earned													0	XXX	0
1.10	Other adjustments due to MLR calculations – Premiums													0	XXX	0
1.11	Risk revenue													0	XXX	0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,455,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
2.	Claims:															
2.1	Incurred claims excluding prescription drugs	2,792,679												2,792,679	XXX	2,792,679
2.2	Prescription drugs	571,447												571,447	XXX	571,447
2.3	Pharmaceutical rebates													0	XXX	0
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3.	Incurred medical incentive pools and bonuses													0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)													0		0
5. 5.0	Total Incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)	1,943,303	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126	XXX	3,364,126
5.1	Net assumed less ceded reinsurance claims incurred													0	XXX	0
5.2	Other adjustments due to MLR calculations – Claims													0	XXX	0
5.3	Rebates paid										XXX	XXX	XXX	0	XXX	0
5.4	Estimated rebates unpaid prior year	0	0	0	0	0	0				XXX	XXX	XXX	0	XXX	0
5.5	Estimated rebates unpaid current year										XXX	XXX	XXX	0	XXX	0
5.6	Fee for service and co-pay revenue													0	XXX	0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,943,303	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126	XXX	3,364,126
6.	Improving Health Care Quality Expenses Incurred:															
6.1	Improve Health Outcomes													0		0
6.2	Activities to prevent hospital readmissions													0		0
6.3	Improve patient, safety and reduce medical errors													0		0
6.4	Wellness and health promotion activities													0		0
6.5	Health Information Technology expenses related to health improvement													0		0
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 +6.3 + 6.4 + 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8	0.792	0.055	0.651	0.000	0.000	0.000	0.000	0.000	0.214	XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6													0		0
8.2	All other claims adjustment expenses													0		0
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:															
10.1	Direct sales salaries and benefits													0		0
10.2	Agents and brokers fees and commissions													0		0
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)													0		0
10.4	Other general and administrative expenses													0		0
	10.4a Community Benefit Expenditures (informational only)													0		0
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

216-1.PR

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13	14	15
		Comprehensive Health Coverage			Minimed Plans			Expatriate Plans								
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Subtotal (Cols 1 thru 12	Uninsured Plans	Total (13 + 14)
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	542,080	491,945	728,668	0	0	0	0	0	128,733	0	0	0	1,891,426	XXX	1,891,426
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,891,426	XXX	1,891,426
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)													0		0
	16a ICD-10 Implementation Expenses (informational only; already included in Line 6.5)													0		0
	OTHER INDICATORS:															
1.	Number of Certificates/Policies													0		0
2.	Number of Covered Lives													0		0
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months													0		0

Is run-off business reported in Columns 1 through 9? Yes [ ] No [ ] If yes, show the amount of premiums and claims included: Premiums $ _____ Claims $ _____

216-1.PR

9 5 7 6 2 2 0 1 4 2 1 6 5 9 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans			Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Subtotal (Cols 1 thru 12	Uninsured Plans	Total (13 + 14)
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans						
1.	Premium:															
1.1	Health premiums earned (From Part 2, Line 1.11)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
1.2	Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3	State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
1.5	Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6	State insurance, premium and other taxes (Similar local taxes of $ 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7	Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8	Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
1.9	Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10	Other adjustments due to MLR calculations – Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11	Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552	XXX	5,255,552
2.	Claims:															
2.1	Incurred claims excluding prescription drugs	2,792,679	0	0	0	0	0	0	0	0	0	0	0	2,792,679	XXX	2,792,679
2.2	Prescription drugs	571,447	0	0	0	0	0	0	0	0	0	0	0	571,447	XXX	571,447
2.3	Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)	1,943,368	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126	XXX	3,364,126
5.1	Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2	Other adjustments due to MLR calculations – Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3	Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	XXX	0
5.4	Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	XXX	0
5.5	Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	XXX	0
5.6	Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,943,368	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126	XXX	3,364,126
6.	Improving Health Care Quality Expenses Incurred:															
6.1	Improve Health Outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2	Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3	Improve patient. safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4	Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5	Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 +6.3 + 6.4 + 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8	0.782	0.055	0.651	0.000	0.000	0.000	0.000	0.000	0.214	XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2	All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:															
10.1	Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2	Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4	Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

216-1.GT

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-med Plans			Expatriate Plans			Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Subtotal (Cols 1 thru 12	Uninsured Plans	Total (13 + 14)
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans						
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	542,060	491,945	728,683	0	0	0	0	0	128,733	0	0	0	1,891,426	XXX	1,891,426
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,891,426	XXX	1,891,426
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	16a ICD-10 Implementation Expenses (informational only: already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER INDICATORS:															
1.	Number of Certificates/Policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Is run-off business reported in Columns 1 through 9? Yes [ ] No [ ] If yes, show the amount of premiums and claims included: Premiums $ _____ Claims $ _____

216-1.GT

9 5 7 6 2 2 0 1 4 2 1 6 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF ..... DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Total (a)
1.	Health Premiums Earned:													
	1.1 Direct premiums written													0
	1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.3 Unearned premium current year													0
	1.4 Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.5 Paid rate credits													0
	1.6 Reserve for rate credits current year													0
	1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.9 Premium balances written off													0
	1.10 Group conversion charge													0
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.12 Assumed premiums earned from non-affiliates													0
	1.13 Net assumed less ceded premiums earned from affiliates													0
	1.14 Ceded premiums earned to non-affiliates													0
	1.15 Other adjustments due to MLR calculation -- Premiums													0
	1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year													0
	2.2 Direct claim liability current year													0
	2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.4 Direct claim reserves current year													0
	2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.6 Direct contract reserves current year													0
	2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.8 Paid rate credits													0
	2.9 Reserve for rate credits current year													0
	2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11a Paid medical incentive pools and bonuses current year													0
	2.11b Accrued medical incentive pools and bonuses current year													0
	2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.12a Healthcare receivables current year													0
	2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.13 Group conversion charge													0
	2.14 Multi-option coverage blended rate adjustment													0
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.16 Assumed incurred claims from non-affiliates													0
	2.17 Net assumed less ceded incurred claims from affiliates													0
	2.18 Ceded incurred claims to non-affiliates													0
	2.19 Other adjustments due to MLR calculation -- Claims													0
	2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													0

(a) Column 13, Line 1.1 includes direct written premium of $ _____ for stand-alone dental and $ _____ for stand-alone vision policies.

9 5 7 6 2 2 0 1 4 2 1 6 5 4 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Total (a)
1.	Health Premiums Earned:													
	1.1 Direct premiums written	2,485,368	520,735	2,085,645						163,804				5,255,552
	1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.3 Unearned premium current year													0
	1.4 Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.5 Paid rate credits													0
	1.6 Reserve for rate credits current year													0
	1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.9 Premium balances written off													0
	1.10 Group conversion charge													0
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552
	1.12 Assumed premiums earned from non-affiliates													0
	1.13 Net assumed less ceded premiums earned from affiliates													0
	1.14 Ceded premiums earned to non-affiliates													0
	1.15 Other adjustments due to MLR calculation -- Premiums													0
	1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year	2,193,697	383,072	1,616,188						35,071				4,228,228
	2.2 Direct claim liability current year													0
	2.3 Direct claim liability prior year	250,590	354,282	259,231	0	0	0	0	0	0	0	0	0	864,102
	2.4 Direct claim reserves current year													0
	2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.6 Direct contract reserves current year													0
	2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.8 Paid rate credits													0
	2.9 Reserve for rate credits current year													0
	2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11a Paid medical incentive pools and bonuses current year													0
	2.11b Accrued medical incentive pools and bonuses current year													0
	2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.12a Healthcare receivables current year													0
	2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.13 Group conversion charge													0
	2.14 Multi-option coverage blended rate adjustment													0
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 -- 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,943,308	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126
	2.16 Assumed incurred claims from non-affiliates													0
	2.17 Net assumed less ceded incurred claims from affiliates													0
	2.18 Ceded incurred claims to non-affiliates													0
	2.19 Other adjustments due to MLR calculation -- Claims													0
	2.20 Net incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	1,943,308	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													0

(a) Column 13, Line 1.1 includes direct written premium of $ _____ for stand-alone dental and $ _____ for stand-alone vision policies.

216-2.PR

9 5 7 6 2 2 0 1 4 2 1 6 5 9 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014 NAIC Company Code 95762

		Business Subject to MLR								9	10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% Rule)	Total (a)
1.	Health Premiums Earned:													
1.1	Direct premiums written	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552
1.2	Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3	Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4	Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5	Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6	Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7	Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8	Change in reserve for rate credits (Lines 1.6 – 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9	Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10	Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11	Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552
1.12	Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13	Net assumed less ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14	Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15	Other adjustments due to MLR calculation -- Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	2,485,368	520,735	2,085,645	0	0	0	0	0	163,804	0	0	0	5,255,552
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	2,193,897	383,072	1,616,188	0	0	0	0	0	35,071	0	0	0	4,228,228
2.2	Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Direct claim liability prior year	250,590	354,282	259,231	0	0	0	0	0	0	0	0	0	864,102
2.4	Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6	Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7	Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8	Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9	Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10	Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a	Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b	Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c	Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12	Net healthcare receivables (Lines 2.12a – 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a	Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b	Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13	Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14	Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,943,308	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126
2.16	Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17	Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18	Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19	Other adjustments due to MLR calculation -- Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20	Net incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	1,943,308	28,790	1,356,957	0	0	0	0	0	35,071	0	0	0	3,364,126
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ _____ for stand-alone dental and $ _____ for stand-alone vision policies.

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SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF ..... DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ ..... for affiliated services)						0				0
	1.2 Outsourced services						0				0
	1.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	1.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	1.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	1.6 Other expenses (incl $ ..... for affiliated services)						0				0
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ ..... for affiliated services)						0				0
	2.2 Outsourced Services						0				0
	2.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	2.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	2.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	2.6 Other expenses (incl $ ..... for affiliated services)						0				0
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ ..... for affiliated services)						0				0
	3.2 Outsourced services						0				0
	3.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	3.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	3.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	3.6 Other expenses (incl $ ..... for affiliated services)						0				0
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF ..... DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses										
	4.1 Salaries (including $ ..... for affiliated services)						0				0
	4.2 Outsourced services						0				0
	4.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	4.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	4.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	4.6 Other expenses (incl $ ..... for affiliated services)						0				0
	4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
5.	Small Group Mini-Med Plans Expenses										
	5.1 Salaries (including $ ..... for affiliated services)						0				0
	5.2 Outsourced services						0				0
	5.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	5.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	5.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	5.6 Other expenses (incl $ ..... for affiliated services)						0				0
	5.7 Subtotal before reimbursements and taxes (5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
6.	Large Group Mini-Med Plans Expenses										
	6.1 Salaries (including $ ..... for affiliated services)						0				0
	6.2 Outsourced services						0				0
	6.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	6.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	6.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	6.6 Other expenses (incl $ ..... for affiliated services)						0				0
	6.7 Subtotal before reimbursements and taxes (6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF ..... DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses			
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	10 Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses										
	7.1 Salaries (including $ ..... for affiliated services)						0				0
	7.2 Outsourced services						0				0
	7.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	7.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	7.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	7.6 Other expenses (incl $ ..... for affiliated services)						0				0
	7.7 Subtotal before reimbursements and taxes (7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
8.	Large Group Expatriate Plans Expenses										
	8.1 Salaries (including $ ..... for affiliated services)						0				0
	8.2 Outsourced services						0				0
	8.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	8.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	8.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	8.6 Other expenses (incl $ ..... for affiliated services)						0				0
	8.7 Subtotal before reimbursements and taxes (8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
9.	Student Health Plans Expenses										
	9.1 Salaries (including $ ..... for affiliated services)						0				0
	9.2 Outsourced services						0				0
	9.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	9.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	9.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	9.6 Other expenses (incl $ ..... for affiliated services)						0				0
	9.7 Subtotal before reimbursements and taxes (9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

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SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including $ ..... for affiliated services)						0				0
1.2	Outsourced services						0				0
1.3	EDP equipment and software (incl $ ..... for affiliated services)						0				0
1.4	Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
1.5	Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
1.6	Other expenses (incl $ ..... for affiliated services)						0				0
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
1.10	Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including $ ..... for affiliated services)						0				0
2.2	Outsourced Services						0				0
2.3	EDP equipment and software (incl $ ..... for affiliated services)						0				0
2.4	Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
2.5	Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
2.6	Other expenses (incl $ ..... for affiliated services)						0				0
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
2.10	Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including $ ..... for affiliated services)						0				0
3.2	Outsourced services						0				0
3.3	EDP equipment and software (incl $ ..... for affiliated services)						0				0
3.4	Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
3.5	Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
3.6	Other expenses (incl $ ..... for affiliated services)						0				0
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
3.10	Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

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SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses										
	4.1 Salaries (including $ for affiliated services)						0				0
	4.2 Outsourced services						0				0
	4.3 EDP equipment and software (incl $ for affiliated services)						0				0
	4.4 Other equipment (excl. EDP) (incl $ for affiliated services)						0				0
	4.5 Accreditation and certification (incl $ for affiliated services)		XXX	XXX	XXX	XXX	0				0
	4.6 Other expenses (incl $ for affiliated services)						0				0
	4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
5.	Small Group Mini-Med Plans Expenses										
	5.1 Salaries (including $ for affiliated services)						0				0
	5.2 Outsourced services						0				0
	5.3 EDP equipment and software (incl $ for affiliated services)						0				0
	5.4 Other equipment (excl. EDP) (incl $ for affiliated services)						0				0
	5.5 Accreditation and certification (incl $ for affiliated services)		XXX	XXX	XXX	XXX	0				0
	5.6 Other expenses (incl $ for affiliated services)						0				0
	5.7 Subtotal before reimbursements and taxes (5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
6.	Large Group Mini-Med Plans Expenses										
	6.1 Salaries (including $ for affiliated services)						0				0
	6.2 Outsourced services						0				0
	6.3 EDP equipment and software (incl $ for affiliated services)						0				0
	6.4 Other equipment (excl. EDP) (incl $ for affiliated services)						0				0
	6.5 Accreditation and certification (incl $ for affiliated services)		XXX	XXX	XXX	XXX	0				0
	6.6 Other expenses (incl $ for affiliated services)						0				0
	6.7 Subtotal before reimbursements and taxes (6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses										
7.1	Salaries (including $ ..... for affiliated services)						0				0
7.2	Outsourced services						0				0
7.3	EDP equipment and software (incl $ ..... for affiliated services)						0				0
7.4	Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
7.5	Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
7.6	Other expenses (incl $ ..... for affiliated services)						0				0
7.7	Subtotal before reimbursements and taxes (7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
7.10	Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
8.	Large Group Expatriate Plans Expenses										
8.1	Salaries (including $ ..... for affiliated services)						0				0
8.2	Outsourced services						0				0
8.3	EDP equipment and software (incl $ ..... for affiliated services)						0				0
8.4	Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
8.5	Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
8.6	Other expenses (incl $ ..... for affiliated services)						0				0
8.7	Subtotal before reimbursements and taxes (8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
8.10	Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
9.	Student Health Plans Expenses										
9.1	Salaries (including $ ..... for affiliated services)						0				0
9.2	Outsourced services						0				0
9.3	EDP equipment and software (incl $ ..... for affiliated services)						0				0
9.4	Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
9.5	Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
9.6	Other expenses (incl $ ..... for affiliated services)						0				0
9.7	Subtotal before reimbursements and taxes (9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
9.10	Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

9 5 7 6 2 2 0 1 4 2 1 6 5 9 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
1.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10	Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.2	Outsourced Services	0	0	0	0	0	0	0	0	0	0
2.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10	Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
3.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10	Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses										
4.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7	Subtotal before reimbursements and taxes (4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10	Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses										
5.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7	Subtotal before reimbursements and taxes (5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10	Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses										
6.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7	Subtotal before reimbursements and taxes (6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10	Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 -- Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Plan Medico Servicios de Salud Bella Vista 2. LOCATION 770 Avenida Hostos

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014 NAIC Company Code 95762

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses										
7.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7	Subtotal before reimbursements and taxes (7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10	Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses										
8.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7	Subtotal before reimbursements and taxes (8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10	Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses										
9.1	Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3	EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4	Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5	Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6	Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7	Subtotal before reimbursements and taxes (9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10	Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

9 5 7 6 2 2 0 1 4 2 1 7 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code: 0000

NAIC Company Code: 95762

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense
1. Improve Health Outcomes:		
2. Activities to Prevent Hospital Readmission:		
3. Improve Patient Safety and Reduce Medical Errors:		
4. Wellness & Health Prevention Activities:		
5. HIT Expenses for Health Care Quality Improvements:		

Audited Financial Report

Accountants Letter of Qualifications

Relief from the five-year rotation requirement for lead audit partner

Relief from the one-year cooling off period for independent CPA

Relief from the Requirements for Audit Committees

9 5 7 6 2 2 0 1 4 2 8 5 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2014

(To Be Filed by April 1)

Of The Plan Medico Servicios de Salud Bella Vista

Address (City, State and Zip Code) Mayaguez, PR 00682-1538

NAIC Group Code 0000 NAIC Company Code 95762 Employer's ID Number 66-0524575

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $ 2,579,450
2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01			$	0.0 %
2.02			$	0.0 %
2.03			$	0.0 %
2.04			$	0.0 %
2.05			$	0.0 %
2.06			$	0.0 %
2.07			$	0.0 %
2.08			$	0.0 %
2.09			$	0.0 %
2.10			$	0.0 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	1	2		Preferred Stocks	3	4	
3.01	NAIC 1	$ 83,474	3.2 %	3.07	P/RP-1	$	0.0 %	
3.02	NAIC 2	$ 0	0.0 %	3.08	P/RP-2	$	0.0 %	
3.03	NAIC 3	$ 0	0.0 %	3.09	P/RP-3	$	0.0 %	
3.04	NAIC 4	$ 0	0.0 %	3.10	P/RP-4	$	0.0 %	
3.05	NAIC 5	$ 0	0.0 %	3.11	P/RP-5	$	0.0 %	
3.06	NAIC 6	$ 0	0.0 %	3.12	P/RP-6	$	0.0 %	

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02 Total admitted assets held in foreign investments $ 0.0 %

4.03 Foreign-currency-denominated investments $ 0.0 %

4.04 Insurance liabilities denominated in that same foreign currency $ 0.0 %

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2	
5.01	Countries designated NAIC 1	$	0.0	%
5.02	Countries designated NAIC 2	$	0.0	%
5.03	Countries designated NAIC 3 or below	$	0.0	%

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2	
	Countries designated NAIC 1:			
6.01	Country 1:	$	0.0	%
6.02	Country 2:	$	0.0	%
	Countries designated NAIC 2:			
6.03	Country 1:	$	0.0	%
6.04	Country 2:	$	0.0	%
	Countries designated NAIC 3 or below:			
6.05	Country 1:	$	0.0	%
6.06	Country 2:	$	0.0	%

		1	2	
7.	Aggregate unhedged foreign currency exposure	$	0.0	%

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2	
8.01	Countries designated NAIC 1	$	0.0	%
8.02	Countries designated NAIC 2	$	0.0	%
8.03	Countries designated NAIC 3 or below	$	0.0	%

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2	
	Countries designated NAIC 1:			
9.01	Country 1:	$	0.0	%
9.02	Country 2:	$	0.0	%
	Countries designated NAIC 2:			
9.03	Country 1:	$	0.0	%
9.04	Country 2:	$	0.0	%
	Countries designated NAIC 3 or below:			
9.05	Country 1:	$	0.0	%
9.06	Country 2:	$	0.0	%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Designation	3	4	
10.01			$	0.0	%
10.02			$	0.0	%
10.03			$	0.0	%
10.04			$	0.0	%
10.05			$	0.0	%
10.06			$	0.0	%
10.07			$	0.0	%
10.08			$	0.0	%
10.09			$	0.0	%
10.10			$	0.0	%

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

	1	2
11.02 Total admitted assets held in Canadian investments	$	0.0 %
11.03 Canadian-currency-denominated investments	$	0.0 %
11.04 Canadian-denominated insurance liabilities	$	0.0 %
11.05 Unhedged Canadian currency exposure	$	0.0 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	1	2	3
12.02 Aggregate statement value of investments with contractual sales restrictions	$		0.0 %
Largest three investments with contractual sales restrictions:			
12.03	$		0.0 %
12.04	$		0.0 %
12.05	$		0.0 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

	1 Issuer	2	3
13.02	$		0.0 %
13.03	$		0.0 %
13.04	$		0.0 %
13.05	$		0.0 %
13.06	$		0.0 %
13.07	$		0.0 %
13.08	$		0.0 %
13.09	$		0.0 %
13.10	$		0.0 %
13.11	$		0.0 %

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$	0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03		$	0.0 %
14.04		$	0.0 %
14.05		$	0.0 %

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$	0.0 %
	Largest three investments in general partnership interests:		
15.03		$	0.0 %
15.04		$	0.0 %
15.05		$	0.0 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$	0.0 %
16.03		$	0.0 %
16.04		$	0.0 %
16.05		$	0.0 %
16.06		$	0.0 %
16.07		$	0.0 %
16.08		$	0.0 %
16.09		$	0.0 %
16.10		$	0.0 %
16.11		$	0.0 %

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

16. Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans	$	0.0 %
16.13	Mortgage loans over 90 days past due	$	0.0 %
16.14	Mortgage loans in the process of foreclosure	$	0.0 %
16.15	Mortgage loans foreclosed	$	0.0 %
16.16	Restructured mortgage loans	$	0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value		Residential 1	Residential 2	Commercial 3	Commercial 4	Agricultural 5	Agricultural 6
17.01	above 95%	$	0.0 %	$	0.0 %	$	0.0 %
17.02	91% to 95%	$	0.0 %	$	0.0 %	$	0.0 %
17.03	81% to 90%	$	0.0 %	$	0.0 %	$	0.0 %
17.04	71% to 80%	$	0.0 %	$	0.0 %	$	0.0 %
17.05	below 70%	$	0.0 %	$	0.0 %	$	0.0 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	Description 1	2	3
18.02		$	0.0 %
18.03		$	0.0 %
18.04		$	0.0 %
18.05		$	0.0 %
18.06		$	0.0 %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans:	$	0.0 %

Largest three investments held in mezzanine real estate loans:

19.03		$	0.0 %
19.04		$	0.0 %
19.05		$	0.0 %

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

	At Year-end		At End of Each Quarter		
	1	2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	$	0.0 %	$	$	$
20.02 Repurchase agreements	$	0.0 %	$	$	$
20.03 Reverse repurchase agreements	$	0.0 %	$	$	$
20.04 Dollar repurchase agreements	$	0.0 %	$	$	$
20.05 Dollar reverse repurchase agreements	$	0.0 %	$	$	$

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

	Owned		Written	
	1	2	3	4
21.01 Hedging	$	0.0 %	$	0.0 %
21.02 Income generation	$	0.0 %	$	0.0 %
21.03 Other	$	0.0 %	$	0.0 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	At Year-end		At End of Each Quarter		
	1	2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
22.01 Hedging	$	0.0 %	$	$	$
22.02 Income generation	$	0.0 %	$	$	$
22.03 Replications	$	0.0 %	$	$	$
22.04 Other	$	0.0 %	$	$	$

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	At Year-end		At End of Each Quarter		
	1	2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
23.01 Hedging	$	0.0 %	$	$	$
23.02 Income generation	$	0.0 %	$	$	$
23.03 Replications	$	0.0 %	$	$	$
23.04 Other	$	0.0 %	$	$	$

9 5 7 6 2 2 0 1 4 3 0 1 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

LONG - TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY

REPORTING YEAR 2014
(To Be Filed By April 1)

NAIC Group Code 0000 NAIC Company Code 95762

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives Inforce End of Year	8 Expected Lives Inforce End of Year	9 Actual to Expected Lives Inforce
A. Individual									
Comprehensive:									
1. Current				0.000					0.000
2. Prior				0.000					0.000
3. 2nd Prior				0.000					0.000
4. 3rd Prior				0.000					0.000
5. 4th Prior				0.000					0.000
6. 5th Prior				0.000					0.000
7. Form Inception-to-Date				0.000					0.000
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current				0.000					0.000
10. Prior				0.000					0.000
11. 2nd Prior				0.000					0.000
12. 3rd Prior				0.000					0.000
13. 4th Prior				0.000					0.000
14. 5th Prior				0.000					0.000
15. Form Inception-to-Date				0.000					0.000
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current				0.000					0.000
18. Prior				0.000					0.000
19. 2nd Prior				0.000					0.000
20. 3rd Prior				0.000					0.000
21. 4th Prior				0.000					0.000
22. 5th Prior				0.000					0.000
23. Form Inception-to-Date				0.000					0.000
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Group									
Comprehensive:									
1. Current				0.000					0.000
2. Prior				0.000					0.000
3. 2nd Prior				0.000					0.000
4. 3rd Prior				0.000					0.000
5. 4th Prior				0.000					0.000
6. 5th Prior				0.000					0.000
7. Form Inception-to-Date				0.000					0.000
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current				0.000					0.000
10. Prior				0.000					0.000
11. 2nd Prior				0.000					0.000
12. 3rd Prior				0.000					0.000
13. 4th Prior				0.000					0.000
14. 5th Prior				0.000					0.000
15. Form Inception-to-Date				0.000					0.000
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current				0.000					0.000
18. Prior				0.000					0.000
19. 2nd Prior				0.000					0.000
20. 3rd Prior				0.000					0.000
21. 4th Prior				0.000					0.000
22. 5th Prior				0.000					0.000
23. Form Inception-to-Date				0.000					0.000
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Summary									
1. Form Inception-to-Date	0	0	0	0.000	0	0	0	0	0.000
2. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT ($000 OMITTED)

REPORTING YEAR 2014
(To Be Filed By April 1)

NAIC Group Code 0000 NAIC Company Code 95762

A. Individual

PART 1 – Total (Direct and Transferred) Amount Paid Policyholders

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 3 – Transferred Reserves

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 4 – Present Value of Incurred Claims

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT ($000 OMITTED)

B. Group

PART 1 – Total (Direct and Transferred) Amount Paid Policyholders

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 3 – Transferred Reserves

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 4 – Present Value of Incurred Claims

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior								
2. 2007								
3. 2008	XXX							
4. 2009	XXX	XXX						
5. 2010	XXX	XXX	XXX					
6. 2011	XXX	XXX	XXX	XXX				
7. 2012	XXX	XXX	XXX	XXX	XXX			
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT ($000 OMITTED)

C. Summary

PART 1 -- Total (Direct and Transferred) Amount Paid Policyholders

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior	0	0	0	0	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

PART 2 -- Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior	0	0	0	0	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

PART 3 – Transferred Reserves

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior	0	0	0	0	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

PART 4 – Present Value of Incurred Claims

Incurred Year	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014
1. Prior	0	0	0	0	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS

NAIC Group Code 0000 | REPORTING YEAR 2014 (To Be Filed By April 1) | NAIC Company Code 95762

Incurred Year	1 Number of Policies in Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
A. Individual					
1. Current					
2. Prior					
3. 2nd Prior					
B. Group					
1. Current					
2. Prior					
3. 2nd Prior					
C. Summary					
1. Total Inception-to-Date					

Total Reserves are reserves for these particular life products with LTC accelerated benefits.
Incurred claims are only the policies that claims have been triggered due to acceleration.

9 5 7 6 2 2 0 1 4 3 0 5 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF .....

REPORTING YEAR 2014
(To be Filed By April 1)

NAIC Group Code 0000

NAIC Company Code 95762

	1 Earned Premiums	2 Incurred Claims	3 In Force Count End of Year	4 Lives In Force End of Year
1. Individual				
2. Group				
3. Total	0	0	0	0
4. Actual total reported experience through prior year			XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX

Management's Discussion and Analysis

9 5 7 6 2 2 0 1 4 3 6 0 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF .....

NAIC Group Code 0000 ..... NAIC Company Code 95762
Address (City, State and Zip Code) Mayaguez, PR 00682-1538 .....
Person Completing This Exhibit .....
Title ..... Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued In 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
   2.1 Address: , ...
   2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
   3.1 Address: , ...
   3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O" .....

9 5 7 6 2 2 0 1 4 3 6 0 5 4 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Puerto Rico

NAIC Group Code 0000 ..... NAIC Company Code 95762
Address (City, State and Zip Code) Mayaguez, PR 00682-1538
Person Completing This Exhibit
Title ..... Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
N/A		G	No	0000000								0.0			55,495	0.0	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	55,495	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
   2.1 Address: ,
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
   3.1 Address: ,
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

9 5 7 6 2 2 0 1 4 3 6 5 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code **0000** NAIC Company Code 95762

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	0
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	0	XXX	0	XXX	0
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	0
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss	0	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	0

Actuarial Opinion (Statement) on Non-guaranteed Elements

Actuarial Opinion on Participating and Non-Participating Policies

9 5 7 6 2 2 0 1 4 4 2 0 0 0 1 0 0

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2014
(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH,
TITLE, AND HEALTH INSURANCE BLANKS

TO ANNUAL STATEMENT OF THE

Plan Medico Servicios de Salud Bella Vista
COMPANY

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

   Answer Yes [ ] No [ ]

   If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?

   Answer Yes [ ] No [ ]

   If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?

   Answer Yes [ ] No [ ]

   If the answer is "No" explain in detail below. Attach separate sheet if necessary.

   (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A		Column B	
To be answered by Life and A & H Companies:	Yes	No	Yes	No
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Summary of Operations				
c. Surplus Account				
To be answered by Property and Casualty Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income				
c. Capital and Surplus Account				
To be answered by Title Insurance Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income - Operations and Investment Exhibit				
c. Capital and Surplus Account				
To be answered by Health Insurance Companies:				
a. Statement of Assets, Liabilities, Capital and Surplus				
b. Statement of Revenue and Expenses				
c. Capital and Surplus Account				

INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded $100,000 during the year, naming each such person.

1	2	3	4	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5	6	7	8
Name and Title	Principal Occupation or Employment	Served as Director From	Aggregate Direct Remuneration	Retirement Plan	Other Emp. Benefits	Retirement Plan	Other Emp. Benefits

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.

B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.

2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ]

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer Yes [ ] No [ ]

If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer Yes [ ] No [ ]

If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

SUPPLEMENT FOR THE YEAR 2014 OF THE Plan Medico Servicios de Salud Bella Vista

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1	2	3	Number of Shares					9
			4	5	Disposed of During Current Year		8	
					6	7		
Name and title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at End of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year	Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
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							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded $100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer Yes [ ] No [ ]

If answer is "no" explain in detail on separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer: ....

Has the state of domicile granted an exemption or disclaimer of control? Answer Yes [ ] No [ ]

If answer is "yes" explain: ....

Statement of Actuarial Opinion

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

PART 1 - INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system: yes [ ] no [ ] If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ]; or 2) allocation to each insurer: Yes [ ].
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?..... Yes [ ] No [ ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?..... Yes [ ] No [ ]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1. Principal Executive Officer	2014								0
	2013								0
	2012								0
Current: 2. Principal Financial Officer	2014								0
	2013								0
	2012								0
3.	2014								0
	2013								0
	2012								0
4.	2014								0
	2013								0
	2012								0
5.	2014								0
	2013								0
	2012								0
6.	2014								0
	2013								0
	2012								0
7.	2014								0
	2013								0
	2012								0
8.	2014								0
	2013								0
	2012								0
9.	2014								0
	2013								0
	2012								0
10.	2014								0
	2013								0
	2012								0

PART 3 - DIRECTOR COMPENSATION

1	Paid or Deferred for Services as Director				6	7
Name and Principal Position or Occupation and Company (if Outside Director)	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other	All Other Compensation Paid or Deferred	Totals

PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

Plan Medico Servicios de Salud Bella Vista

ASSET CONCENTRATION

	(1) ISSUER NAME	(2) Bk/Adj Carrying Value	Factor	(3) Additional RBC
(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 Hybrid Securities		0.0100	0
(12)	NAIC 03 Hybrid Securities		0.0200	0
(13)	NAIC 04 Hybrid Securities		0.0450	0
(14)	NAIC 05 Hybrid Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

Note: Ten issuer sections and a grand total page will be available on the filing software.

Plan Medico Servicios de Salud Bella Vista

ASSET CONCENTRATION

	(1) ISSUER NAME	(2) Bk/Adj Carrying Value	Factor	(3) Additional RBC
(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 Hybrid Securities		0.0100	0
(12)	NAIC 03 Hybrid Securities		0.0200	0
(13)	NAIC 04 Hybrid Securities		0.0450	0
(14)	NAIC 05 Hybrid Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

Note: Ten issuer sections and a grand total page will be available on the filing software.

Plan Medico Servicios de Salud Bella Vista

ASSET CONCENTRATION

	(1) ISSUER NAME	(2) Bk/Adj Carrying Value	Factor	(3) Additional RBC
(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 Hybrid Securities		0.0100	0
(12)	NAIC 03 Hybrid Securities		0.0200	0
(13)	NAIC 04 Hybrid Securities		0.0450	0
(14)	NAIC 05 Hybrid Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

Note: Ten issuer sections and a grand total page will be available on the filing software.

Plan Medico Servicios de Salud Bella Vista

ASSET CONCENTRATION

	ISSUER - GT	(1) Combined Totals - All issuers	(2) Book/Adjusted Carrying Value	Factor	(3) 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 Hybrid Securities		0	0.0100	0
(12)	NAIC 03 Hybrid Securities		0	0.0200	0
(13)	NAIC 04 Hybrid Securities		0	0.0450	0
(14)	NAIC 05 Hybrid 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)	Federal Guaranteed Low Income Housing Tax Credits		0	0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0	0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0	0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0	0.0260	0
(21)	All Other Low Income Housing Tax Credits		0	0.0150	0
(22)	Unaffiliated Common Stock		0	0.1500	0
(23)	Total of Issuer = Lines (1) through (22)		0		0

Note: Ten issuer sections and a grand total page will be available on the filing software.

Plan Medico Servicios de Salud Bella Vista

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	5,167,388	88,164	0			5,255,552
(2) † Title XVIII -- Medicare	0	XXX	XXX	XXX	XXX	0
(3) † Title XIX – Medicaid	0	XXX	XXX	XXX	XXX	0
(4) † Other Health Risk Revenue	0	XXX	0			0
(5) Underwriting Risk Revenue = L(1) + L(2) + L(3) + L(4)	5,167,388	88,164	0	0	0	5,255,552
(6) † Net Incurred Claims	4,300,952	55,495	0			4,356,447
(7) † Fee-for-Service Offset	0	XXX	0			0
(8) Underwriting Risk Incurred Claims = L(6) – L(7)	4,300,952	55,495	0	0	0	4,356,447
(9) Underwriting Risk Claims Ratio = L(8)/L(5)	0.832	0.629	0.000	0.000	0.000	XXX
(10) Underwriting Risk Factor*	0.150	0.105	0.120	0.251	0.130	XXX
(11) Base Underwriting Risk RBC = L(5) x L(9) x L(10)	644,890	5,823	0	0	0	650,713
(12) Managed Care Discount Factor	1.000	1.000	1.000	1.000	1.000	XXX
(13) RBC after Managed Care Discount = L(11) x L(12)	644,890	5,823	0	0	0	650,713
(14) † Maximum per-individual Risk after Reinsurance	0	0	0			XXX
(15) Alternate Risk Charge**	1,500,000	50,000	0	0	0	XXX
(16) Alternate Risk Adjustment	0	50,000	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)})	1,500,000	5,823	0	0	0	1,505,823

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.

Plan Medico Servicios de Salud Bella Vista

UNDERWRITING RISK (FOR INFORMATIONAL PURPOSES ONLY)

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)	Individual Premium		XXX		XXX	XXX	0
(2)	Small Group Premium		XXX		XXX	XXX	0
(3)	Large Group Premium		XXX		XXX	XXX	0
(4) †	Total Premium	5,167,388	88,164	0			5,255,552
(5) †	Title XVIII – Medicare	0	XXX	XXX	XXX	XXX	0
(6) †	Title XIX – Medicaid	0	XXX	XXX	XXX	XXX	0
(7) †	Other Health Risk Revenue	0	XXX	0			0
(8)	Underwriting Risk Revenue = L(4) + L(5) + L(6) + L(7)	5,167,388	88,164	0	0	0	5,255,552
(9)	Individual Net Incurred Claims		XXX		XXX	XXX	0
(10)	Small Group Net Incurred Claims		XXX		XXX	XXX	0
(11)	Large Group Net Incurred Claims		XXX		XXX	XXX	0
(12) †	Total Net Incurred Claims	4,300,952	55,495	0			4,356,447
(13) †	Fee-For-service Offset	0	XXX	0			0
(14)	Underwriting Risk Incurred Claims = L(12) – L(13)	4,300,952	55,495	0	0	0	4,356,447
(15)	Individual Underwriting Risk Claims Ratio = L(9)/L(1)	0.000	XXX	0.000	XXX	XXX	XXX
(16)	Small Group Underwriting Risk Claims Ratio = L(10)/L(2)	0.000	XXX	0.000	XXX	XXX	XXX
(17)	Large Group Underwriting Risk Claims Ratio = L(11)/L(3)	0.000	XXX	0.000	XXX	XXX	XXX
(18)	Underwriting Risk Claims Ratio = L(14)/L(8)	0.832	0.629	0.000	0.000	0.000	XXX
(19)	Underwriting Risk Factor*	0.150	0.105	0.120	0.251	0.130	XXX
(20)	Base Underwriting Risk RBC = L(8) x L(18) x L(19)	644,890	5,823	0	0	0	650,713
(21)	Managed Care Discount Factor	1.000	1.000	1.000	1.000	1.000	XXX
(22)	RBC after Managed Care Discount = L(20) x L(21)	644,890	5,823	0	0	0	650,713
(23) †	Maximum Per-Individual Risk after Reinsurance	0	0	0			XXX
(24)	Alternate Risk Charge**	1,500,000	50,000	0	0	0	XXX
(25)	Alternate Risk Adjustment	0	50,000	0	0	0	XXX
(26)	Net Alternate Risk Charge***	1,500,000	0	0	0	0	1,500,000
(27)	Net Underwriting Risk RBC (MAX{L(22),L(26)})	1,500,000	5,823	0	0	0	1,505,823

Footnote 1a: If your company is unable to complete this schedule, please provide an explanation.

Footnote 1b: If your company allocated Line (4) and (12) into Lines (1) through (3) and (9) through (11), describe the basis of the allocation:

Footnote 1c: Does the allocation basis reflect estimated impacts of the ACA reinsurance, risk adjustments and risk corridor? Yes No X
Explain:
Footnote 2: Please explain how your company defines small group for the purposes of this form and what is the source of your company's data?

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 (24) 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-A
* 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.

Plan Medico Servicios de Salud Bella Vista

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			
(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			
(6)	Net Incurred Claims	P7, C2+C7+C8, L17	P7, C3, L17	P7, C4 & C5, L17			
(7)	Fee-for-Service Offset	P7, C2, L3	XXX	P7, C4 & C5, L3			
(14)	Maximum per individual Risk after Reinsurance	Gen Int Pt 2 L5.31 + L5.32	Gen Int Pt 2 L5.33	Gen Int Pt 2 L5.34			XXX

Plan Medico Servicios de Salud Bella Vista

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
(4)	Premium	P7, C2, L1 + L2	P7, C3, L1 + L2	P7, C4 & C5, L1 + L2			
(5)	Title XVIII – Medicare	P7, C7, L1 + L2	XXX	XXX	XXX	XXX	P7, C7, L1 + L2
(6)	Title XIX – Medicaid	P7, C8, L1 + L2	XXX	XXX	XXX	XXX	P7, C8, L1 + L2
(7)	Other Health Risk Revenue	P7, C2, L4	XXX	P7, C4 & C5, L4			
(12)	Net Incurred Claims	P7, C2+C7+C8, L17	P7, C3, L17	P7, C4 & C5, L17			
(13)	Fee-for-Service Offset	P7, C2, L3	XXX	P7, C4 & C5, L3			
(23)	Maximum per individual Risk after Reinsurance	Gen Int Pt 2 L5.31 + L5.32	Gen Int Pt 2 L5.33	Gen Int Pt 2 L5.34			XXX

XR013A

Plan Medico Servicios de Salud Bella Vista

OTHER 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 9.21	0	0.024	0
(20)	Business with Rate Guarantees Over 36 Months - Direct Premium Earned	Gen Int Pt 2 9.22	0	0.064	0
(21)	FEHBP and TRICARE Claims Incurred	UI, Pt 2, Col 6, Line 12.4	0	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)	Sub-total Disability Income - Credit Single Prem w/Addl Reserves	L(27) – L(27.1) + L(27.2)	0		
(27.4)	Earned Premium in L(27.3) [up to $50 million less Premium in lines (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 Prem in L(28) [up to $50 million less Prem in Lines(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) + L(28.2)			0
(29)	Disability Income – Group Short-term	Company Records			
(29.1)	Earned Prem 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

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LONG-TERM CARE

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

Historical Loss Ratio Experience	Annual Statement Source	(1) Premiums	(2) Incurred Claims	(3) Col.(2)/(1) Loss Ratio §	(4) RBC Requirement
(34.1) Current Year	Company Records			0.000	
(34.2) Immediate Prior Year	Company Records			0.000	
(34.3) Average Loss Ratio	If loss ratios are used, [Column (3), Line (34.1) + Line (34.2)]/2, otherwise zero			0.000	
(35) Adjusted LTC Claims for RBC	If Column (3) Line (34.3) <> 0, then [Column (1), Line (31) + Line (32)] X Column (3), Line (34.3), 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), L (35.1) + L (35.2)				0
(38) LTC RBC	Col. (2), L (33) + Col. (4), L (36) + L (37)				0

* The factor applies to all Non-cancellable 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.

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OTHER 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

* 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), Lines (39.2), (40.6), and (41).

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UNDERWRITING RISK - Managed Care Credit Calculation

		Annual Statement Source	(1) Factor*	(2) Paid Claims	(3) Weighted Claims*	(4) Part D Weighted Claims**
Managed Care Claims Payments						
(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		0	
(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	0	0	
(5.1)	Capitation Payments - Medical Group - Category 3a	Exhibit 7, Pt 1, Col 1, Line 1, in part***				
(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		0	
(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)		0	0	
Stand-Alone Medicare Part D Coverage Claim 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)		0		
(16)	Weighted Average Managed Care Discount				0.000	0.000
(17)	Weighted Average Managed Care Risk Adjustment Factor				1.000	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) would be excluded from these amounts..

**** The factor is calculated on page XR018.

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*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	
(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)xL(23)]}		0.000
	* The factor is pulled into Lines (3) and (4) on page XR017.		

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CREDIT RISK

		Annual Statement Source	(1) Amount	Factor	(2) RBC Requirement
Reinsurance Ceded					
(1)	Recoverables on Paid Losses - 100% Owned Affiliates	Included in Sch S, Pt 2, Col 6, Line 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 (excluding ACA Reinsurance)	Included in Sch S, Pt 2, Col 6, Line 2199999			
(4)	Recoverables on Paid Losses -- Affordable Care Act	Notes to Financial Statement 24E(2)b1	0		
(5)	Recoverables on Paid Losses - Non-Affiliates	Lines (3) + (4)	0	0.005	0
(6)	Total Recoverables on Paid Losses	Lines (1) + (2) + (5) (Sch S, Pt 2, Col 6, Line 2299999)	0		0
(7)	Recoverables on Unpaid Losses - 100% Owned Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999			
(8)	Recoverables on Unpaid Losses -- Other Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999		0.005	0
(9)	Recoverables on Unpaid Losses - Non-Affiliates (excluding ACA Reinsurance)	Included in Sch S, Pt 2, Col 7, Line 2199999			
(10)	Recoverables on Unpaid Losses – Affordable Care Act	Notes to Financial Statement 24E(2)b2	0		
(11)	Recoverables on Unpaid Losses - Non-Affiliates	Lines (9) + (10)	0	0.005	0
(12)	Total Recoverables on Unpaid Losses	Lines (7) + (8) + (11) (Sch S, Pt 2, Col 7, Line 2299999)	0		0
(13)	Unearned Premiums - 100% Owned Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0799999 + Line 1899999 + Line 2999999			
(14)	Unearned Premiums - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0799999+ Line 1899999 + Line 2999999		0.005	0
(15)	Unearned Premiums - Non-Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 1099999+ Line 2199999 + Line 3299999		0.005	0
(16)	Total Unearned Premiums	Lines (13) + (14) + (15)	0		0
(17)	Other Reserve Credits - 100% Owned Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Line 0799999+ Line 1899999 + Line 2999999			
(18)	Other Reserve Credits - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Line 0799999+ Line 1899999 + Line 2999999		0.005	0
(19)	Other Reserve Credits - Non-Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Line 1099999+ Line 2199999 + Line 3299999		0.005	0
(20)	Total Other Reserve Credits	Lines (17) + (18) + (19)	0		0
(21)	Total Reinsurance RBC	L(6) + L(12) + L(16) + L(20)			0
Capitations to Intermediaries					
(22)	Total Capitations Paid Directly to Providers	XR017, Col (2) , Line (5)	0		
(23)	Less Secured Capitations to Providers	Company Records	0		
(24)	Capitation to Providers Subject to Credit Risk Charge	L(22) - L(23)	0	0.020	0
(25)	Total Capitations to Intermediaries	XR017, Col (2), Line (6)+(7)	0		
(26)	Less Secured Capitations to Intermediaries	Company Records	0		
(27)	Capitations to Intermediaries Subject to Credit Risk Charge	L(25) - L(26)	0	0.040	0
(28)	Capitation Credit Risk RBC	L(24) + L(27)			0

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CREDIT RISK

		Annual Statement Source	(1) Amount	Factor	(2) RBC Requirement
	Other Receivables				
(29)	Investment Income Receivable	Page 2, Col 3, Line 14	5,190	0.010	52
(30)	Health Care Receivables	Exhibit 3, Col 7, Line 0799999	0		
(30.1)	Pharmaceutical Rebate Receivables	Exhibit 3, Col 7, Line 0199999	0	0.050	0
(30.2)	Claim Overpayment Receivables	Exhibit 3, Col 7, Line 0299999	0	0.050	0
(30.3)	Loan and Advances to Providers	Exhibit 3, Col 7, Line 0399999	0	0.050	0
(30.4)	Capitation Arrangement Receivables	Exhibit 3, Col 7, Line 0499999	0	0.050	0
(30.5)	Risk Sharing Receivables	Exhibit 3, Col 7, Line 0599999	0	0.050	0
(30.6)	Other Health Care Receivables	Exhibit 3, Col 7, Line 0699999	0	0.050	0
(31)	Amounts Receivable Relating to Uninsured Accident and Health Plans	Included in Page 2, Col 3, Line 17		0.050	0
(32)	Amounts Due from Parents, Subs, and Affiliates	Page 2, Col 3, Line 23	0	0.050	0
(33)	Aggregate Write-ins for other than Invested assets	Page 2, Col 3, Line 25	0	0.050	0
(34)	Total Other Receivables RBC	L(29) + Sum L(30.1) through L(33)			52
(35)	Total Credit RBC	L(21) + L(28) + L(34)			52

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BUSINESS RISK

		Annual Statement Source	(1) Amount	Factor*	(2) RBC Requirement
Administrative Expense Risk					
(1)	Claims adjustment expenses	Page 4, Col 2, Line 20	0		
(2)	General administrative expenses	Page 4, Col 2, Line 21	848,408		
(3)	less the Net amount of ASC Revenue and Expenses included in Line 1 and Line 2	Company Records			
(4)	less the Net amount of ASO Revenue and Expenses included in Line 1 and Line 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)	848,408	0.070	59,389
(7)	Proration of Admin Expense to Experience Fluctuation Risk	L(6) x L(20)/(L(21) + L(22))			59,389
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)	UW Risk Revenue, Prior Year	2013 XR012, Col (6), Line (5) *(manual entry)*	5,389,906		
(14)	UW Risk Revenue, Current Year	2014 XR012, Col (6), Line (5)	5,255,552		
(15)	Net UW Risk RBC, Prior Year	2013 XR012, Col (6), Line (18) *(manual entry)*	1,500,000		
(16)	Net UW Risk RBC, Current Year	2014 XR012, Col (6), Line (18)	1,505,823		
(17)	RBC Growth Safe Harbor	[L(14)/L(13) + .10] x L(15)	0		
(18)	Excess of RBC Growth Over Safe Harbor	Max{0, L(16) - L(17)}	0		
(19)	Excessive Growth Risk RBC	.5 x L(18)			0

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

		Annual Statement Source	Premium	Weight	Weighted Premium
(20)	Experience Fluctuation Risk Revenue	XR012, Col (6), Line (5)	5,255,552		
(21)	Premiums Earned	Page 4, Col 2, Line 2 + 3	5,255,552		
(22)	Risk Revenue	Page 4, Col 2, Line 5	0		
(23)	Tier 1 - $0 to $25 million of Line (20)		5,255,552	0.070	367,889
(24)	Tier 2 - Amount over $25 million of Line (20)		0	0.040	0
(25)	Total Experience Fluctuation Risk Revenue	L(23) + L(24)	5,255,552		367,889
(26)	Administrative Expenses Base RBC Factor	Col (2), Line (25)/Col (1), Line (25)			0.070

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Operational Risk XR022
(FOR INFORMATIONAL PURPOSES ONLY)

		Reference	(1) Statement Value	Factor	(2) RBC Requirement
(1)	Net Written Premium	U&I, Pt 1, Premiums, C4, L12	5,255,552	XXX	XXX
(2)	Net Claim Liability Reserves	U&I, Pt 2A, Claims Liab. CY, C1, L4.4	797,593	XXX	XXX
(3)	Base Operational Risk Charge	C(2) – Greater of L(1) or L(2)			XXX
	Growth Op Risk:				
(4)	Current Year Direct Premiums Written	U&I, Pt 1, Premiums, C1, L12	5,255,552		
(5)	Current Year Reinsurance Assumed from Affiliates	Sch. S, Pt 1, Sn 2, C7, L0799999 + Life Supp. Sch. S, Pt. 1, Sn. 1, C9, L0799999 + P&C Supp. Sch. F, Pt. 1, C5, L0899999	0		
(6)	Current Year Reinsurance Assumed from Non-Affiliates	Sch. S, Pt 1, Sn 2, C7, L1099999 + Life Supp. Sch. S, Pt. 1, Sn. 1, C9, L1099999 + P&C Supp. Sch. F, Pt. 1, C5, L0999999	0		
(7)	Current Year Gross Premiums Written Excluding Reinsurance Assumed from Affiliates	C(1), L(4) + (6)	5,255,552		
(8)	Prior Year Direct Premiums Written	PY U&I, Pt 1, Premiums, C1, L12	5,389,906		
(9)	Prior Year Reinsurance Assumed from Affiliates	PY Sch. S, Pt 1, Sn. 2, C7, L0799999 + PY Life Supp. Sch. S, Pt. 1, Sn. 1, C9, L0799999 + PY P&C Supp. Sch. F, Pt. 1, C5, L0899999	0		
(10)	Prior Year Reinsurance Assumed from Non-Affiliates	PY Sch. S, Pt 1, Sn 2, C7, L1099999 + PY Life Supp. Sch. S, Pt. 1, Sn. 1, C9, L1099999 + PY P&C Supp. Sch. F, Pt. 1, C5, L0999999	0		
(11)	Prior Year Gross Premiums Written Excluding Reinsurance Assumed from Affiliates	C(1), L(8) + (10)	5,389,906		
(12)	Gross Written Premium in Excess of 125% of Prior Year's Gross Written Premium	C(1), L(7) – (1.25 x C(1), L(11))	0	XXX	XXX
(13)	Operational Risk Charge (Tentatively as H5 -- covariance treatment to be determined later)	C(2), L(12) + C(2), L(3)			XXX
	Alternate Base Operational Risk Charge – Capital Add-on Approach (tentatively as potential Capital add-on after covariance)				
(14)	RBC After Covariance	Page XR024, L(37)	1,507,008		
				XXX	XXX
(15)	Total Operational Risk Charge Based on Capital Add-on and Growth Charges	C(2), L(12) + C(2), L(14)			XXX

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Calculation of Total Risk-Based Capital After Covariance

			(1) RBC Amount
H0 - ASSET RISK - AFFILIATES W/RBC			
(1)	Off-Balance Sheet Items	XR005, Off-Balance Sheet Page, L(21)	0
(2)	Directly Owned Insurer Subject to RBC	XR003, Affiliates Page, L(1)	0
(3)	Indirectly Owned Insurer Subject to RBC	XR003, Affiliates Page, L(2)	0
(4)	Directly Owned MCO Subject to RBC	XR003, Affiliates Page, L(3)	0
(5)	Indirectly Owned MCO Subject to RBC	XR003, Affiliates Page, L(4)	0
(6)	Directly Owned Alien Insurer	XR003, Affiliates Page, L(7)	0
(7)	Indirectly Owned Alien Insurers	XR003, Affiliates Page, L(8)	0
(8)	Total H0	Sum L(1) through L(7)	0
H1 - ASSET RISK - OTHER			
(9)	Investment Subsidiary	XR003, Affiliates Page, L(5)	0
(10)	Holding Company Excess of Subsidiaries	XR003, Affiliates Page, L(6)	0
(11)	Investment In Parent	XR003, Affiliates Page, L(9)	0
(12)	Other Affiliates	XR003, Affiliates Page, L(10)	0
(13)	Fair Value Excess Affiliate Common Stock	XR003, Affiliates Page, L(11)	0
(14)	Fixed Income Assets	XR006, Off-Balance Sheet Collateral, L(9) + L(19) + L(20) + L(21) + XR007, Fixed Income Assets Page, L(34)	6,544
(15)	Replication & Mandatory Convertible Securities	XR008, Replication/MCS Page, L(9999999)	0
(16)	Unaffiliated Preferred Stock and Hybrid Securities	XR006, Off-Balance Sheet Collateral, L(16) + XR009, Equity Assets Page, L(15)	0
(17)	Unaffiliated Common Stock	XR006, Off-Balance Sheet Collateral, L(17) + XR009, Equity Assets Page, L(21)	0
(18)	Property & Equipment	XR006, Off-Balance Sheet Collateral, L(18) + XR010, Prop/Equip Assets Page, L(9)	0
(19)	Asset Concentration	XR011, Grand Total Asset Concentration Page, L(23)	0
(20)	Total H1	Sum L(9) through L(19)	6,544
H2 - UNDERWRITING RISK			
(21)	Net Underwriting Risk	XR012, Underwriting Risk Page, L(18)	1,505,823
(22)	Other Underwriting Risk	XR014, Underwriting Risk Page, L(22.2)	0
(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)	0
(24)	Long-Term Care	XR015, Underwriting Risk Page, L(38)	0
(25)	Limited Benefit Plans	XR016, Underwriting Risk Page, L(39.2)+L(40.6)+L(41)	0
(26)	Premium Stabilization Reserve	XR016, Underwriting Risk Page, L(42)	0
(27)	Total H2	Sum L(21) through L(26)	1,505,823

Plan Medico Servicios de Salud Bella Vista

Calculation of Total Risk-Based Capital After Covariance

			(1) RBC Amount
	H3 - CREDIT RISK		
(28)	Total Reinsurance RBC	XR019, Credit Risk Page, L(21)	0
(29)	Intermediaries Credit Risk RBC	XR019, Credit Risk Page, L(28)	0
(30)	Total Other Receivables RBC	XR020, Credit Risk Page, L(34)	52
(31)	Total H3	Sum L(28) through L(30)	52
	H4 - BUSINESS RISK		
(32)	Administrative Expense RBC	XR021, Business Risk Page, L(7)	59,389
(33)	Non-Underwritten and Limited Risk Business RBC	XR021, Business Risk Page, L(11)	0
(34)	Premiums Subject to Guaranty Fund Assessments	XR021, Business Risk Page, L(12)	0
(35)	Excessive Growth RBC	XR021, Business Risk Page, L(19)	0
(36)	Total H4	Sum L(32) through L(35)	59,389
(37)	RBC after Covariance	H0+Square Root of (H1^2+H2^2+H3^2+H4^2)	1,507,008
(38)	Authorized Control Level RBC*	.50 x RBC after Covariance	753,504

Plan Medico Servicios de Salud Bella Vista

CALCULATION OF TOTAL ADJUSTED CAPITAL

		Annual Statement Source	(1) Amount	Factor	(2) Adjusted Capital
Company Amounts					
(1)	Capital and Surplus	Page 3, Col 3, Line 33	1,003,533	1.000	1,003,533
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				1,003,533
Sensitivity Test:					
(7)	DTA Value for Company	Page 2, Col 3, Line 18.2	0	1.000	0
(8)	DTL Value for Company	Page 3, Col 3, Line 10.2	0	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)			1,003,533
Ex DTA ACL RBC Ratio Sensitivity Test					
(12)	Deferred Tax Asset	Page 2 Column 3 Line 18.2	0	1.000	0
(13)	Total Adjusted Capital Less Deferred Tax Asset	Line (6) less Line (12)			1,003,533
(14)	Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)			753,504
(15)	Ex DTA ACL RBC Ratio	Line (13) / Line (14)			133.182
ACA Fee RBC Ratio Sensitivity Test					
(16)	ACA Fee (Data Year Amount to be Paid in the Fee Year)	Note 22A	0	1.000	0
(17)	Total Adjusted Capital Less ACA Fee	Line (6) less Line (16)			1,003,533
(18)	Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)			753,504
(19)	ACA Fee RBC Ratio	Line (17) / Line (18)			133.182

Federal ACA Risk Adjustment and Risk Corridor Sensitivity Test:			(1) Annual Statement* (1-Sensitivity%)	Factor	(2) RBC Result	(3) Adjusted Capital	(4) Annual Statement* (1+Sensitivity%)	Factor	(5) RBC Result	(6) Adjusted Capital
(20)	Premium Adjustment Receivable Due to ACA Risk Adjustment Liabilities	Notes to Financial Statement 24E2a1 x (0.75) = C(1)L(20) and Notes to Financial Statement 24E2a1 x (1.25) = C(4)L(20)		0.500	0			0.500	0	
(21)	Premium Adjustments Payable Due to ACA Risk Adjustment Operations	Notes to Financial Statement 24E2a3 x (0.75) = C(1)L(21) and Notes to Financial Statement 24E2a3 x (1.25) = C(4)L(21)		0.500	0			0.500	0	
(22)	Total ACA Risk Adjustments Payable less Receivable	Line (21) - Line (20)			0				0	
(23)	Accrued Retrospective Premium Due to ACA Risk Corridors	Notes to Financial Statement 24E2c1 x (0.75) = C(1)L(23) and Notes to Financial Statement 24E2c1 x (1.25) = C(4)L(23)		0.500	0			0.500	0	
(24)	Reserve for Rate Credits or Policy Experience Rating Refunds Due to ACA Risk Corridors	Notes to Financial Statement 24E2c2 x (0.75) = C(1)L(24) and Notes to Financial Statement 24E2c2 x (1.25) = C(4)L(24)		0.500	0			0.500	0	
(25)	Total ACA Risk Corridor Retrospective Premium and Rate Credits or Policy Experience Rating Refunds (Net)	Line (24) - Line (23)			0				0	
(26)	Total Risk Adjustment and Risk Corridor	Absolute Value of (Line (22) + Line (25))			0				0	
(27)	Total Adjusted Capital, Post-deferred Tax	Line (6)				1,003,533				1,003,533
(28)	Total Adjusted Capital Stressed for Risk Adjustments	Line (27) -- Line (26)				1,003,533				1,003,533
(29)	Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)				753,504				753,504
(30)	ACA Risk Adjusted ACL RBC Ratio	Line (28)/Line (29)				133.182				133.182

XR025

Plan Medico Servicios de Salud Bella Vista

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

		Abbreviation	(1) Amount	(2) Result
(1)	**Total Adjusted Capital, Post-Tax**		1,003,533	
(2)	Company Action Level = 200% of Authorized Control Level	CAL	1,507,008	
(3)	Regulatory Action Level = 150% of Authorized Control Level	RAL	1,130,256	
(4)	Authorized Control Level = 100% of Authorized Control Level	ACL	753,504	
(5)	Mandatory Control Level = 70% of Authorized Control Level	MCL	527,453	
(6)	Level of Action, if Any	Regulatory Action Level		

THE FOLLOWING NUMBERS MUST BE REPORTED IN THE FIVE YEAR HISTORY EXHIBIT ON THE INDICATED LINE

Total Adjusted Capital on Line 14 of the Five-Year Historical Data Page	1,003,533
Authorized Control Level Risk-Based Capital on Line 15 of the Five-Year Historical Data Page	753,504

TREND TEST

		Annual Statement Source		
(7)	Total Revenue	Page 4, Line 8	5,300,247	
(8)	Underwriting Deductions	Page 4, Line 23	5,205,129	
(9)	Combined Ratio	Line (8)/Line (7)	98.205	
(10)	RBC Ratio	Line (1)/Line (4)	133.182	
(11)	Trend Test Result	If Line (10) is between 200% and 300% and Line (9) > 105%, then "Yes", otherwise "No"		NO
(12)	Level of Action, if any, including Trend Test		Regulatory Action Level	

XR026

Plan Medico Servicios de Salud Bella Vista

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.

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

Plan Medico Servicios de Salud Bella Vista

Capitations Paid Directly to Providers

Name of Provider	1 Paid Capitations During Year	2 Letter of Credit Amount	3 Funds Withheld	4 Protection Percentage	5 Exempt Capitations
1999999 Total to Providers	0	XXX	XXX	XXX	0

Capitations Paid to Unregulated Intermediaries

Name of Provider	1 Paid Capitations During Year	2 Letter of Credit Amount	3 Funds Withheld	4 Protection Percentage	5 Exempt Capitations
2999999 Total to Unregulated Intermediaries	0	XXX	XXX	XXX	0

Capitations Paid to Regulated Intermediaries

Name of Provider	1 Paid Capitations During Year	2 Domiciliary State	5 Exempt Capitations	
3999999 Total to Regulated Intermediaries	0	XXX	0	

Total Capitations

Name of Provider	1 Paid Capitations During Year		5 Exempt Capitations
9999999 Total	0		0

XR028

Plan Medico Servicios de Salud Bella Vista

Premium Stabilization Reserves

Name of Group	1 Amount of Reserve
0199999 - Total Premium Stabilization Reserve	0

XR029