# ANNUAL STATEMENT

**OF THE**

**Ryder Health Plan, Inc.**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

Puerto Rico

FOR THE YEAR ENDED
DECEMBER 31, 2014

**HEALTH**

# 2014

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# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

## Ryder Health Plan, Inc

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 05/07/1984 Commenced Business 10/01/1984

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

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

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

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

Internet Website Address planryder@yahoo.com

Statutory Statement Contact Yarlin M Rosa (Name), 787-852-0846 (Area Code) (Telephone Number)
planryder@yahoo.com (E-mail Address), 787-850-4863 (FAX Number)

### OFFICERS

Executive Director José R Feliciano Sepúlveda
Administrative Director Juan L De La Rosa Medina

### OTHER

### DIRECTORS OR TRUSTEES

| | | |
|---|---|---|
| Edward Rivera | Heriberto Silva | Elsa Berrios |
| Jesús M Reina | Michael Diaz | Elisama Velazquez |
| Roque Lebron | José Fernandez | Esther Aleman |
| Boanerges Garcia | Elba Santana | Holly L MillerShank |
| Barbara T Baylor | Benigno Alicea | Miriam Alicea |
| Francisca Rodriquez | Pedro Cepeda | Héctor R Rosario |
| Norelis Saldaña | | |

State of Puerto Rico
County of Humacao 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.

José R. Feliciano Sepúlveda
Executive Director

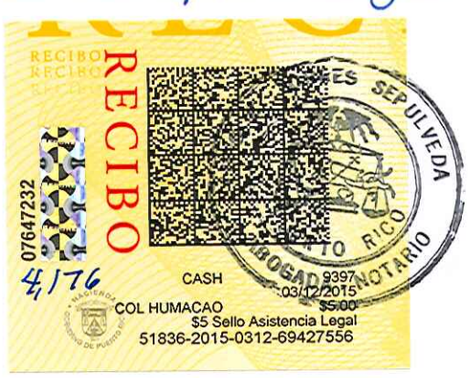
Juan L. De La Rosa Medina
Administrative Director

n/a

4,176

Subscribed and sworn to before me this 31st day of March, 2015.
Liris L. Torres Sepúlveda

a. Is this an original filing? ..... Yes [ X ] No [ ]
b. If no,
1. State the amendment number.....
2. Date filed .....03/31/2015
3. Number of pages attached.....



RECIBO
07647232
4,176
CASH
COL HUMACAO
$5 Sello Asistencia Legal
51836-2015-0312-69427556
9397
03/12/2015
$5.00
ES SEPULVEDA
PUERTO RICO
ABOGADO NOTARIO

# ASSETS

| | | Current Year | | | Prior Year |
|---|---|---|---|---|---|
| | | 1<br>Assets | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets (Cols. 1 - 2) | 4<br>Net Admitted Assets |
| 1. | Bonds (Schedule D) | 225,000 | | 225,000 | 225,000 |
| 2. | Stocks (Schedule D): | | | | |
| | 2.1 Preferred stocks | | | 0 | 0 |
| | 2.2 Common stocks | | | 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 ($ 983,891 , Schedule E - Part 1), cash equivalents ($ ..... , Schedule E - Part 2) and short-term investments ($ ..... , Schedule DA) | 983,891 | | 983,891 | 1,063,881 |
| 6. | Contract loans, (including $ ..... premium notes) | | | 0 | 0 |
| 7. | Derivatives (Schedule DB) | | | 0 | 0 |
| 8. | Other invested assets (Schedule BA) | | | 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 | 2,534 | 2,534 | 0 | 0 |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 1,211,425 | 2,534 | 1,208,891 | 1,288,881 |
| 13. | Title plants less $ ..... charged off (for Title insurers only) | | | 0 | 0 |
| 14. | Investment income due and accrued | 5,420 | | 5,420 | 2,758 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 237,017 | 23,998 | 213,019 | 245,024 |
| | 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 ($ ..... ) | 9,386 | 9,386 | 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 ($ 11,360 ) and other amounts receivable | 11,360 | | 11,360 | 1,898 |
| 25. | Aggregate write-ins for other than invested assets | 112 | 0 | 112 | 0 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 1,474,720 | 35,918 | 1,438,802 | 1,538,561 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. | Total (Lines 26 and 27) | 1,474,720 | 35,918 | 1,438,802 | 1,538,561 |
| | **DETAILS OF WRITE-INS** | | | | |
| 1101. | Prepaid expenses | 2,534 | 2,534 | 0 | 0 |
| 1102. | | | | | |
| 1103. | | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. | Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | 2,534 | 2,534 | 0 | 0 |
| 2501. | PCORI Fee Receivable | 112 | | 112 | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. | Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 112 | 0 | 112 | 0 |

# LIABILITIES, CAPITAL AND SURPLUS

| | | Current Year | | | Prior Year |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| | | Covered | Uncovered | Total | Total |
| 1. | Claims unpaid (less $ 0 reinsurance ceded) | 100,290 | | 100,290 | 129,095 |
| 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 $ 0 for medical loss ratio rebate per the Public Health Service Act | 0 | | 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 | 33,792 | | 33,792 | 17,451 |
| 9. | General expenses due or accrued | 49,493 | | 49,493 | 77,619 |
| 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 |
| 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, $ 0 unauthorized reinsurers and $ 0 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) | 783,575 | 0 | 783,575 | 824,165 |
| 25. | Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. | Common capital stock | XXX | XXX | | |
| 27. | Preferred capital stock | XXX | XXX | | |
| 28. | Gross paid in and contributed surplus | XXX | XXX | | |
| 29. | Surplus notes | XXX | XXX | 25,000 | 50,000 |
| 30. | Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. | Unassigned funds (surplus) | XXX | XXX | 630,227 | 664,396 |
| 32. | Less treasury stock, at cost: | | | | |
| | 32.1 shares common (value included in Line 26 $ ) | XXX | XXX | | |
| | 32.2 shares preferred (value included in Line 27 $ ) | XXX | XXX | | |
| 33. | Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 655,227 | 714,396 |
| 34. | Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 1,438,802 | 1,538,561 |
| | **DETAILS OF WRITE-INS** | | | | |
| 2301. | State Mandatory Reserve | 600,000 | | 600,000 | 600,000 |
| 2302. | | | | | |
| 2303. | | | | | |
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. | Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) | 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 thru 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | | XXX | XXX | | |
| 3002. | | XXX | XXX | | |
| 3003. | | XXX | XXX | | |
| 3098. | Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. | Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES

| | | Current Year | | Prior Year |
|---|---|---|---|---|
| | | 1<br>Uncovered | 2<br>Total | 3<br>Total |
| 1. | Member Months | XXX | 43,506 | 46,476 |
| 2. | Net premium income ( including $ ..... non-health premium income) | XXX | 2,469,476 | 2,618,154 |
| 3. | Change in unearned premium reserves and reserve for rate credits | XXX | 0 | 0 |
| 4. | Fee-for-service (net of $ ..... medical expenses) | XXX | 0 | 0 |
| 5. | Risk revenue | XXX | 0 | 0 |
| 6. | Aggregate write-ins for other health care related revenues | XXX | 23,150 | 4,028 |
| 7. | Aggregate write-ins for other non-health revenues | XXX | 6,602 | 6,215 |
| 8. | Total revenues (Lines 2 to 7) | XXX | 2,499,228 | 2,628,397 |
| | **Hospital and Medical:** | | | |
| 9. | Hospital/medical benefits | | 1,647,465 | 1,844,622 |
| 10. | Other professional services | | 0 | 0 |
| 11. | Outside referrals | | 0 | 0 |
| 12. | Emergency room and out-of-area | | 0 | 0 |
| 13. | Prescription drugs | | 437,385 | 450,464 |
| 14. | Aggregate write-ins for other hospital and medical | 0 | 0 | 0 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | 0 | 0 |
| 16. | Subtotal (Lines 9 to 15) | 0 | 2,084,850 | 2,295,086 |
| | **Less:** | | | |
| 17. | Net reinsurance recoveries | | 0 | 0 |
| 18. | Total hospital and medical (Lines 16 minus 17) | 0 | 2,084,850 | 2,295,086 |
| 19. | Non-health claims (net) | | | 0 |
| 20. | Claims adjustment expenses, including $ ..... 0 cost containment expenses | | 0 | 0 |
| 21. | General administrative expenses | | 389,859 | 343,006 |
| 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 | 2,474,709 | 2,638,092 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 24,519 | (9,695) |
| 25. | Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 10,378 | 11,126 |
| 26. | Net realized capital gains (losses) less capital gains tax of $ ..... | | | |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | 0 | 10,378 | 11,126 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ ..... ) (amount charged off $ ..... )] | | | |
| 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 | 34,897 | 1,431 |
| 31. | Federal and foreign income taxes incurred | XXX | | |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | 34,897 | 1,431 |
| | **DETAILS OF WRITE-INS** | | | |
| 0601. | Pharmacy rebates | XXX | 23,150 | 4,028 |
| 0602. | | XXX | | |
| 0603 | | XXX | | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 |
| 0699. | Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) | XXX | 23,150 | 4,028 |
| 0701. | Miscellaneous Income | XXX | 6,602 | 6,215 |
| 0702. | | XXX | | |
| 0703 | | XXX | | |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 |
| 0799. | Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) | XXX | 6,602 | 6,215 |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. | Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903 | | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 |
| 2999. | Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| | **CAPITAL AND SURPLUS ACCOUNT** | | |
| 33. | Capital and surplus prior reporting year | 714,396 | 693,906 |
| 34. | Net income or (loss) from Line 32 | 34,897 | 1,431 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of $ | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. | Change in net deferred income tax | | |
| 39. | Change in nonadmitted assets | (3,467) | 10,259 |
| 40 | Change in unauthorized and certified reinsurance | 0 | 0 |
| 41. | Change in treasury stock | 0 | 0 |
| 42. | Change in surplus notes | (25,000) | 50,000 |
| 43. | Cumulative effect of changes in accounting principles | | |
| 44. | Capital Changes: | | |
| | 44.1 Paid in | 0 | 0 |
| | 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 |
| | 44.3 Transferred to surplus | | |
| 45. | Surplus adjustments: | | |
| | 45.1 Paid in | 0 | 0 |
| | 45.2 Transferred to capital (Stock Dividend) | | |
| | 45.3 Transferred from capital | | |
| 46. | Dividends to stockholders | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | (65,599) | (41,200) |
| 48. | Net change in capital and surplus (Lines 34 to 47) | (59,169) | 20,490 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 655,227 | 714,396 |
| | **DETAILS OF WRITE-INS** | | |
| 4701. | Adjustment necessary to reconcile net assets to net liablilities and capital | 4,844 | 98,042 |
| 4702. | Accrued interest on surplus note (since note originated in 1984) | (70,443) | (139,242) |
| 4703. | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 |
| 4799. | Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above) | (65,599) | (41,200) |

# CASH FLOW

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| | **Cash from Operations** | | |
| 1. | Premiums collected net of reinsurance | 2,518,848 | 2,687,394 |
| 2. | Net investment income | 13,901 | 9,247 |
| 3. | Miscellaneous income | 29,752 | 17,145 |
| 4. | Total (Lines 1 through 3) | 2,562,501 | 2,713,726 |
| 5. | Benefit and loss related payments | 2,113,655 | 2,361,160 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 426,359 | 295,001 |
| 8. | Dividends paid to policyholders | | |
| 9. | Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses) | 0 | 0 |
| 10. | Total (Lines 5 through 9) | 2,540,014 | 2,656,161 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 22,487 | 57,565 |
| | **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 | (3,660) |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | (3,660) |
| 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 | 0 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 |
| 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 | (3,660) |
| | **Cash from Financing and Miscellaneous Sources** | | |
| 16. | Cash provided (applied): | | |
| | 16.1 Surplus notes, capital notes | (25,000) | 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 | 0 | 0 |
| | 16.5 Dividends to stockholders | 0 | 0 |
| | 16.6 Other cash provided (applied) | (143,076) | 0 |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (168,076) | 0 |
| | **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) | (145,589) | 53,905 |
| 19. | Cash, cash equivalents and short-term investments: | | |
| | 19.1 Beginning of year | 1,063,881 | 1,009,976 |
| | 19.2 End of year (Line 18 plus Line 19.1) | 918,292 | 1,063,881 |

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

| | | |
|---|---|---|
| | | |

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | | 1<br>Total | 2<br>Comprehensive (Hospital & Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Net premium income | 2,469,476 | 2,412,175 | 57,301 | | | | | | | |
| 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 | 23,150 | 23,150 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 6. | Aggregate write-ins for other non-health care related revenues | 16,980 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 16,980 |
| 7. | Total revenues (Lines 1 to 6) | 2,509,606 | 2,435,325 | 57,301 | 0 | 0 | 0 | 0 | 0 | 0 | 16,980 |
| 8. | Hospital/medical benefits | 1,647,465 | 1,608,125 | 39,340 | | | | | | | XXX |
| 9. | Other professional services | 0 | | | | | | | | | XXX |
| 10. | Outside referrals | 0 | | | | | | | | | XXX |
| 11. | Emergency room and out-of-area | 0 | | | | | | | | | XXX |
| 12. | Prescription drugs | 437,385 | 437,385 | | | | | | | | 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) | 2,084,850 | 2,045,510 | 39,340 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 16. | Net reinsurance recoveries | 0 | | | | | | | | | XXX |
| 17. | Total medical and hospital (Lines 15 minus 16) | 2,084,850 | 2,045,510 | 39,340 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 18. | Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. | Claims adjustment expenses including $ ____ cost containment expenses | 0 | | | | | | | | | |
| 20. | General administrative expenses | 389,859 | 380,813 | 9,046 | | | | | | | |
| 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) | 2,474,709 | 2,426,323 | 48,386 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. | Total underwriting gain or (loss) (Line 7 minus Line 23) | 34,897 | 9,002 | 8,915 | 0 | 0 | 0 | 0 | 0 | 0 | 16,980 |
| | DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. | Pharmaceutical Rebates | 23,150 | 23,150 | | | | | | | | 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 thru 0503 plus 0598) (Line 5 above) | 23,150 | 23,150 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | Investment Income | 10,378 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 10,378 |
| 0602. | Miscellaneous Income | 6,602 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 6,602 |
| 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 thru 0603 plus 0698) (Line 6 above) | 16,980 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 16,980 |
| 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 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

| Line of Business | 1<br>Direct Business | 2<br>Reinsurance Assumed | 3<br>Reinsurance Ceded | 4<br>Net Premium Income (Cols. 1 + 2 - 3) |
|---|---|---|---|---|
| 1. Comprehensive (hospital and medical) | 2,412,175 | | | 2,412,175 |
| 2. Medicare Supplement | 57,301 | | | 57,301 |
| 3. Dental only | | | | 0 |
| 4. Vision only | | | | 0 |
| 5. Federal Employees Health Benefits Plan | 0 | | | 0 |
| 6. Title XVIII - Medicare | 0 | | | 0 |
| 7. Title XIX - Medicaid | 0 | | | 0 |
| 8. Other health | | | | 0 |
| 9. Health subtotal (Lines 1 through 8) | 2,469,476 | 0 | 0 | 2,469,476 |
| 10. Life | 0 | | | 0 |
| 11. Property/casualty | 0 | | | 0 |
| 12. Totals (Lines 9 to 11) | 2,469,476 | 0 | 0 | 2,469,476 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

| | 1<br>Total | 2<br>Comprehensive (Hospital & Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 2,113,655 | 2,074,566 | 39,089 | | | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | |
| 1.4 Net | 2,113,655 | 2,074,566 | 39,089 | 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 | 100,290 | 96,858 | 3,432 | 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 | 100,290 | 96,858 | 3,432 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | 0 | | | | | | | | | |
| 4.2 Reinsurance assumed | 0 | | | | | | | | | |
| 4.3 Reinsurance ceded | 0 | | | | | | | | | |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Accrued medical incentive pools and bonuses, current year | 0 | | | | | | | | | |
| 6. Net healthcare receivables (a) | 0 | | | | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 129,095 | 125,914 | 3,181 | 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 | 129,095 | 125,914 | 3,181 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | 0 | | | | | | | | | |
| 9.2 Reinsurance assumed | 0 | | | | | | | | | |
| 9.3 Reinsurance ceded | 0 | | | | | | | | | |
| 9.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Accrued medical incentive pools and bonuses, prior year | 0 | 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 | 2,084,850 | 2,045,510 | 39,340 | 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 | 2,084,850 | 2,045,510 | 39,340 | 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<br>Total | 2<br>Comprehensive (Hospital & Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1 Direct | 91,667 | 88,349 | 3,318 | | | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | |
| 1.4 Net | 91,667 | 88,349 | 3,318 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | 8,623 | 8,509 | 114 | | | | | | | |
| 2.2 Reinsurance assumed | 0 | | | | | | | | | |
| 2.3 Reinsurance ceded | 0 | | | | | | | | | |
| 2.4 Net | 8,623 | 8,509 | 114 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1 Direct | 0 | 0 | 0 | | | | | | | |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | | | | | | | |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | | | | | | | |
| 3.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TOTALS: | | | | | | | | | | |
| 4.1 Direct | 100,290 | 96,858 | 3,432 | 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 | 100,290 | 96,858 | 3,432 | 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<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year | 4<br>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) | 34,280 | 2,040,286 | 91,634 | 5,224 | 125,914 | 125,914 |
| 2. Medicare Supplement | 1,079 | 38,010 | 2,102 | 1,330 | 3,181 | 3,181 |
| 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 | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 35,359 | 2,078,296 | 93,736 | 6,554 | 129,095 | 129,095 |
| 10. Healthcare receivables (a) | | | | | 0 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | 0 |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 35,359 | 2,078,296 | 93,736 | 6,554 | 129,095 | 129,095 |

(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 - Comprehensive (Hospital & Medical)

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2010 | 2<br>2011 | 3<br>2012 | 4<br>2013 | 5<br>2014 |
| 1. Prior | 0 | 0 | 0 | 0 | 2,383 |
| 2. 2010 | | | | | 2,424 |
| 3. 2011 | XXX | | | | 2,249 |
| 4. 2012 | XXX | XXX | | | 2,313 |
| 5. 2013 | XXX | XXX | XXX | | 2,309 |
| 6. 2014 | XXX | XXX | XXX | XXX | 2,078 |

### Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|---|---|---|---|---|---|
| | 1<br>2010 | 2<br>2011 | 3<br>2012 | 4<br>2013 | 5<br>2014 |
| 1. Prior | 0 | 0 | 0 | 0 | |
| 2. 2010 | | | | | |
| 3. 2011 | XXX | | | | 2,219 |
| 4. 2012 | XXX | XXX | | | 2,445 |
| 5. 2013 | XXX | XXX | XXX | | 2,244 |
| 6. 2014 | XXX | XXX | XXX | XXX | 2,045 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payment | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2010 | 2,770 | 2,424 | | 0.0 | 2,424 | 87.5 | 68 | | 2,492 | 90.0 |
| 2. 2011 | 2,454 | 2,249 | | 0.0 | 2,249 | 91.6 | 16 | | 2,265 | 92.3 |
| 3. 2012 | 2,633 | 2,313 | | 0.0 | 2,313 | 87.8 | 8 | | 2,321 | 88.2 |
| 4. 2013 | 2,538 | 2,309 | | 0.0 | 2,309 | 91.0 | 0 | | 2,309 | 91.0 |
| 5. 2014 | 2,412 | 2,078 | | 0.0 | 2,078 | 86.2 | 5 | | 2,083 | 86.4 |

# 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<br>2010 | 2<br>2011 | 3<br>2012 | 4<br>2013 | 5<br>2014 |
| 1. Prior | 0 | 0 | 0 | 0 | |
| 2. 2010 | | | | | |
| 3. 2011 | XXX | | | | 116 |
| 4. 2012 | XXX | XXX | | | 69 |
| 5. 2013 | XXX | XXX | XXX | | 53 |
| 6. 2014 | XXX | XXX | XXX | XXX | 35 |

### 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<br>2010 | 2<br>2011 | 3<br>2012 | 4<br>2013 | 5<br>2014 |
| 1. Prior | 0 | 0 | 0 | 0 | |
| 2. 2010 | | | | | |
| 3. 2011 | XXX | | | | 122 |
| 4. 2012 | XXX | XXX | | | 70 |
| 5. 2013 | XXX | XXX | XXX | | 51 |
| 6. 2014 | XXX | XXX | XXX | XXX | 40 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payment | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2010 | 0 | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |
| 2. 2011 | 126 | 116 | | 0.0 | 116 | 92.1 | 1 | | 117 | 92.9 |
| 3. 2012 | 100 | 69 | | 0.0 | 69 | 69.0 | 0 | | 69 | 69.0 |
| 4. 2013 | 80 | 53 | | 0.0 | 53 | 66.3 | 1 | | 54 | 67.5 |
| 5. 2014 | 57 | 35 | | 0.0 | 35 | 61.4 | 1 | | 36 | 63.2 |

# 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<br>2010 | 2<br>2011 | 3<br>2012 | 4<br>2013 | 5<br>2014 |
| 1. Prior | 0 | 0 | 0 | 0 | 2,383 |
| 2. 2010 | 0 | 0 | 0 | 0 | 2,424 |
| 3. 2011 | XXX | 0 | 0 | 0 | 2,365 |
| 4. 2012 | XXX | XXX | 0 | 0 | 2,382 |
| 5. 2013 | XXX | XXX | XXX | 0 | 2,362 |
| 6. 2014 | XXX | XXX | XXX | XXX | 2,113 |

### 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<br>2010 | 2<br>2011 | 3<br>2012 | 4<br>2013 | 5<br>2014 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2010 | 0 | 0 | 0 | 0 | 0 |
| 3. 2011 | XXX | 0 | 0 | 0 | 2,341 |
| 4. 2012 | XXX | XXX | 0 | 0 | 2,515 |
| 5. 2013 | XXX | XXX | XXX | 0 | 2,295 |
| 6. 2014 | XXX | XXX | XXX | XXX | 2,085 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payment | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2010 | 2,770 | 2,424 | 0 | 0.0 | 2,424 | 87.5 | 68 | 0 | 2,492 | 90.0 |
| 2. 2011 | 2,580 | 2,365 | 0 | 0.0 | 2,365 | 91.7 | 17 | 0 | 2,382 | 92.3 |
| 3. 2012 | 2,733 | 2,382 | 0 | 0.0 | 2,382 | 87.2 | 8 | 0 | 2,390 | 87.4 |
| 4. 2013 | 2,618 | 2,362 | 0 | 0.0 | 2,362 | 90.2 | 1 | 0 | 2,363 | 90.3 |
| 5. 2014 | 2,469 | 2,113 | 0 | 0.0 | 2,113 | 85.6 | 6 | 0 | 2,119 | 85.8 |

# UNDERWRITING AND INVESTMENT EXHIBIT

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

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

NONE

(a) Includes $ premium deficiency reserve.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|---|---|---|---|---|---|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 1. Rent ($ ..... for occupancy of own building) ..... | | | 24,000 | | 24,000 |
| 2. Salary, wages and other benefits ..... | | | 136,990 | | 136,990 |
| 3. Commissions (less $ ..... ceded plus $ ..... assumed) ..... | | | | | 0 |
| 4. Legal fees and expenses ..... | | | 708 | | 708 |
| 5. Certifications and accreditation fees ..... | | | | | 0 |
| 6. Auditing, actuarial and other consulting services ..... | | | 83,717 | | 83,717 |
| 7. Traveling expenses ..... | | | 6,174 | | 6,174 |
| 8. Marketing and advertising ..... | | | 12,616 | | 12,616 |
| 9. Postage, express and telephone ..... | | | 7,792 | | 7,792 |
| 10. Printing and office supplies ..... | | | 7,781 | | 7,781 |
| 11. Occupancy, depreciation and amortization ..... | | | 2,221 | | 2,221 |
| 12. Equipment ..... | | | 253 | | 253 |
| 13. Cost or depreciation of EDP equipment and software ..... | | | 4,969 | | 4,969 |
| 14. Outsourced services including EDP, claims, and other services ..... | | | | | 0 |
| 15. Boards, bureaus and association fees ..... | | | | | 0 |
| 16. Insurance, except on real estate ..... | | | 24,966 | | 24,966 |
| 17. Collection and bank service charges ..... | | | 4,355 | | 4,355 |
| 18. Group service and administration fees ..... | | | | | 0 |
| 19. Reimbursements by uninsured plans ..... | | | | | 0 |
| 20. Reimbursements from fiscal intermediaries ..... | | | | | 0 |
| 21. Real estate expenses ..... | | | | | 0 |
| 22. Real estate taxes ..... | | | | | 0 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes ..... | | | 3,134 | | 3,134 |
| 23.2 State premium taxes ..... | | | 24,537 | | 24,537 |
| 23.3 Regulatory authority licenses and fees ..... | | | 5,000 | | 5,000 |
| 23.4 Payroll taxes ..... | | | 11,433 | | 11,433 |
| 23.5 Other (excluding federal income and real estate taxes) ..... | | | 769 | | 769 |
| 24. Investment expenses not included elsewhere ..... | | | | | 0 |
| 25. Aggregate write-ins for expenses ..... | 0 | 0 | 28,444 | 0 | 28,444 |
| 26. Total expenses incurred (Lines 1 to 25) ..... | 0 | 0 | 389,859 | 0 | (a) 389,859 |
| 27. Less expenses unpaid December 31, current year ..... | | | 49,493 | | 49,493 |
| 28. Add expenses unpaid December 31, prior year ..... | 0 | 0 | 77,619 | 0 | 77,619 |
| 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 | 417,985 | 0 | 417,985 |
| **DETAILS OF WRITE-INS** | | | | | |
| 2501. Bad Debts ..... | | | 22,385 | | 22,385 |
| 2502. Purchases Expenses ..... | | | 631 | | 631 |
| 2503. Filing Fees ..... | | | 105 | | 105 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page ..... | 0 | 0 | 5,323 | 0 | 5,323 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 0 | 0 | 28,444 | 0 | 28,444 |

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

# EXHIBIT OF NET INVESTMENT INCOME

| | | 1<br>Collected During Year | 2<br>Earned During Year |
|---|---|---|---|
| 1. | U.S. government bonds | (a) | |
| 1.1 | Bonds exempt from U.S. tax | (a) | |
| 1.2 | Other bonds (unaffiliated) | (a) 4,837 | 4,576 |
| 1.3 | Bonds of affiliates | (a) | |
| 2.1 | Preferred stocks (unaffiliated) | (b) | |
| 2.11 | Preferred stocks of affiliates | (b) | |
| 2.2 | Common stocks (unaffiliated) | | |
| 2.21 | Common stocks of affiliates | | |
| 3. | Mortgage loans | (c) | |
| 4. | Real estate | (d) | |
| 5 | Contract Loans | | |
| 6 | Cash, cash equivalents and short-term investments | (e) 9,063 | 5,802 |
| 7 | Derivative instruments | (f) | |
| 8. | Other invested assets | | |
| 9. | Aggregate write-ins for investment income | 0 | 0 |
| 10. | Total gross investment income | 13,900 | 10,378 |
| 11. | Investment expenses | | (g) 0 |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes | | (g) 0 |
| 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) | | 10,378 |
| | **DETAILS OF WRITE-INS** | | |
| 0901. | | | |
| 0902. | | | |
| 0903. | | | |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 |
| 0999. | Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | 0 | 0 |
| 1501. | | | |
| 1502. | | | |
| 1503. | | | |
| 1598. | Summary of remaining write-ins for Line 15 from overflow page | | 0 |
| 1599. | Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) | | 0 |

(a) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.

(b) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued dividends on purchases.

(c) Includes $ ..... accrual of discount less $ ..... 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<br>Realized Gain (Loss) On Sales or Maturity | 2<br>Other Realized Adjustments | 3<br>Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4<br>Change in Unrealized Capital Gain (Loss) | 5<br>Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|---|---|---|---|---|---|---|
| 1. | U.S. Government bonds | 0 | 0 | 0 | 0 | 0 |
| 1.1 | Bonds exempt from U.S. tax | | | 0 | | |
| 1.2 | Other bonds (unaffiliated) | 0 | 0 | 0 | 0 | 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 |
| 4. | Real estate | | 0 | 0 | | 0 |
| 5. | Contract loans | | | 0 | | |
| 6. | Cash, cash equivalents and short-term investments | | | 0 | | |
| 7. | Derivative instruments | | | 0 | | |
| 8. | Other invested assets | | 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 thru 0903 plus 0998) (Line 9, above) | 0 | 0 | 0 | 0 | 0 |

# EXHIBIT OF NON-ADMITTED ASSETS

| | | 1<br>Current Year Total Nonadmitted Assets | 2<br>Prior Year Total Nonadmitted Assets | 3<br>Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|---|---|---|---|
| 1. | Bonds (Schedule D) | | 0 | 0 |
| 2. | Stocks (Schedule D): | | | |
| | 2.1 Preferred stocks | | 0 | 0 |
| | 2.2 Common stocks | | 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 | | 0 | 0 |
| | 4.2 Properties held for the production of income | | 0 | 0 |
| | 4.3 Properties held for sale | | 0 | 0 |
| 5. | Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) | | 0 | 0 |
| 6. | Contract loans | | 0 | 0 |
| 7. | Derivatives (Schedule DB) | | 0 | 0 |
| 8. | Other invested assets (Schedule BA) | | 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 | 2,534 | 390 | (2,144) |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 2,534 | 390 | (2,144) |
| 13. | Title plants (for Title insurers only) | | 0 | 0 |
| 14. | Investment income due and accrued | | 6,185 | 6,185 |
| 15. | Premiums and considerations: | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 23,998 | 25,024 | 1,026 |
| | 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | | 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 | 9,386 | 852 | (8,534) |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | 0 | 0 |
| 23. | Receivable 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 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 35,918 | 32,451 | (3,467) |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| 28. | Total (Lines 26 and 27) | 35,918 | 32,451 | (3,467) |
| | **DETAILS OF WRITE-INS** | | | |
| 1101. | PREPAID EXPENSES | 2,534 | 390 | (2,144) |
| 1102. | | | | |
| 1103. | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. | Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | 2,534 | 390 | (2,144) |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. | Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 |

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

| Source of Enrollment | Total Members at End of | | | | | 6 |
|---|---|---|---|---|---|---|
| | 1<br>Prior Year | 2<br>First Quarter | 3<br>Second Quarter | 4<br>Third Quarter | 5<br>Current Year | Current Year<br>Member Months |
| 1. Health Maintenance Organizations | 3,873 | 3,816 | 3,693 | 3,543 | 3,450 | 43,506 |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | | | | | | |
| 4. Point of Service | | | | | | |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 3,873 | 3,816 | 3,693 | 3,543 | 3,450 | 43,506 |
| **DETAILS OF WRITE-INS** | | | | | | |
| 0601. | | | | | | |
| 0602. | | | | | | |
| 0603. | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

# EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| 0199999 Total individuals | 16,173 | 3,507 | 205 | 413 | 413 | 19,885 |
| Group Subscribers: | | | | | | |
| 0299998. Premiums due and unpaid not individually listed | 117,153 | 39,485 | 36,496 | 23,585 | 23,585 | 193,134 |
| 0299999. Total group | 117,153 | 39,485 | 36,496 | 23,585 | 23,585 | 193,134 |
| 0399999. Premiums due and unpaid from Medicare entities | | | | | | |
| 0499999. Premiums due and unpaid from Medicaid entities | | | | | | |
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| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 133,326 | 42,992 | 36,701 | 23,998 | 23,998 | 213,019 |

# EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| PharmPix Corp. | 950 | 950 | 950 | 8,510 | 0 | 11,360 |
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed | | | | | | |
| 0199999. Total Pharmaceutical Rebate Receivables | 950 | 950 | 950 | 8,510 | 0 | 11,360 |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed | | | | | | |
| 0299999. Total Claim Overpayment Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed | | | | | | |
| 0399999. Total Loans and Advances to Providers | 0 | 0 | 0 | 0 | 0 | 0 |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed | | | | | | |
| 0499999. Total Capitation Arrangement Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed | | | | | | |
| 0599999. Total Risk Sharing Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699998. Aggregate Other Receivables Not Individually Listed | | | | | | |
| 0699999. Total Other Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
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| | | | | | | |
| 0799999 Gross health care receivables | 950 | 950 | 950 | 8,510 | 0 | 11,360 |

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

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Amounts Accrued Prior to January 1 of Current Year | 2<br>On Amounts Accrued During the Year | 3<br>On Amounts Accrued December 31 of Prior Year | 4<br>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 | 11,790 | 0 | 11,360 | 0 | 0 |
| 2. Claim overpayment receivables | | | | | 0 | 0 |
| 3. Loans and advances to providers | | | | | 0 | 0 |
| 4. Capitation arrangement receivables | | | | | 0 | 0 |
| 5. Risk sharing receivables | | | | | 0 | 0 |
| 6. Other health care receivables | | | | | 0 | 0 |
| 7. Totals (Lines 1 through 6) | 0 | 11,790 | 0 | 11,360 | 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<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| Claims Unpaid (Reported) | | | | | | |
| | 6,554 | | | | 93,736 | 100,290 |
| 0199999. Individually listed claims unpaid | 6,554 | 0 | 0 | 0 | 93,736 | 100,290 |
| 0299999. Aggregate accounts not individually listed- uncovered | | | | | | 0 |
| 0399999. Aggregate accounts not individually listed-covered | | | | | | 0 |
| 0499999. Subtotals | 6,554 | 0 | 0 | 0 | 93,736 | 100,290 |
| 0599999. Unreported claims and other claim reserves | | | | | | |
| 0699999. Total amounts withheld | | | | | | |
| 0799999. Total claims unpaid | | | | | | 100,290 |
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| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | |

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

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

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

| 1<br>Affiliate | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|---|---|---|---|
| 0199999. Individually listed payables | | 0 | 0 | 0 |
| 0299999. Payables not individually listed | | 0 | 0 | 0 |
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| 0399999 Total gross payables | | 0 | 0 | 0 |

# EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total Payments | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total Members | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|---|---|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 1,943,460 | 91.9 | 3,450 | 100.0 | 1,943,460 | |
| 2. Intermediaries | 0 | 0.0 | | 0.0 | | |
| 3. All other providers | 0 | 0.0 | | 0.0 | | |
| 4. Total capitation payments | 1,943,460 | 91.9 | 3,450 | 100.0 | 1,943,460 | 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 | 170,195 | 8.1 | XXX | XXX | | 170,195 |
| 12. Total other payments | 170,195 | 8.1 | XXX | XXX | 0 | 170,195 |
| 13. TOTAL (Line 4 plus Line 12) | 2,113,655 | 100% | XXX | XXX | 1,943,460 | 170,195 |

# EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>Intermediary's Authorized Control Level RBC |
|---|---|---|---|---|---|
| | Ryder Memorial Hospital, Inc. | 1,943,460 | 161,955 | | |
| | | | | | |
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| | | | | | |
| 9999999 Totals | | 1,943,460 | XXX | XXX | XXX |

# EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| | Description | 1<br>Cost | 2<br>Improvements | 3<br>Accumulated Depreciation | 4<br>Book Value Less Encumbrances | 5<br>Assets Not Admitted | 6<br>Net Admitted Assets |
|---|---|---|---|---|---|---|---|
| 1. | Administrative furniture and equipment | 152,798 | | 143,412 | 9,386 | 9,386 | 0 |
| 2. | Medical furniture, equipment and fixtures | | | | | | |
| 3. | Pharmaceuticals and surgical supplies | | | | | | |
| 4. | Durable medical equipment | | | | | | |
| 5. | Other property and equipment | | | | | | |
| 6. | Total | 152,798 | 0 | 143,412 | 9,386 | 9,386 | 0 |

**Ryder Health Plan, Inc.**
**Notes to Statutory-Basis Financial Statement**
**For the Period Ended December 31, 2014**

## Note 1 - Summary of Significant Accounting Policies

A. The accompanying statutory basis financial statement has been completed in accordance with the Accounting Practices and Procedures Manual. Such practices make a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP).

**Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the state of PR is shown below.**

**NET INCOME**

| | | 2014 | 2013 | State |
|---|---|---|---|---|
| 01. Ryder Health Plan, Inc. state basis | $ | 34,897 | 1,431 | PR |
| 02. State Prescribed Practices that increase/(decrease) NAIC SAP: **NONE** | | | | |
| 03. State Permitted Practices that increase/(decrease) NAIC SAP: **NONE** | | | | |
| 04. NAIC SAP | $ | 34,897 | 1,431 | PR |

**SURPLUS**

| | | 2014 | 2013 | State |
|---|---|---|---|---|
| 05. Ryder Health Plan, Inc. state basis | $ | 655,227 | 714,396 | PR |
| 06. State Prescribed Practices that increase/(decrease) NAIC SAP: **NONE** | | | | |
| 07. State Permitted Practices that increase/(decrease) NAIC SAP: **NONE** | | | | |
| 08. NAIC SAP | | 655,227 | 714,396 | PR |

B. The preparation of financial statements in conformity the Annual Statement Instructions and Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the amounts reported in the financial statements.

C. Accounting presentations that may affect

- The long-term certificates of deposit ($225,000) are required to be presented as bonds in the Annual Statement. These are reported at book value, the principal amount is fixed and untouched. The changes that may occur would be on interest rates at maturity date.

- The short-term investments consist of three certificates of deposit of $339,412, $300,000, and $75,000, which maturity dates are within a year or less. These are presented as cash. The changes that may occur would be on interest rates at maturity date. Interest accrued on the certificate of deposit of $339,412 is capitalized at maturity.

- The long-term certificates of deposit of $225,000 and the short-term ones of $300,000 and $75,000 are restricted mandatorily by the state. The total of the restricted deposit is $600,000.

Detail of investments:

| Bank | Interest rate | Amount | Maturity |
|---|---|---|---|
| Banco Popular de Puerto Rico | 0.65% | $ 337,220 | 1 year |
| Oriental Group | 1.00% | 300,000 | 1 year |
| Oriental Group | 0.85% | 75,000 | 1 year |
| Oriental Group | 1.50% | 75,000 | 3 years |
| Oriental Group | 1.50% | 75,000 | 3 years |
| Oriental Group | 1.50% | 75,000 | 3 years |

- Management uses estimates to determine the Incurred But Not Reported liability amount for claims. These estimates are based on historical data from the two most recent years to date.

**Note 2 – Accounting Changes and Correction of Errors**

- Not applicable.

**Note 3 – Business Combinations and Goodwill**

- Not applicable.

**Note 4 – Discontinued Operations**

- Not applicable.

**Note 5 – Investments**

- The company has 3 long-term certificates of deposit of $75,000 each and 2 short-term ones of $300,000 and $75,000, respectively, that are restricted mandatorily by the state. The total of the restricted deposit is $600,000.

**Restricted Assets**

| Restricted Asset Category | 1<br>Total Gross Restricted from Current Year | 2<br>Total Gross Restricted from Prior Year | 3<br>Increase / (Decrease) | 4<br>Total Current Year Admitted Restricted | 5<br>Percentage Gross Restricted to Total Assets | 6<br>Percentage Admitted Restricted to Total Admitted Assets |
|---|---|---|---|---|---|---|
| a. Subject to contractual obligation for which liability is not shown | | | | | | |
| b. Collateral held under security lending agreements | | | | | | |
| c. Subject to repurchase agreements | | | | | | |
| d. Subject to reverse repurchase agreements | | | | | | |
| e. Subject to dollar repurchase agreements | | | | | | |
| f. Subject to dollar reverse repurchase agreements | | | | | | |
| g. Placed under option contracts | | | | | | |
| h. Letter stock or securities restricted as to sale | | | | | | |
| i. On deposit with states | $ 600,000 | $ 600,000 | - | $ 600,000 | 40.686% | 41.701% |
| j. On deposit with other regulatory bodies | | | | | | |
| k. Pledged as collateral not captured in other category | | | | | | |
| l. Other restricted assets | | | | | | |
| m. Total Restricted Assets | $ 600,000 | $ 600,000 | - | $ 600,000 | 40.686% | 41.701% |

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

- Not applicable.

**Note 7 – Investment Income**

- All investment due and accrued with amounts that are over 90 days past due are excluded from surplus.

**Note 8 – Derivative Instruments**

- Not applicable.

**Note 9 – Income taxes**

- Not applicable. The Plan is a not-for-profit organization under the laws of the Commonwealth of Puerto Rico and enjoys tax exemption on income, property, municipal and excise taxes under Chapter 10, Section 1101, of the Puerto Rico Internal Revenue Code of 2011, as amended. Also, the Plan is a tax exempt entity under Section 501 (c) 3 of the U.S. Internal Revenue Code.

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

- Ryder Health Plan, Inc. is affiliated to Ryder Memorial Hospital, Inc., among other, by common ownership and management. Both, and affiliates, are nonprofit entities that belong to the community and are controlled by a Board of Directors, there is not a specific owner. None of the entities offer any shares in the market.

- The Hospital provides hospitalization and medical services to the Plan's subscribers based on a capitation rate of $45 per month as per a Provider Services Agreement entered by the parties. In addition, the Plan provides medical insurance coverage to certain Hospital's employees and other from various affiliated companies.

- During 2014, the Plan paid the Hospital $1,943,460 for hospital and medical services.

**Note 11 – Debt**

- Not applicable.

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

- Not applicable.

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

- The company has a surplus note with a balance of $25,000 and it was originally issued in 1984, by parent, and its related interest, which rate is 12% APY, amount to $70,443 at December 31, 2014. A payment of this note was approved by the Office of the Insurance Commissioner of Puerto Rico (OCI) during 2014. This payment was for both principal ($25,000) and interest ($68,943), total $93,943.

- The note has no maturity date and there is not an established calendar for repayments. Payments conditions and restrictions consist on giving the OCI a written notice, at least sixty (60) days before the intended date to make a repayment. Then, the OCI evaluates the company's financial condition in order to approve or disapprove the repayment. The company cannot make any repayments without the OCI authorization.

| Date Issued | Interest Rate | Par Value (Face amount of note) | Carrying Value of note | Interest and/or Principal paid Current Year | Total Interest and/or Principal paid | Unapproved Interest and/or Principal | Date of Maturity |
|---|---|---|---|---|---|---|---|
| 1984 | 12% | $50,000.00 | $25,000.00 | $93,943 | $143,943 | $93,943 | N/A |

**Note 14 – Liabilities, Contingencies and Assessments**

**Administrative Claim**

- The Plan has an administrative proceeding before the Puerto Rico Industrial Commission in which the State Insurance Fund Corporation is claiming the Plan the payment of approximately $196,000 related to insurance premiums on professional services provided by various physicians of the Plan.

- The Plan's management and its legal counsel believe that the claim of the State Insurance Fund Corporation does not have merits and it is being defended vigorously. The accompanying financial statements do not include any provision in relation with this matter.

**Note 15 – Leases**

- Not applicable.

**Note 16 – Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risks**

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

| Type of instrument | Assets | Liabilities |
|---|---|---|
| Certificates of deposit | $225,000.00 | N/A |

These 3 certificates of deposit of $75,000.00 each are on deposit as part of the state mandatory reserve. The maturity date of these certificates has been every three years and they are renewed at the prevailing interest rate in the market at maturity.

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities**

- Not applicable.

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

- Not applicable.

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

- Not applicable.

**Note 20 – Fair Value Measurements**

- Not applicable.

**Note 21 – Other Items**

- Not applicable.

**Note 22 – Events Subsequent**

- No events have occurred subsequent to the statements of admitted assets, liabilities, and net assets date that would require additional adjustment to or disclosure in the financial statements.

**Note 23 – Reinsurance**

- **Ceded Reinsurance Report**
  - **Section 1 – General Interrogatories**
    - 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?
      - No.
    - 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 any other person not primarily engaged in the insurance business?
      - No.

- **Section 2 – Ceded Reinsurance Report – Part A**

  - Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

    - No.

  - Does the company 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?

    - No.

- **Section 3 – Ceded Reinsurance Report – Part B**

  - What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium 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?

    - None, if no claims arise.

  - 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?

    - No.

- **Uncollectible reinsurance**

  - The company has not written off any reinsurance balances due.

- **Commutation of Ceded Reinsurance**

  - The company has not reported in its operations in the current year any amounts as a result of commutation of reinsurance with any company.

**Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination**

- No adjustments are made to accrue retrospective premiums.
- The company did not have to pay any rebate amounts as the result of the calculations for the Medical Loss Ratio Report of prior year. Calculations for this year have not been made yet.

**Note 25 – Change in Incurred Claims and Claim Adjustment Expenses**

- The amount of increase of the reserve for incurred, but not reported claims was based on prior years' results of claims received after year-end.

**Note 26 – Intercompany Pooling Arrangements**

- Not applicable.

**Note 27 – Structured Settlements**

- Not applicable.

**Note 28 – Health Care Receivables**

- The company estimates pharmacy rebates receivable of $11,360 generated during 2014. A payment of $11, 790 was received during this year.

| Quarter | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|---|---|---|---|---|---|
| 12/31/14 | $ 23,150 | $ 11,360 | $ 0 | $ 0 | $ 11,790 |
| 9/30/14 | 0 | 0 | 0 | 0 | 0 |
| 6/30/14 | 0 | 0 | 0 | 0 | 0 |
| 3/31/14 | 0 | 0 | 0 | 0 | 0 |
| | | | | | |
| 12/31/13 | 4,028 | 4,028 | 4,028 | 0 | 0 |
| 9/30/13 | 0 | 0 | 0 | 0 | 0 |
| 6/30/13 | 0 | 0 | 0 | 0 | 0 |
| 3/31/13 | 0 | 0 | 0 | 0 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| 12/31/12 | 6,902 | 6,902 | 0 | 0 | 6,902 |
| 9/30/12 | 0 | 0 | 0 | 0 | 0 |
| 6/30/12 | 0 | 0 | 0 | 0 | 0 |
| 3/31/12 | 0 | 0 | 0 | 0 | 0 |
| | | | | | |
| 12/31/11 | 0 | 0 | 0 | 0 | 0 |
| 9/30/11 | 0 | 0 | 0 | 0 | 0 |
| 6/30/11 | 0 | 0 | 0 | 0 | 0 |
| 3/31/11 | 0 | 0 | 0 | 0 | 0 |

**Note 29 – Participating Policies**

- Not applicable.

**Note 30 – Premium Deficiency Reserve**

- The company does not provide an estimated amount for premium deficiency reserve.

**Note 31 – Anticipated Salvage and Subrogation**

- The company does not provide an estimated amount for anticipated salvage and subrogation to determine liability for unpaid claims or losses.

# 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 [ X ] No [ ]
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 [ X ] No [ ] N/A [ ]

1.3 State Regulating? .....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 06/19/2014

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. ..... 06/19/2014

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). ..... 04/23/2010

3.4 By what department or departments?
Office of the Commissioner of Insurance - Puerto Rico .....

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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---|---|---|
| | | |

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

6.2 If yes, give full information:
.....

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

7.2 If yes,
7.21 State the percentage of foreign control; ..... %
7.22 State the nationality(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 or government, manager or attorney in fact).

| 1<br>Nationality | 2<br>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.

.....

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---|---|---|---|---|---|
| | | | | | |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

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

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

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

.....

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

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

.....

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

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

.....

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

Luis F. Kianes, KACS, LLC, PO Box 8752, Caguas, PR 00725-8752 .....

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

12.11 Name of real estate holding company .....

12.12 Number of parcels involved .....

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

12.2 If, yes provide explanation:

.....

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

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

None. .....

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<br>American Bankers Association (ABA) Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger the Letter of Credit | 4<br>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 with the official duties of such person? ..... Yes [ X ] No [ ]

## FINANCIAL

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

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers ..... $
- 20.12 To stockholders not officers ..... $
- 20.13 Trustees, supreme or grand (Fraternal Only) ..... $

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers ..... $
- 20.22 To stockholders not officers ..... $
- 20.23 Trustees, supreme or grand (Fraternal Only) ..... $

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

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others ..... $
- 21.22 Borrowed from others ..... $
- 21.23 Leased from others ..... $
- 21.24 Other ..... $

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

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses ..... $
- 22.23 Other amounts paid ..... $

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

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

## INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) ..... Yes [ ] No [ X ]

24.02 If no, give full and complete information relating thereto
This company does not have exclusive control of the reported certificates of deposit. These are part of the state mandatory reserve. .....

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

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

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

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

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

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

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

# GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as 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 |

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 [ X ] No [ ]

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

| | | |
|---|---|---|
| 25.21 | Subject to repurchase agreements | $ |
| 25.22 | Subject to reverse repurchase agreements | $ |
| 25.23 | Subject to dollar repurchase agreements | $ |
| 25.24 | Subject to reverse dollar repurchase agreements | $ |
| 25.25 | Placed under option agreements | $ |
| 25.26 | Letter stock or securities restricted as to sale - excluding FHLB Capital Stock | $ |
| 25.27 | FHLB Capital Stock | $ |
| 25.28 | On deposit with states | $ 600,000 |
| 25.29 | On deposit with other regulatory bodies | $ |
| 25.30 | Pledged as collateral - excluding collateral pledged to an FHLB | $ |
| 25.31 | Pledged as collateral to FHLB - including assets backing funding agreements | $ |
| 25.32 | Other | $ |

25.3 For category (25.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|---|---|---|
| | | |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ 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. $

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

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

| 1<br>Name of Custodian(s) | 2<br>Custodian's Address |
|---|---|
| Oriental Bank and Trust | Humacao Plaza Mall Carr. 3 Km. 82.0 Humacao, PR 00791 |

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

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|---|---|
| | | |

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

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|---|---|---|---|
| | | | |

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

| 1<br>Central Registration Depository Number(s) | 2<br>Name | 3<br>Address |
|---|---|---|
| | | |

# GENERAL INTERROGATORIES

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<br>CUSIP # | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---|---|---|
| 29.2999 - Total | | 0 |

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

| 1<br>Name of Mutual Fund (from above table) | 2<br>Name of Significant Holding of the Mutual Fund | 3<br>Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4<br>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<br>Statement (Admitted) Value | 2<br>Fair Value | 3<br>Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|---|---|---|---|
| 30.1 Bonds | 225,000 | 225,000 | 0 |
| 30.2 Preferred stocks | 0 | | 0 |
| 30.3 Totals | 225,000 | 225,000 | 0 |

30.4 Describe the sources or methods utilized in determining the fair values:
N/A.

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ 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:
These are long-term certificates of deposit. The principal amount is fixed.

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

32.2 If no, list exceptions:
N/A.

# 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<br>Name | 2<br>Amount Paid |
|---|---|
| | |

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

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<br>Name | 2<br>Amount Paid |
|---|---|
| | |

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

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

| 1<br>Name | 2<br>Amount Paid |
|---|---|
| | |

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only. $ 3,751,303

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

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. $ 3,210,648

1.6 Individual policies:

| | | |
|---|---|---|
| Most current three years: | | |
| 1.61 Total premium earned | $ | 238,255 |
| 1.62 Total incurred claims | $ | 160,276 |
| 1.63 Number of covered lives | | 253 |
| All years prior to most current three years: | | |
| 1.64 Total premium earned | $ | 3,513,048 |
| 1.65 Total incurred claims | $ | 3,050,372 |
| 1.66 Number of covered lives | | 4,574 |

1.7 Group policies:

| | | |
|---|---|---|
| Most current three years: | | |
| 1.71 Total premium earned | $ | 0 |
| 1.72 Total incurred claims | $ | 0 |
| 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<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| 2.1 | Premium Numerator | | 80,201 |
| 2.2 | Premium Denominator | 2,469,476 | 2,618,154 |
| 2.3 | Premium Ratio (2.1/2.2) | 0.000 | 0.031 |
| 2.4 | Reserve Numerator | | 3,181 |
| 2.5 | Reserve Denominator | 100,290 | 129,095 |
| 2.6 | Reserve Ratio (2.4/2.5) | 0.000 | 0.025 |

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 [ ]

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

| | | |
|---|---|---|
| 5.31 Comprehensive Medical | $ | 100,000 |
| 5.32 Medical Only | $ | |
| 5.33 Medicare Supplement | $ | |
| 5.34 Dental & Vision | $ | |
| 5.35 Other Limited Benefit Plan | $ | |
| 5.36 Other | $ | |

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

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

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

8.2 Number of providers at end of reporting year

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

9.2 If yes, direct premium earned:

| | | |
|---|---|---|
| 9.21 Business with rate guarantees between 15-36 months | $ | |
| 9.22 Business with rate guarantees over 36 months | $ | |

# GENERAL 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 ..... $ .....
10.22 Amount actually paid for year bonuses ..... $ .....
10.23 Maximum amount payable withholds ..... $ .....
10.24 Amount actually paid for year withholds ..... $ .....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ X ] No [ ]
11.13 An Individual Practice Association (IPA), or, .. Yes [ ] No [ X ]
11.14 A Mixed Model (combination of above)? ..... Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? ..... Yes [ X ] No [ ]
11.3 If yes, show the name of the state requiring such net worth. ..... Puerto Rico. Not a specific amount. The Commissioner requires that statutory liabilities do not exceed statutory assets.
11.4 If yes, show the amount required. ..... $
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ X ] No [ ]
11.6 If the amount is calculated, show the calculation

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

| 1<br>Name of Service Area |
|---|
| Health |
| |

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. ..... $ .....

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]
14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written ..... $ .....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 gurarantee) |
| Universal Life (with or without secondary gurarantee) |
| Variable Universal Life (with or without secondary gurarantee) |

# FIVE-YEAR HISTORICAL DATA

| | | 1<br>2014 | 2<br>2013 | 3<br>2012 | 4<br>2011 | 5<br>2010 |
|---|---|---|---|---|---|---|
| | **Balance Sheet** (Pages 2 and 3) | | | | | |
| 1. | Total admitted assets (Page 2, Line 28) | 1,438,802 | 1,538,561 | 1,532,635 | 1,513,280 | 1,593,041 |
| 2. | Total liabilities (Page 3, Line 24) | 783,575 | 824,165 | 838,729 | 800,801 | 825,957 |
| 3. | Statutory surplus | 0 | 0 | 0 | 0 | 0 |
| 4. | Total capital and surplus (Page 3, Line 33) | 655,227 | 714,396 | 693,906 | 712,479 | 767,084 |
| | **Income Statement** (Page 4) | | | | | |
| 5. | Total revenues (Line 8) | 2,499,228 | 2,639,523 | 2,759,961 | 2,611,199 | 2,798,356 |
| 6. | Total medical and hospital expenses (Line 18) | 2,084,850 | 2,295,086 | 2,515,731 | 2,341,386 | 2,442,410 |
| 7. | Claims adjustment expenses (Line 20) | 0 | 0 | 0 | 0 | 0 |
| 8. | Total administrative expenses (Line 21) | 389,859 | 343,006 | 283,748 | 282,522 | 315,515 |
| 9. | Net underwriting gain (loss) (Line 24) | 24,519 | (9,695) | (39,518) | (12,709) | 40,431 |
| 10. | Net investment gain (loss) (Line 27) | 10,378 | 11,126 | 12,800 | 0 | 0 |
| 11. | Total other income (Lines 28 plus 29) | 0 | 0 | (12,800) | 0 | 0 |
| 12. | Net income or (loss) (Line 32) | 34,897 | 1,431 | (39,518) | (12,709) | 40,431 |
| | **Cash Flow** (Page 6) | | | | | |
| 13. | Net cash from operations (Line 11) | 22,487 | 57,565 | (41,450) | (29,584) | 75,611 |
| | **Risk-Based Capital Analysis** | | | | | |
| 14. | Total adjusted capital | 655,227 | 714,396 | 693,906 | 712,479 | 767,084 |
| 15. | Authorized control level risk-based capital | 106,708 | 754,922 | 803,302 | 200,771 | 223,040 |
| | **Enrollment** (Exhibit 1) | | | | | |
| 16. | Total members at end of period (Column 5, Line 7) | 3,450 | 3,873 | 4,039 | 3,903 | 4,119 |
| 17. | Total members months (Column 6, Line 7) | 43,506 | 46,476 | 48,970 | 3,903 | 4,119 |
| | **Operating Percentage** (Page 4)<br>(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) | 84.4 | 87.7 | 92.0 | 89.7 | 87.0 |
| 20. | Cost containment expenses | 0.0 | 0.0 | 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) | 100.2 | 101.0 | 102.4 | 100.5 | 99.0 |
| 23. | Total underwriting gain (loss) (Line 24) | 1.0 | (0.2) | (1.4) | (0.5) | 1.0 |
| | **Unpaid Claims Analysis**<br>(U&I Exhibit, Part 2B) | | | | | |
| 24. | Total claims incurred for prior years (Line 13, Col. 5) | 129,095 | 195,969 | 135,105 | 158,605 | 139,943 |
| 25. | Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] | 129,095 | 195,969 | 135,105 | 158,605 | 139,943 |
| | **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 |
| 28. | Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | | 0 | 0 | 0 | 0 |
| 29. | Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | | 0 | 0 | 0 | 0 |
| 30. | Affiliated mortgage loans on real estate | | | | | |
| 31. | All other affiliated | | | | | |
| 32. | Total of above Lines 26 to 31 | 0 | 0 | 0 | 0 | 0 |
| 33. | Total investment in parent included in Lines 26 to 31 above. | | | | | |

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

If no, please explain:

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Ryder Health Plan, Inc 2. Humacao, PR (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2014 NAIC Company Code 95743

| | 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 | 3,873 | 1,794 | 1,996 | 83 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 3,816 | 1,728 | 2,021 | 67 | | | | | | |
| 3. Second Quarter | 3,693 | 1,635 | 1,991 | 67 | | | | | | |
| 4. Third Quarter | 3,543 | 1,526 | 1,951 | 66 | | | | | | |
| 5. Current Year | 3,450 | 1,432 | 1,958 | 60 | | | | | | |
| 6. Current Year Member Months | 43,506 | 18,963 | 23,763 | 780 | | | | | | |
| **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) | 2,469,476 | 948,616 | 1,463,559 | 57,301 | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 2,469,476 | 948,616 | 1,463,559 | 57,301 | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 2,113,655 | 861,396 | 1,213,170 | 39,089 | | | | | | |
| 18 Amount Incurred for Provision of Health Care Services | 2,084,850 | 853,413 | 1,192,097 | 39,340 | | | | | | |

(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 Ryder Health Plan, Inc 2. Humacao, PR (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2014 NAIC Company Code 95743

| | 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 | 3,873 | 1,794 | 1,996 | 83 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 3,816 | 1,728 | 2,021 | 67 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 3,693 | 1,635 | 1,991 | 67 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 3,543 | 1,526 | 1,951 | 66 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 3,450 | 1,432 | 1,958 | 60 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 43,506 | 18,963 | 23,763 | 780 | 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) | 2,469,476 | 948,616 | 1,463,559 | 57,301 | 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 | 2,469,476 | 948,616 | 1,463,559 | 57,301 | 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 | 2,113,655 | 861,396 | 1,213,170 | 39,089 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 Amount Incurred for Provision of Health Care Services | 2,084,850 | 853,413 | 1,192,097 | 39,340 | 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

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

# SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 12) | 1,208,891 | | 1,208,891 |
| 2. | Accident and health premiums due and unpaid (Line 15) | 213,019 | | 213,019 |
| 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) | 16,892 | | 16,892 |
| 6. | Total assets (Line 28) | 1,438,802 | 0 | 1,438,802 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 7. | Claims unpaid (Line 1) | 100,290 | | 100,290 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | 0 | | 0 |
| 9. | Premiums received in advance (Line 8) | 33,792 | | 33,792 |
| 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 |
| 13. | Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | 0 | | 0 |
| 14. | All other liabilities (Balance) | 649,493 | | 649,493 |
| 15. | Total liabilities (Line 24) | 783,575 | 0 | 783,575 |
| 16. | Total capital and surplus (Line 33) | 655,227 | XXX | 655,227 |
| 17. | Total liabilities, capital and surplus (Line 34) | 1,438,802 | 0 | 1,438,802 |
| | **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**

| States, 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 | |
| 2. Alaska AK | N | | | | | | | 0 | |
| 3. Arizona AZ | N | | | | | | | 0 | |
| 4. Arkansas AR | N | | | | | | | 0 | |
| 5. California CA | N | | | | | | | 0 | |
| 6. Colorado CO | N | | | | | | | 0 | |
| 7. Connecticut CT | N | | | | | | | 0 | |
| 8. Delaware DE | N | | | | | | | 0 | |
| 9. District of Columbia DC | N | | | | | | | 0 | |
| 10. Florida FL | N | | | | | | | 0 | |
| 11. Georgia GA | N | | | | | | | 0 | |
| 12. Hawaii HI | N | | | | | | | 0 | |
| 13. Idaho ID | N | | | | | | | 0 | |
| 14. Illinois IL | N | | | | | | | 0 | |
| 15. Indiana IN | N | | | | | | | 0 | |
| 16. Iowa IA | N | | | | | | | 0 | |
| 17. Kansas KS | N | | | | | | | 0 | |
| 18. Kentucky KY | N | | | | | | | 0 | |
| 19. Louisiana LA | N | | | | | | | 0 | |
| 20. Maine ME | N | | | | | | | 0 | |
| 21. Maryland MD | N | | | | | | | 0 | |
| 22. Massachusetts MA | N | | | | | | | 0 | |
| 23. Michigan MI | N | | | | | | | 0 | |
| 24. Minnesota MN | N | | | | | | | 0 | |
| 25. Mississippi MS | N | | | | | | | 0 | |
| 26. Missouri MO | N | | | | | | | 0 | |
| 27. Montana MT | N | | | | | | | 0 | |
| 28. Nebraska NE | N | | | | | | | 0 | |
| 29. Nevada NV | N | | | | | | | 0 | |
| 30. New Hampshire NH | N | | | | | | | 0 | |
| 31. New Jersey NJ | N | | | | | | | 0 | |
| 32. New Mexico NM | N | | | | | | | 0 | |
| 33. New York NY | N | | | | | | | 0 | |
| 34. North Carolina NC | N | | | | | | | 0 | |
| 35. North Dakota ND | N | | | | | | | 0 | |
| 36. Ohio OH | N | | | | | | | 0 | |
| 37. Oklahoma OK | N | | | | | | | 0 | |
| 38. Oregon OR | N | | | | | | | 0 | |
| 39. Pennsylvania PA | N | | | | | | | 0 | |
| 40. Rhode Island RI | N | | | | | | | 0 | |
| 41. South Carolina SC | N | | | | | | | 0 | |
| 42. South Dakota SD | N | | | | | | | 0 | |
| 43. Tennessee TN | N | | | | | | | 0 | |
| 44. Texas TX | N | | | | | | | 0 | |
| 45. Utah UT | N | | | | | | | 0 | |
| 46. Vermont VT | N | | | | | | | 0 | |
| 47. Virginia VA | N | | | | | | | 0 | |
| 48. Washington WA | N | | | | | | | 0 | |
| 49. West Virginia WV | N | | | | | | | 0 | |
| 50. Wisconsin WI | N | | | | | | | 0 | |
| 51. Wyoming WY | N | | | | | | | 0 | |
| 52. American Samoa AS | N | | | | | | | 0 | |
| 53. Guam GU | N | | | | | | | 0 | |
| 54. Puerto Rico PR | L | 2,469,476 | 0 | 0 | 0 | 0 | 0 | 2,469,476 | 0 |
| 55. U.S. Virgin Islands VI | N | | | | | | | 0 | |
| 56. Northern Mariana Islands MP | N | | | | | | | 0 | |
| 57. Canada CAN | N | | | | | | | 0 | |
| 58. Aggregate other alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 2,469,476 | 0 | 0 | 0 | 0 | 0 | 2,469,476 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | 0 | |
| 61. Total (Direct Business) | (a) 1 | 2,469,476 | 0 | 0 | 0 | 0 | 0 | 2,469,476 | 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.

One state business only. No allocation needed.

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

# SCHEDULE T - PART 2

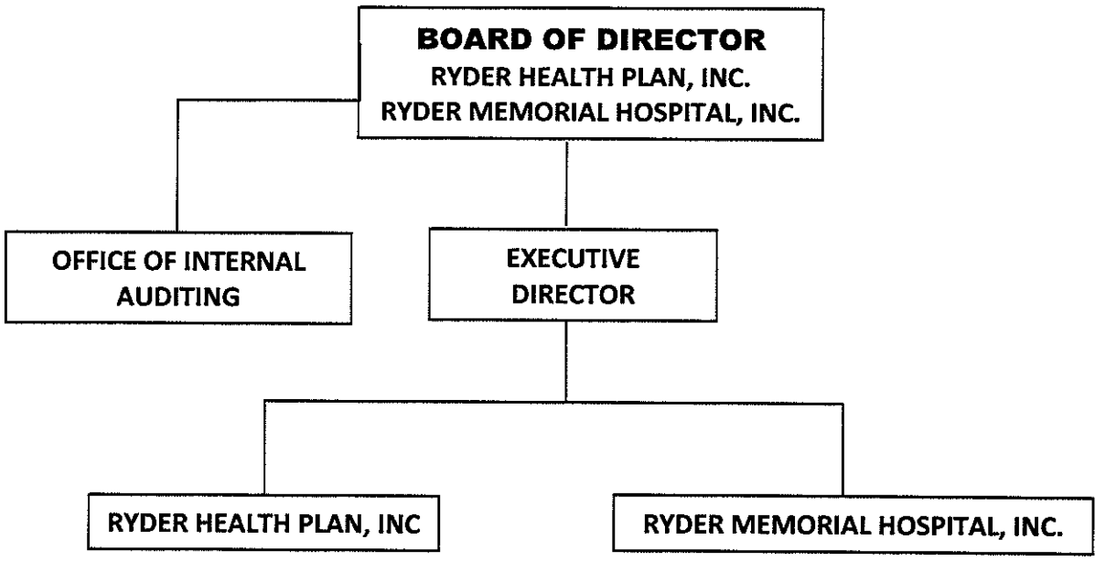
## INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

# ORGANIZATIONAL CHART



# SCHEDULE Y

# PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 00000 | 66-0258919 | | | | Ryder Memorial Hospital, Inc. | PR | UDP | Board of Directors | Board of Directors | | Board of Directors | |

| Asterisk | Explanation |
|---|---|
| | |

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00000 | 66-0258919 | Ryder Memorial Hospital, Inc. | | | | | | | | | 0 | |
| 9999999 Control Totals | | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

$1,943,460 was paid to Ryder Memorial Hospital, Inc. due to a capitation contract between the hospital and Ryder Health Plan, Inc.

# 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? | SEE EXPLANATION |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | SEE EXPLANATION |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | SEE EXPLANATION |
| | **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? | YES |
| 9. | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| | **AUGUST FILING** | |
| 10. | Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | YES |

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

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

Explanations:

2. The deadline for Puerto Rico is March 31.
3. The deadline for Puerto Rico is March 31.
4. The deadline for Puerto Rico is March 31.
11. The deadline for Puerto Rico is March 31.
12. N/A.
13. N/A.
14. N/A.
15. N/A.
16. N/A.
17. N/A.
18. N/A.
19. N/A.
20. N/A.
21. N/A.
22. N/A.
23. N/A.

Bar Codes:

12. Life Supplement [Document Identifier 205]

13. Property/Casualty Supplement [Document Identifier 207]

14. SIS Stockholder Information Supplement [Document Identifier 420]

15. Participating Opinion for Exhibit 5 [Document Identifier 371]

16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

17. Medicare Part D Coverage Supplement [Document Identifier 365]

18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Relief from the Requirements for Audit Committees [Document Identifier 226]

21. Long-Term Care Experience Reporting Forms [Document Identifier 306]

22. Life Supplement [Document Identifier 211]

23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]

# OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

| | | Claim Adjustment Expenses | | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| | | 1<br>Cost Containment Expenses | 2<br>Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 2504. | Miscellaneous Expenses | | | 5,323 | | 5,323 |
| 2597. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 5,323 | 0 | 5,323 |

# SUMMARY INVESTMENT SCHEDULE

| Investment Categories | Gross Investment Holdings | | Admitted Assets as Reported in the Annual Statement | | | |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | Amount | Percentage | Amount | Securities Lending Reinvested Collateral Amount | Total (Col. 3 + 4) Amount | 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 mortgaged-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 | 225,000 | | 225,000 | 18.612 |
| 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 | 983,891 | | 983,891 | 81.388 |
| 11. Other invested assets | | 0.000 | | | 0 | 0.000 |
| 12. Total invested assets | 0 | 100.000 | 1,208,891 | 0 | 1,208,891 | 100.000 |

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

# SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

| | | |
|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | |
| 2. | Cost of acquired: | |
| | 2.1 Actual cost at time of acquisition (Part 2, Column 8) | |
| | 2.2 Additional investment made after acquisition (Part 2, Column 9) | |
| 3. | Capitalized deferred interest and other: | |
| | 3.1 Totals, Part 1, Column 16 | |
| | 3.2 Totals, Part 3, Column 12 | |
| 4. | Accrual of discount | |
| 5. | Unrealized valuation increase (decrease): | |
| | 5.1 Totals, Part 1, Column 13 | |
| | 5.2 Totals, Part 3, Column 9 | |
| 6. | Total gain (loss) on disposals, Part 3, Column 19 | |
| 7. | Deduct amounts received on disposals, Part 3, Column 18 | |
| 8. | Deduct amortization of premium and depreciation | |
| 9. | Total foreign exchange change in book/adjusted carrying value: | |
| | 9.1 Totals, Part 1, Column 17 | |
| | 9.2 Totals, Part 3, Column 14 | |
| 10. | Deduct current year's other than temporary impairment recognized: | |
| | 10.1 Totals, Part 1, Column 15 | |
| | 10.2 Totals, Part 3, Column 11 | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | |
| 12. | Deduct total nonadmitted amounts | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | |

NONE

# SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

| | | | |
|---|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | | 225,000 |
| 2. | Cost of bonds and stocks acquired, Part 3, Column 7 | | |
| 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 | | |
| | 4.3. Part 2, Section 2, Column 13 | | |
| | 4.4. Part 4, Column 11 | | 0 |
| 5. | Total gain (loss) on disposals, Part 4, Column 19 | | |
| 6. | Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 | | |
| 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 | | |
| | 8.3. Part 2, Section 2, Column 16 | | |
| | 8.4. Part 4, Column 15 | | 0 |
| 9. | Deduct current year's other than temporary impairment recognized: | | |
| | 9.1. Part 1, Column 14 | 0 | |
| | 9.2. Part 2, Section 1, Column 17 | | |
| | 9.3. Part 2, Section 2, Column 14 | | |
| | 9.4. Part 4, Column 13 | | 0 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | | 225,000 |
| 11. | Deduct total nonadmitted amounts | | 0 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | | 225,000 |

# SCHEDULE D - SUMMARY BY COUNTRY

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

| Description | | | 1<br>Book/Adjusted Carrying Value | 2<br>Fair Value | 3<br>Actual Cost | 4<br>Par Value of Bonds |
|---|---|---|---|---|---|---|
| BONDS | 1. | United States | 0 | 0 | 0 | 0 |
| Governments | 2. | Canada | | | | |
| (Including all obligations guaranteed by governments) | 3. | Other Countries | | | | |
| | 4. | Totals | 0 | 0 | 0 | 0 |
| U.S. States, Territories and Possessions (Direct and guaranteed) | 5. | Totals | 0 | 0 | 0 | 0 |
| 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 | 225,000 | 225,000 | 225,000 | 225,000 |
| | 9. | Canada | | | | |
| | 10. | Other Countries | | | | |
| | 11. | Totals | 225,000 | 225,000 | 225,000 | 225,000 |
| Parent, Subsidiaries and Affiliates | 12. | Totals | 0 | 0 | 0 | 0 |
| | 13. | Total Bonds | 225,000 | 225,000 | 225,000 | 225,000 |
| PREFERRED STOCKS | 14. | United States | | | | |
| Industrial and Miscellaneous (unaffiliated) | 15. | Canada | | | | |
| | 16. | Other Countries | | | | |
| | 17. | Totals | 0 | 0 | 0 | |
| Parent, Subsidiaries and Affiliates | 18. | Totals | | | | |
| | 19. | Total Preferred Stocks | 0 | 0 | 0 | |
| COMMON STOCKS | 20. | United States | | | | |
| Industrial and Miscellaneous (unaffiliated) | 21. | Canada | | | | |
| | 22. | Other Countries | | | | |
| | 23. | Totals | 0 | 0 | 0 | |
| Parent, Subsidiaries and Affiliates | 24. | Totals | | | | |
| | 25. | Total Common Stocks | 0 | 0 | 0 | |
| | 26. | Total Stocks | 0 | 0 | 0 | |
| | 27. | Total Bonds and Stocks | 225,000 | 225,000 | 225,000 | |

# 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<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Col. 6 as a % of Line 9.7 | 8<br>Total from Col. 6 Prior Year | 9<br>% From Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. U.S. Governments | | | | | | | | | | | |
| 1.1 NAIC 1 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.6 NAIC 6 | | | | | | 0 | 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 | | 0 |
| 2.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 2.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 2.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 2.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 2.6 NAIC 6 | | | | | | 0 | 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 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.6 NAIC 6 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed | | | | | | | | | | | |
| 4.1 NAIC 1 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.6 NAIC 6 | | | | | | 0 | 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 | | 0 |
| 5.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 5.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 5.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 5.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 5.6 NAIC 6 | | | | | | 0 | 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<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Col. 6 as a % of Line 9.7 | 8<br>Total from Col. 6 Prior Year | 9<br>% From Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6. Industrial & Miscellaneous (Unaffiliated) | | | | | | | | | | | |
| 6.1 NAIC 1 | | 225,000 | | | | 225,000 | 100.0 | 225,000 | 100.0 | | 225,000 |
| 6.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.6 NAIC 6 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.7 Totals | 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | 225,000 | 100.0 | 0 | 225,000 |
| 7. Hybrid Securities | | | | | | | | | | | |
| 7.1 NAIC 1 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.6 NAIC 6 | | | | | | 0 | 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 | | 0 |
| 8.2 NAIC 2 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 8.3 NAIC 3 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 8.4 NAIC 4 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 8.5 NAIC 5 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 8.6 NAIC 6 | | | | | | 0 | 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<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Col. 6 as a % of Line 9.7 | 8<br>Total from Col. 6 Prior Year | 9<br>% From Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 9. Total Bonds Current Year | | | | | | | | | | | |
| 9.1 NAIC 1 | (d) 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | XXX | XXX | 0 | 225,000 |
| 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 | 225,000 | 0 | 0 | 0 | (b) 225,000 | 100.0 | XXX | XXX | 0 | 225,000 |
| 9.8 Line 9.7 as a % of Col. 6 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 0.0 | 100.0 |
| 10. Total Bonds Prior Year | | | | | | | | | | | |
| 10.1 NAIC 1 | 0 | 225,000 | 0 | 0 | 0 | XXX | XXX | 225,000 | 100.0 | 0 | 225,000 |
| 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 | 225,000 | 0 | 0 | 0 | XXX | XXX | (b) 225,000 | 100.0 | 0 | 225,000 |
| 10.8 Line 10.7 as a % of Col. 8 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | 100.0 | XXX | 0.0 | 100.0 |
| 11. Total Publicly Traded Bonds | | | | | | | | | | | |
| 11.1 NAIC 1 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | 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 | XXX |
| 11.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 11.8 Line 11.7 as a % of Col. 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | 0.0 | XXX |
| 11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | 0.0 | XXX |
| 12. Total Privately Placed Bonds | | | | | | | | | | | |
| 12.1 NAIC 1 | 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | 225,000 | 100.0 | XXX | 225,000 |
| 12.2 NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.3 NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.4 NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.5 NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.6 NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.7 Totals | 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | 225,000 | 100.0 | XXX | 225,000 |
| 12.8 Line 12.7 as a % of Col. 6 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | XXX | 100.0 |
| 12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | XXX | 100.0 |

(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 are 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<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Col. 6 as a % of Line 9.5 | 8<br>Total from Col. 6 Prior Year | 9<br>% From Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. U.S. Governments | | | | | | | | | | | |
| 1.1 Issuer Obligations | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 1.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 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 | | 0 |
| 2.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 2.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 2.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 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 | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 3.5 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | |
| 4.1 Issuer Obligations | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 4.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 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 | | 0 |
| 5.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 5.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 5.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 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 | | 225,000 | | | | 225,000 | 100.0 | 225,000 | 100.0 | | 225,000 |
| 6.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 6.5 Totals | 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | 225,000 | 100.0 | 0 | 225,000 |
| 7. Hybrid Securities | | | | | | | | | | | |
| 7.1 Issuer Obligations | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 7.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 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 | | 0 |
| 8.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 8.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | | 0 |
| 8.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 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<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Col. 6 as a % of Line 9.5 | 8<br>Total from Col. 6 Prior Year | 9<br>% From Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 9. Total Bonds Current Year | | | | | | | | | | | |
| 9.1 Issuer Obligations | 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | XXX | XXX | 0 | 225,000 |
| 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 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | XXX | XXX | 0 | 225,000 |
| 9.6 Line 9.5 as a % of Col. 6 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 0.0 | 100.0 |
| 10. Total Bonds Prior Year | | | | | | | | | | | |
| 10.1 Issuer Obligations | 0 | 225,000 | 0 | 0 | 0 | XXX | XXX | 225,000 | 100.0 | 0 | 225,000 |
| 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 | 225,000 | 0 | 0 | 0 | XXX | XXX | 225,000 | 100.0 | 0 | 225,000 |
| 10.6 Line 10.5 as a % of Col. 8 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | 100.0 | XXX | 0.0 | 100.0 |
| 11. Total Publicly Traded Bonds | | | | | | | | | | | |
| 11.1 Issuer Obligations | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 11.2 Residential Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 11.3 Commercial Mortgage-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 11.4 Other Loan-Backed and Structured Securities | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 11.5 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 11.6 Line 11.5 as a % of Col. 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | 0.0 | XXX |
| 11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | 0.0 | XXX |
| 12. Total Privately Placed Bonds | | | | | | | | | | | |
| 12.1 Issuer Obligations | 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | 225,000 | 100.0 | XXX | 225,000 |
| 12.2 Residential Mortgage-Backed Securities | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.3 Commercial Mortgage-Backed Securities | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.4 Other Loan-Backed and Structured Securities | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 12.5 Totals | 0 | 225,000 | 0 | 0 | 0 | 225,000 | 100.0 | 225,000 | 100.0 | XXX | 225,000 |
| 12.6 Line 12.5 as a % of Col. 6 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | XXX | 100.0 |
| 12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | XXX | 100.0 |

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Verification - Cash Equivalents

NONE

Schedule A - Part 1 - Real Estate Owned

NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 1 - Mortgage Loans Owned

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

# SCHEDULE D - PART 1

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

| 1 | 2 | Codes | | | 6 | 7 | Fair Value | | 10 | 11 | Change in Book/Adjusted Carrying Value | | | | Interest | | | | | Dates | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 3 | 4 | 5 | | | 8 | 9 | | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| CUSIP Identification | Description | Code | Foreign | Bond Char | NAIC Des. | 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 Book/ Adjusted Carrying Value | Rate of | Effective Rate of | When Paid | Admitted Amount Due and Accrued | Amount Received During Year | Acquired | Stated Contractual Maturity Date |
| 0599999. Total - U.S. Government Bonds | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 1099999. Total - All Other Government Bonds | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 1799999. Total - U.S. States, Territories and Possessions Bonds | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 2499999. Total - U.S. Political Subdivisions Bonds | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 3199999. Total - U.S. Special Revenues Bonds | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 000000-00-0 | Long-term certificates of Deposit | LS | | | 1 | 225,000 | 100.0000 | 225,000 | 225,000 | 225,000 | 0 | 0 | 0 | 0 | 2.150 | 2.150 | 10/27/2014 | 5,689 | 4,838 | 10/27/2003 | 10/24/2017 |
| 3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations | | | | | | 225,000 | XXX | 225,000 | 225,000 | 225,000 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 5,689 | 4,838 | XXX | XXX |
| 3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | | | 225,000 | XXX | 225,000 | 225,000 | 225,000 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 5,689 | 4,838 | XXX | XXX |
| 4899999. Total - Hybrid Securities | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 5599999. Total - Parent, Subsidiaries and Affiliates Bonds | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 7799999. Total - Issuer Obligations | | | | | | 225,000 | XXX | 225,000 | 225,000 | 225,000 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 5,689 | 4,838 | XXX | XXX |
| 7899999. Total - Residential Mortgage-Backed Securities | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 7999999. Total - Commercial Mortgage-Backed Securities | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| 8099999. Total - Other Loan-Backed and Structured Securities | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 0 | 0 | XXX | XXX |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 8399999 - Total Bonds | | | | | | 225,000 | XXX | 225,000 | 225,000 | 225,000 | 0 | 0 | 0 | 0 | XXX | XXX | XXX | 5,689 | 4,838 | XXX | XXX |

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

NONE

Schedule D - Part 2 - Section 2 - Common Stocks Owned

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

NONE

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1 - Short-Term Investments Owned

NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

# SCHEDULE E - PART 1 - CASH

| 1<br>Depository | | 2<br>Code | 3<br>Rate of Interest | 4<br>Amount of Interest Received During Year | 5<br>Amount of Interest Accrued December 31 of Current Year | 6<br>Balance | 7<br>* |
|---|---|---|---|---|---|---|---|
| Oriental Bank and Trust 1/30/15 | Humacao, PR | LS | 1.000 | 6,308 | 2,750 | 300,000 | XXX |
| Oriental Bank and Trust 10/24/15 | Humacao, PR | LS | 0.850 | 563 | 119 | 75,000 | XXX |
| Banco Popular de Puerto Rico 1/31/15 | Humacao, PR | LS | 0.850 | 2,192 | 2,018 | 339,412 | XXX |
| Banco Popular de PR | Humacao, PR | LS | 0.000 | 0 | 0 | 269,079 | XXX |
| 0199998 Deposits in ... 2 depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories | | XXX | XXX | | | | XXX |
| 0199999. Totals - Open Depositories | | XXX | XXX | 9,063 | 4,887 | 983,491 | XXX |
| 0299998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories | | XXX | XXX | | | | XXX |
| 0299999. Totals - Suspended Depositories | | XXX | XXX | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | | XXX | XXX | 9,063 | 4,887 | 983,491 | XXX |
| 0499999. Cash in Company's Office | | XXX | XXX | XXX | XXX | 400 | XXX |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 0599999 Total - Cash | | XXX | XXX | 9,063 | 4,887 | 983,891 | XXX |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. January | 488,714 | 4. April | 692,978 | 7. July | 518,101 | 10. October | 814,882 |
| 2. February | 515,600 | 5. May | 910,833 | 8. August | 338,777 | 11. November | 787,002 |
| 3. March | 922,669 | 6. June | 720,343 | 9. September | 752,055 | 12. December | 983,491 |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

| 1<br>Description | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted Carrying Value | 7<br>Amount of Interest Due and Accrued | 8<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|
| NONE | | | | | | | |
| 8699999 - Total Cash Equivalents | | | | | | | |

# SCHEDULE E - PART 3 - SPECIAL DEPOSITS

| States, Etc. | 1 Type of Deposit | 2 Purpose of Deposit | Deposits For the Benefit of All Policyholders | | All Other Special Deposits | |
|---|---|---|---|---|---|---|
| | | | 3 Book/Adjusted Carrying Value | 4 Fair Value | 5 Book/Adjusted Carrying Value | 6 Fair Value |
| 1. Alabama AL | | | | | | |
| 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 | State Mandatory Deposit | 375,000 | 375,000 | | |
| 55. U.S. Virgin Islands VI | | | | | | |
| 56. Northern Mariana Islands MP | | | | | | |
| 57. Canada CAN | | | | | | |
| 58. Aggregate Alien and Other OT | XXX | XXX | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | XXX | 375,000 | 375,000 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 5801. | | | | | | |
| 5802. | | | | | | |
| 5803. | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | XXX | XXX | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above) | XXX | XXX | 0 | 0 | 0 | 0 |