

ANNUAL STATEMENT

OF THE

TRIPLE-S ADVANTAGE, INC.

TO THE

Insurance Department

OF THE

STATE OF

Puerto Rico

FOR THE YEAR ENDED
DECEMBER 31, 2014

HEALTH

2014



HEALTH ANNUAL STATEMENT

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

TRIPLE-S ADVANTAGE, INC.

NAIC Group Code 1402 4802 NAIC Company Code 11152 Employer's ID Number 66-0593034
(Current) (Prior)

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

Country of Domicile Puerto Rico

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 12/06/2000 Commenced Business 05/01/2001

Statutory Home Office PO Box 11320, San Juan, PR, US 00922-1320
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office Metro Office Park, Triple-S Advantage Building
(Street and Number) 787-620-1919
Guaynabo, PR, US 00969 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Mail Address PO Box 11320, San Juan, PR, US 00922-1320
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records Metro Office Park, Triple-S Advantage Building
(Street and Number) 787-620-1919
Guaynabo, PR, US 00969 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Internet Website Address www.sssadvantage.com

Statutory Statement Contact Lurdeska Z. Figueroa Mrs., 787-620-1919
(Name) (Area Code) (Telephone Number)
lfigueroa@sssadvantage.com, 787-993-3257
(E-mail Address) (FAX Number)

OFFICERS

Director and Officer Madeline Hernández Officer Kristina Norton
Officer Maritza Vázquez

OTHER

DIRECTORS OR TRUSTEES

Ramón Ruiz Amílcar Jordan Roberto García
Madeline Hernández Carlos Rodríguez

State of Puerto Rico SS:
County of Puerto Rico

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.

Madeline Hernández
President and Chief Executive Officer

Maritza Vázquez
Chief Operational Officer

Kristina B. Norton
Chief Actuary

Subscribed and sworn to before me this _____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	120,827,658		120,827,658	125,122,827
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$			0	
encumbrances)				
4.2 Properties held for the production of income (less				
\$			0	
encumbrances)				
4.3 Properties held for sale (less \$			0	
encumbrances)				
5. Cash (\$14,847,903 , Schedule E - Part 1), cash equivalents				
(\$, Schedule E - Part 2) and short-term				
investments (\$0 , Schedule DA)	14,847,903		14,847,903	6,761,297
6. Contract loans, (including \$ premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	135,675,561	0	135,675,561	131,884,124
13. Title plants less \$ charged off (for Title insurers			0	
only)				
14. Investment income due and accrued	964,783		964,783	1,251,909
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	37,739,508	12,810,083	24,929,425	11,317,079
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$			0	
earned but unbilled premiums)				
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	717,717		717,717	0
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	22,956,323		22,956,323	5,865,041
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	5,823,899		5,823,899	89,827
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets				
(\$)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	37,014,679		37,014,679	0
24. Health care (\$4,631,112) and other amounts receivable	18,654,327	9,913,418	8,740,909	2,654,561
25. Aggregate write-ins for other than invested assets	1,922,705	10,874	1,911,831	0
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25)	261,469,503	22,734,375	238,735,128	153,062,541
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	
28. Total (Lines 26 and 27)	261,469,503	22,734,375	238,735,128	153,062,541
DETAILS OF WRITE-INS				
1101. Certificates of Deposit with Insurance Commissioner			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)	0	0	0	0
2501. Prepaid Expense	53,905	53,905	0	0
2502. Prepaid Income Tax	1,911,832		1,911,832	0
2503. Plan to Plan receivable	8,033	8,033	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	(51,064)	(51,064)	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,922,705	10,874	1,911,831	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	123,101,360		123,101,360	46,168,298
2. Accrued medical incentive pool and bonus amounts	9,478,004		9,478,004	16,657,732
3. Unpaid claims adjustment expenses	1,108,729		1,108,729	425,461
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	4,478,384		4,478,384	5,909,232
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	7,964,249		7,964,249	1,339,738
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	142,065
10.2 Net deferred tax liability	(126)		(126)	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	35,513,464		35,513,464	28,170,217
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)	1,200,000	0	1,200,000	600,000
24. Total liabilities (Lines 1 to 23)	182,844,064	0	182,844,064	99,412,743
25. Aggregate write-ins for special surplus funds	XXX	XXX	19,776,399	0
26. Common capital stock	XXX	XXX	18,750	18,750
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	1,406,250	1,406,250
29. Surplus notes	XXX	XXX	25,480,000	25,480,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	9,209,665	26,744,798
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	55,891,064	53,649,798
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	238,735,128	153,062,541
DETAILS OF WRITE-INS				
2301. Statutory Reserve	1,200,000		1,200,000	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)	1,200,000	0	1,200,000	600,000
2501. Special Surplus	XXX	XXX	19,776,399	
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	19,776,399	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	612,537	532,642
2. Net premium income (including \$ non-health premium income)	XXX	539,750,312	519,920,154
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	22,599	5,748
8. Total revenues (Lines 2 to 7)	XXX	539,772,911	519,925,902
Hospital and Medical:			
9. Hospital/medical benefits		237,573,256	327,455,096
10. Other professional services		130,512,283	0
11. Outside referrals		0	
12. Emergency room and out-of-area		0	
13. Prescription drugs		68,581,693	76,494,661
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		16,505,621	24,118,855
16. Subtotal (Lines 9 to 15)	0	453,172,853	428,068,612
Less:			
17. Net reinsurance recoveries		(728,613)	(966,427)
18. Total hospital and medical (Lines 16 minus 17)	0	453,901,466	429,035,039
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 3,772,362 cost containment expenses		4,019,595	5,381,558
21. General administrative expenses		69,785,607	58,935,430
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	527,706,668	493,352,027
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	12,066,243	26,573,875
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		2,825,461	2,777,268
26. Net realized capital gains (losses) less capital gains tax of \$		260,942	71,578
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,086,403	2,848,846
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	15,152,646	29,422,721
31. Federal and foreign income taxes incurred	XXX	4,774,130	7,111,138
32. Net income (loss) (Lines 30 minus 31)	XXX	10,378,516	22,311,583
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. Other Income	XXX	22,599	5,748
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	22,599	5,748
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 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	53,649,800	30,736,966
34. Net income or (loss) from Line 32.....	10,378,516	22,311,583
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.....		90,992
39. Change in nonadmitted assets.....	(21,583,614)	661,661
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....		
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.....	13,446,362	(151,402)
48. Net change in capital and surplus (Lines 34 to 47).....	2,241,264	22,912,834
49. Capital and surplus end of reporting period (Line 33 plus 48)	55,891,064	53,649,800
DETAILS OF WRITE-INS		
4701. Other.....	(78,738)	(151,402)
4702. Surplus Interest.....		0
4703. Prior year adjustment.....	1,542,333	
4798. Summary of remaining write-ins for Line 47 from overflow page.....	11,982,767	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	13,446,362	(151,402)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	490,954,004	516,855,650
2. Net investment income	4,070,720	2,403,717
3. Miscellaneous income	22,599	0
4. Total (Lines 1 through 3)	495,047,323	519,259,367
5. Benefit and loss related payments	384,765,059	414,660,736
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	90,213,216	66,879,412
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	9,841,955	4,270,000
10. Total (Lines 5 through 9)	484,820,230	485,810,148
11. Net cash from operations (Line 4 minus Line 10)	10,227,092	33,449,219
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	55,013,066	38,514,732
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	600,000
12.8 Total investment proceeds (Lines 12.1 to 12.7)	55,013,066	39,114,732
13. Cost of investments acquired (long-term only):		
13.1 Bonds	51,676,030	91,090,988
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)	51,676,030	91,090,988
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)	3,337,036	(51,976,256)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(5,477,522)	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(5,477,522)	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)	8,086,606	(18,527,037)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	6,761,297	25,288,334
19.2 End of year (Line 18 plus Line 19.1)	14,847,903	6,761,297

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

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	539,750,312						539,750,312			
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	22,599	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,599
7. Total revenues (Lines 1 to 6)	539,772,911	0	0	0	0	0	539,750,312	0	0	22,599
8. Hospital/medical benefits	237,573,256						237,573,256			XXX
9. Other professional services	130,512,283						130,512,283			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	68,581,693						68,581,693			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	16,505,621						16,505,621			XXX
15. Subtotal (Lines 8 to 14)	453,172,853	0	0	0	0	0	453,172,853	0	0	XXX
16. Net reinsurance recoveries	(728,613)						(728,613)			XXX
17. Total medical and hospital (Lines 15 minus 16)	453,901,466	0	0	0	0	0	453,901,466	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	4,019,595						4,019,595			
20. General administrative expenses	69,785,607						69,785,607			
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)	527,706,668	0	0	0	0	0	527,706,668	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	12,066,243	0	0	0	0	0	12,043,644	0	0	22,599
DETAILS OF WRITE-INS										
0501.										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)	0	0	0	0	0	0	0	0	0	XXX
0601. Other Income	22,599	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,599
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	22,599	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,599
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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	539,750,312			539,750,312
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	539,750,312	0	0	539,750,312
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	539,750,312	0	0	539,750,312

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	359,734,168						359,734,168			
1.2 Reinsurance assumed	.0									
1.3 Reinsurance ceded	.0									
1.4 Net	359,734,168	.0	.0	.0	.0	.0	359,734,168	.0	.0	.0
2. Paid medical incentive pools and bonuses	23,685,350						23,685,350			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	123,101,360	72,222	.0	.0	.0	.0	123,029,138	.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	123,101,360	72,222	.0	.0	.0	.0	123,029,138	.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	9,478,004						9,478,004			
6. Net healthcare receivables (a)	.0									
7. Amounts recoverable from reinsurers December 31, current year	(2,474,509)						(2,474,509)			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	46,168,296	72,222	.0	.0	.0	.0	46,096,074	.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	46,168,296	72,222	.0	.0	.0	.0	46,096,074	.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	16,657,732						16,657,732			
11. Amounts recoverable from reinsurers December 31, prior year	(1,745,896)						(1,745,896)			
12. Incurred Benefits:										
12.1 Direct	436,667,232	.0	.0	.0	.0	.0	436,667,232	.0	.0	.0
12.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded	(728,613)	.0	.0	.0	.0	.0	(728,613)	.0	.0	.0
12.4 Net	437,395,845	.0	.0	.0	.0	.0	437,395,845	.0	.0	.0
13. Incurred medical incentive pools and bonuses	16,505,622	.0	.0	.0	.0	.0	16,505,622	.0	.0	.0

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	12,623,494						12,623,494			
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net	12,623,494	.0	.0	.0	.0	.0	12,623,494	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	110,133,874	72,222					110,061,652			
2.2 Reinsurance assumed .....	.0									
2.3 Reinsurance ceded .....	.0									
2.4 Net	110,133,874	72,222	.0	.0	.0	.0	110,061,652	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	343,992						343,992			
3.2 Reinsurance assumed .....	.0									
3.3 Reinsurance ceded .....	.0									
3.4 Net	343,992	.0	.0	.0	.0	.0	343,992	.0	.0	.0
4. TOTALS:										
4.1 Direct	123,101,360	72,222	.0	.0	.0	.0	123,029,138	.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	123,101,360	72,222	0	0	0	0	123,029,138	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)			72,222		72,222	72,222
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	39,378,720	321,084,058	1,137,298	121,891,842	40,516,018	46,096,074
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	39,378,720	321,084,058	1,209,520	121,891,842	40,588,240	46,168,296
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	20,390,560	3,294,790	1,075,294	8,402,710	21,465,854	16,657,732
13. Totals (Lines 9 - 10 + 11 + 12)	59,769,280	324,378,848	2,284,814	130,294,552	62,054,094	62,826,028

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	93,661	(208,306)	(208,306)	(43,310)	0
2.	2010		38,547		66	(5,864)
3.	2011	XXX	363,373	47,142	583	(6,412)
4.	2012	XXX	XXX	431,842	51,017	457,460
5.	2013	XXX	XXX	XXX	368,425	37,382,581
6.	2014	XXX	XXX	XXX	XXX	268,495,277

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	93,661	(208,306)	(208,306)	(43,221)	
2.	2010		351,703			
3.	2011	XXX	456,451	539		10
4.	2012	XXX	XXX	51,490	2,554	30,134
5.	2013	XXX	XXX	XXX	58,658	275,638
6.	2014	XXX	XXX	XXX	XXX	48,411,948

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010				0.0	0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013	519,920			0.0	0	0.0			0	0.0
5. 2014	539,750	368,086	4,020	1.1	372,106	68.9	132,579	1,109	505,794	93.7

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)**

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	93,661	(208,306)	(208,306)	(43,310)	0
2.	2010	0	38,547	0	66	(5,864)
3.	2011	XXX	363,373	47,142	583	(6,412)
4.	2012	XXX	XXX	431,842	51,017	457,460
5.	2013	XXX	XXX	XXX	368,425	37,382,581
6.	2014	XXX	XXX	XXX	XXX	268,495,277

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	93,661	(208,306)	(208,306)	(43,221)	0
2.	2010	0	351,703	0	0	0
3.	2011	XXX	456,451	539	0	10
4.	2012	XXX	XXX	51,490	2,554	30,134
5.	2013	XXX	XXX	XXX	58,658	275,638
6.	2014	XXX	XXX	XXX	XXX	48,411,948

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2012	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2013	519,920	0	0	0.0	0	0.0	0	0	0	0.0
5. 2014	539,750	368,086	4,020	1.1	372,106	68.9	132,579	1,109	505,794	93.7

12.GT

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	.0								
2. Additional policy reserves (a)	4,478,384						4,478,384		
3. Reserve for future contingent benefits .....	.0								
4. Reserve for rate credits or experience rating refunds (including \$) for investment income .....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	4,478,384	.0	.0	.0	.0	.0	4,478,384	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net)(Page 3, Line 4)	4,478,384	.0	.0	.0	.0	.0	4,478,384	.0	.0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)			3,980,310		3,980,310
2. Salary, wages and other benefits			17,816,959		17,816,959
3. Commissions (less \$ ceded plus \$ assumed)			2,053,313		2,053,313
4. Legal fees and expenses			630,530		630,530
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			18,078,839		18,078,839
7. Traveling expenses			186,235		186,235
8. Marketing and advertising			4,064,575		4,064,575
9. Postage, express and telephone			2,718,560		2,718,560
10. Printing and office supplies			638,480		638,480
11. Occupancy, depreciation and amortization			2,681,623		2,681,623
12. Equipment			191,842		191,842
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	3,772,362	247,233			4,019,595
15. Boards, bureaus and association fees			102,246		102,246
16. Insurance, except on real estate			1,838,384		1,838,384
17. Collection and bank service charges			142,203		142,203
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				(71,077)	(71,077)
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			6,886,487		6,886,487
23.4 Payroll taxes			2,750,696		2,750,696
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	5,024,325	0	5,024,325
26. Total expenses incurred (Lines 1 to 25)	3,772,362	247,233	69,785,607	(71,077)	73,734,125
27. Less expenses unpaid December 31, current year		1,108,729	7,964,249		9,072,978
28. Add expenses unpaid December 31, prior year		425,461	1,339,737		1,765,198
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	3,772,362	(436,035)	63,161,095	(71,077)	66,426,345
DETAILS OF WRITE-INS					
2501. Other Expenses			5,024,325		5,024,325
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	5,024,325	0	5,024,325

(a) Includes management fees of \$ 59,372,207 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U.S. government bonds	(a) 4,561,518	2,747,892
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e)	6,452
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	40
10. Total gross investment income	4,561,518	2,754,384
11. Investment expenses		(g) 0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) (71,077)
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)		(71,077)
17. Net investment income (Line 10 minus Line 16)		2,825,461
DETAILS OF WRITE-INS		
0901. Other cash income		40
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	40
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 \$ 62,186 accrual of discount less \$ 1,281,260 amortization of premium and less \$ 307,418 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	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(11,577)	0	(11,577)	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	272,517	0	272,517	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	0
5. Contract loans		0	0	0	0
6. Cash, cash equivalents and short-term investments		0	0	0	0
7. Derivative instruments		0	0	0	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)	260,940	0	260,940	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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	12,810,083	1,091	(12,808,992)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers		100,790	100,790
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset		808,438	808,438
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates		9,539	9,539
24. Health care and other amounts receivable	9,913,418	160,294	(9,753,124)
25. Aggregate write-ins for other than invested assets	10,874	70,609	59,735
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	22,734,375	1,150,761	(21,583,614)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	22,734,375	1,150,761	(21,583,614)
DETAILS OF WRITE-INS			
1101.			
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)	0	0	0
2501. PREPAID EXPENSE	53,905	57,333	3,428
2502. Plan to Plan receivable	8,033	13,276	5,243
2503. Other AR	(51,064)		51,064
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)	10,874	70,609	59,735

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	43,346	50,166	51,292	52,464	50,771	612,537
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	43,346	50,166	51,292	52,464	50,771	612,537
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	19,365,514	513,458	5,050,453	12,810,083	12,810,083	24,929,425
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	19,365,514	513,458	5,050,453	12,810,083	12,810,083	24,929,425

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	1,541,407	1,459,951	1,629,754	9,573,161	9,573,161	4,631,112
0199999. Total Pharmaceutical Rebate Receivables	1,541,407	1,459,951	1,629,754	9,573,161	9,573,161	4,631,112
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				340,257	340,257	0
0699999. Total Other Receivables	0	0	0	340,257	340,257	0
.....						
.....						
.....						
.....						
.....						
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.....						
.....						
0799999 Gross health care receivables	1,541,407	1,459,951	1,629,754	9,913,418	9,913,418	4,631,112

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 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	8,564,004	4,068,812	128,454	14,075,820	8,692,458	2,654,561
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.....			340,257		340,257	160,294
7. Totals (Lines 1 through 6)	8,564,004	4,068,812	468,711	14,075,820	9,032,715	2,814,855

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Triple-S Management, Inc.	Intercompany transactions	2,247,409	2,247,409	
Triple-S Salud, Inc.	Intercompany transactions	6,943,194	6,943,194	
Socios Mayores en Salud Holdings, Inc.	Intercompany transactions .....	.931,122	.931,122	
Triple-S Advantage Solutions, Inc.	Intercompany transactions	23,862,059	23,862,059	
Triserve, Inc.	Intercompany transactions	1,529,679	1,529,679	
0199999. Individually listed payables		35,513,463	35,513,463	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		35,513,463	35,513,463	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	6,075,857	1.7	28,195	55.5	6,075,857	
2. Intermediaries	0	0.0		0.0		
3. All other providers	24,900,467	6.9	759,036	1,495.0	24,900,467	
4. Total capitation payments	30,976,324	8.6	787,231	1,550.6	30,976,324	0
Other Payments:						
5. Fee-for-service	328,757,845	91.4	XXX	XXX	328,757,845	
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	328,757,845	91.4	XXX	XXX	328,757,845	0
13. TOTAL (Line 4 plus Line 12)	359,734,169	100%	XXX	XXX	359,734,169	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	5,890		5,890		5,890	
6. Total	5,890	0	5,890	0	5,890	0

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico.

The Commissioner of Insurance of the Commonwealth of Puerto Rico recognizes only statutory accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Puerto Rico Insurance Law. The National Association of Insurance Commissioner's (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the Commissioners of Insurance of the Commonwealth of Puerto Rico.

The Commissioner has the right to permit other specific practices that may deviate from prescribed practices. Prescribed statutory accounting practices include a variety of publications of the NAIC including its codification initiative contained in its accounting practices and procedures manual, as well as state laws, regulations and general administrative rules. Permitted statutory accounting practices encompass all accounting practices not so prescribed. The Company for 2014 did not have an accounting practice than differs from NAIC statutory accounting practices and procedures (NAIC SAP).

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Commissioner Insurance of Puerto Rico is shown below:

	State of Domicile	2014	2013
<u>NET (LOSS) INCOME</u>			
(1) American Health, Inc. state basis	PR	\$ 10,378,516	\$ 22,311,583
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	PR	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP	PR	-	-
(4) NAIC SAP		<u>\$ 10,378,516</u>	<u>\$ 22,311,583</u>
 <u>SURPLUS</u>			
(5) American Health, Inc. state basis	PR	\$ 55,891,064	\$ 53,649,798
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	PR	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g. Pharmaceutical Rebates	PR	-	(1,409,879)
(8) NAIC SAP		<u>\$ 55,891,064</u>	<u>\$ 52,239,919</u>

The accounting practices prescribed or permitted by NAIC and the Commissioner vary from U.S. Generally Accepted Accounting Principles ("GAAP").

B. Use of Estimates

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. The most significant items on the statutory statement of admitted assets, liabilities, and capital and surplus that involve a greater degree of accounting estimates and actuarial determinations subject to change in the future are the assessment of other-than-temporary impairments, claims liabilities, risk score adjustments and Part D risk sharing. As additional information becomes available (or actual amounts are determinable), the recorded estimates are revised and reflected

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
NOTES TO FINANCIAL STATEMENTS

in operating results. Although some variability is inherent in these estimates in the near future, the Company believes the amounts provided are adequate. Actual results could differ from those estimates.

C. Accounting Policy

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

The Company offers prescription drug coverage to Medicare eligible beneficiaries as part of its MA plans (“MA-PD”). Premiums are based on a bid contract with CMS that considers the estimate costs of providing prescription drug benefits to enrolled participants. MA-PD premiums are subject to adjustment, positive or negative, based upon the application of risk corridors that compare the estimate prescription drug costs included in the bids to CMS actual prescription drug costs. Variances exceeding certain thresholds may result in CMS making additional payments to the Company or in the Company refunding CMS a portion of the premiums collected. The Company estimates and records adjustments to earned premiums related to estimated risk corridor payments based upon actual prescription drug costs for each reporting period. CMS pays the Company an estimated amount for the Part D Catastrophic Reinsurance Subsidy to fund the CMS obligation to pay approximately 80% of the costs incurred by individual members in the excess of the individual annual out-of-pocket maximum. The Company does not recognize premium revenue or claims expense for these CMS subsidies. Amounts are subject to future settlements which may differ from original estimate. Any difference between the settlement and the estimated amount is recorded in the period in which they become known. Total Catastrophic receivable was \$12,487,286 and \$3,264,000 as of December 31, 2014 and 2013, respectively, and the risk share payable balance was \$2,042,496 and \$3,782,000 as of December 31, 2014 and 2013, respectively.

Medical claims liability for health insurance policies represents the estimated amounts to be paid to providers based on experience and accumulated statistical data and certain actuarial reports. The claims liability includes claims in process and an estimate for incurred but not reported claims. Unpaid claims adjustments expenses related to such claims are accrued based on estimated future expenses necessary to process such claims.

The claims liability is necessarily based on estimates, and while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments, are reflected in the statements of revenues and expenses in the period determined.

In addition, the Company uses the following accounting policies:

(1) Short-term investments amounting to approximately \$15,974,065 and \$6,140,926 at December 31, 2014 and 2013, respectively, consist principally of overnight investments deposits. Short-term investments which have maturities of less than one year are stated at cost.

(1)– (4) Debt and equity securities are valued in accordance with rules promulgated by the NAIC. Debt securities that are designated highest-quality and high-quality (NAIC designation 1 and 2) are reported at amortized cost, with all other debt securities reported at the lower of amortized cost or fair market value. Debt securities eligible for amortization under such rules are stated net of unamortized premiums or discounts. Bonds not backed by other loans are principally stated at amortized cost using the effective interest method.

(5) Not Applicable.

(6) The Company regularly invests in mortgaged-backed securities and other securities subject to prepayment and call risk. Significant changes in prevailing interest rates may adversely affect the timing and amount of cash flows on such securities. In addition, the amortization of market premium and accretion of market discount for mortgage-backed securities is based on historical experience and estimates of future payment speeds on the underlying mortgage loans. Actual prepayment speeds will differ from original estimates and may result in material adjustments to amortization or accretion to be record in future periods.

(7) Not Applicable.

(8) Not Applicable.

(9) Not Applicable.

(10) Not Applicable.

(11) Independent care providers such as hospitals, physicians, and other provide health services under contractual agreements. Services rendered to insured members are billed and paid on a fee-for-service basis up to established limits based on eligible members. Claim payables represent accrued medical claims and related expenses (hospitalization and other outside medical services) for amounts billed and not paid and estimate of costs incurred for unbilled services provided to the balance sheet date based on experience and accumulated statistical data and claims processed, incomplete and unreported. Management believes the Company's benefits payable and loss adjustment expenses are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in current operations.

(12) Not Applicable.

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

- Mortgage Loans, including Mezzanine Real Estate

Not Applicable.

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- Debt Restructuring

Not Applicable.

- Reverse Mortgages

Not Applicable.

- Loan-Backed Securities

1) Not Applicable.

2) Not Applicable

3) Not Applicable

4) The Company does not have any investments in an-other-than-temporary impairments position at December 31, 2014.

Gross unrealized losses and related fair value of temporary impaired securities that have been in a continuous unrealized loss position were as follows at December 31, 2014:

(a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	(11,510)
2. 12 Months or Longer	\$	(0)

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

1. Less than 12 Months	\$	19,809,024
2. 12 Months or Longer	\$	0

We do not consider these positions other-than-temporarily impaired as of December 31, 2014 because: a) the decline in market value is attributable to changes in interests rate, b) the fair value of these positions has remained similar to previous periods and have implicit US Government support, c) we do not have the intent to sell these investments, d) it is not more likely than not that we will be required to sell the investments before recovery of their amortized costs bases (which may be maturity), and e) we expect to collect all contractual cash flows.

The amortized cost, gross unrealized gains, gross unrealized losses, and estimated fair value of all owned investment securities at December 31, 2014 and 2012 were as follows:

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	2014					
	Less than 12 months		12 months or more		Total	
	Estimated	Gross	Estimated	Gross	Estimated	Gross
	Fair	Unrealized	Fair	Unrealized	Fair	Unrealized
Value	Losses	Value	Losses	Value	Losses	
Fixed maturities:						
Municipal securities	\$ 1,765,194	\$ (4,806)	\$ -	\$ -	1,765,194	\$ (4,806)
Government sponsored	18,043,830	(6,704)	-	-	18,043,830	(6,704)
Total	<u>\$ 19,809,024</u>	<u>\$ (11,510)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 19,809,024</u>	<u>\$ (11,510)</u>

	2013					
	Less than 12 months		12 months or more		Total	
	Estimated	Gross	Estimated	Gross	Estimated	Gross
	Fair	Unrealized	Fair	Unrealized	Fair	Unrealized
Value	Losses	Value	Losses	Value	Losses	
Fixed maturities:						
Municipal securities	\$ 71,011,609	\$ (1,642,646)	\$ 4,646,250	\$ (36,833)	\$ 75,657,859	\$ (1,679,479)
Government sponsored	6,978,167	(27,489)	-	-	6,978,167	(27,489)
Corporate bonds	6,150,638	(109,104)	-	-	6,150,638	(109,104)
Collateralized mortgage obligations	-	-	1,753,680	(54,684)	1,753,680	(54,684)
Total	<u>\$ 84,140,414</u>	<u>\$ (1,779,239)</u>	<u>\$ 6,399,930</u>	<u>\$ (91,517)</u>	<u>\$ 90,540,344</u>	<u>\$ (1,870,756)</u>

The amortized cost and estimated fair value of investment securities at December 31, 2014, by contractual maturity, are shown below. Expected maturities will differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

	<u>Amortized cost</u>	<u>Estimated Fair value</u>
Due less than one year	\$ 13,023,282	\$ 13,090,480
Due after one year through five years	67,318,691	68,111,253
Due after five years through ten years	27,452,633	27,817,741
Due after ten years through twenty years	-	-
Over twenty years	13,033,051	13,174,750
Residential Mortgage-backed securities	-	-
CMO's	-	-
	<u><u>\$120,827,657</u></u>	<u><u>\$ 122,194,224</u></u>

- Repurchase Agreements and/or Securities Lending Transactions

Not Applicable.

- Real Estate

Not Applicable.

- Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

- Restricted Assets

(1) Restricted Assets (Including Pledged)

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Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) {1 minus 2}	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	0%	0%
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	1,200,000	600,000	600,000	1,200,000	100%	100%
j. On deposit with other regulatory bodies	-	-	-	-	-	-
k. Pledge as collateral not captured in other categories	-	-	-	-	-	-
l. Other restricted assets	-	-	-	-	-	-
m. Total Restricted Assets	<u>\$ 1,200,000</u>	<u>\$ 600,000</u>	<u>\$ 600,000</u>	<u>\$ 1,200,000</u>	<u>100%</u>	<u>100%</u>

At December 31, 2014, the Company has on deposit with states of \$1,200,000 from the Commissioners of Insurance of Puerto Rico.

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories

Not Applicable.

(3) Detail of Other Restricted Assets

Not Applicable.

- Working Capital Finance Investments

Not Applicable.

- Offsetting and Netting of Assets and Liabilities

Not Applicable.

- Structured Notes

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The company did not recognized any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

A. Interest income is recognized when earned. Realized gains and losses from the sale of securities are determined using specific identification method for determining the cost of the security sold.

B. The company did not have any non-admitted due and accrued investment income as of December 31, 2014.

8. Derivative Instruments

Not Applicable

9. Income Taxes

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
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A. The net deferred tax assets (DTA) or deferred tax liability (DTL) recognized in the reporting entity financial statements are as follow:

(1)The Company files its income tax return under the Puerto Rico Internal Revenue Code Act 1 of January 31, 2011, generally effective for taxable years that commence after December 31, 2010. Act 1, among other changes, reduced the corporate income and alternative minimum tax rates.

On June 2013, the Governor of Puerto Rico signed into law Act No. 40, known as the “Tax Burden Adjustment and Redistribution Act” and other Acts, which among others things, increased the maximum corporate income tax rate from 30% to 39%. This tax rate applies to fiscal years starting after December 31, 2012. These new laws also includes some amendments to the computations of the corporate alternative minimum tax, including the consideration of an additional tax on gross receipts. In addition, the law established a premium tax of 1% on premiums earned after June 30, 2013, except for annuity deposits, and premiums derived from Medicare Advantage or Medicaid programs.

On October 2013, the Governor of Puerto Rico signed into law Act No. 117 providing additional changes and transitional provisions in connection with Act 40 and clarifies that gross income does not includes dividends received from a 100% controlled domestic subsidiary and income attributable to a trade of business outside of Puerto Rico.

The component of net deferred income taxes not recognized in the statutory financial statements as admitted assets, liabilities, capital and surplus are as follows:

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Gross Deferred Tax Assets	\$ 5,823,899	\$ -	\$ 5,823,899	\$ 899,433	\$ -	\$ 899,433	\$ 4,924,466	\$ -	\$ 4,924,466
b. Statutory valuation allowance adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Adjusted gross deferred tax assets (a-b)	\$ 5,823,899	\$ -	\$ 5,823,899	\$ 899,433	\$ -	\$ 899,433	\$ 4,924,466	\$ -	\$ 4,924,466
d. Deferred tax asset non admitted	\$ -	\$ -	\$ -	\$ (808,438)	\$ -	\$ (808,438)	\$ 808,438	\$ -	\$ 808,438
e. Subtotal net admitted deferred tax assets (c-d)	\$ 5,823,899	\$ -	\$ 5,823,899	\$ 90,995	\$ -	\$ 90,995	\$ -	\$ -	\$ -
f. Deferred tax liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Net admitted deferred tax assets (/net deferred tax liability) (e-f)	\$ 5,823,899	\$ -	\$ 5,823,899	\$ 90,995	\$ -	\$ 90,995	\$ -	\$ -	\$ -

	2014	2013
a. Ratio percentage used to determine recovery period and treshhold limitation amount	100.0%	10%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in2(b)2 above	\$ 55,891,064	\$ 53,649,798

The income tax expense differs from the amount computed by applying the Puerto Rico statutory income tax rate to the income before income taxes mainly as a result of exempt interest income. Deferred income taxes reflect the tax effects of temporary differences between carrying amounts of assets and liabilities for financial reporting purposes and income tax purposes.

(2) Not Applicable.

(3) Not Applicable.

(4) Not Applicable.

B. The company has not recognized deferred tax liabilities as of December 31, 2014.

C. Deferred income taxes reflect the tax effects: (a) temporary differences between carrying amounts of admitted assets and liabilities for financial reporting and income tax purposes. The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities at December 31, 2014 and 2013 are presented below:

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
NOTES TO FINANCIAL STATEMENTS

	12/31/2014	12/31/2013	Change
1 Current Income Tax			
(a) Federal	\$ -	\$ -	\$ -
(b) Foreign	-	-	-
(c) Subtotal	-	-	-
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	-	-	-
2 Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ -	\$ -	\$ -
(2) Unearned premium reserve	-	-	-
(3) Policyholders reserves	-	-	-
(4) Investments	-	128,631	(128,631)
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed Assets	-	-	-
(8) Compendation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	5,823,899	901,315	4,922,584
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other (including items<5% of total ordinary tax assets)	-	-	-
(99) Subtotal	5,823,899	1,029,946	4,793,953
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	937,070	(937,070)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 5,823,899	\$ 92,876	\$ 5,731,023
(e) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items<5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,823,899	\$ 92,876	\$ 5,731,023
3 Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed assets	-	3,050	(3,050)
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items<5% of total ordinary tax liabilities)	-	-	-
(99) Subtotal	-	3,050	(3,050)
(b) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Real Estate	-	-	-
(3) Other (including items<5% of total ordinary tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) Deferred tax liabilities (3a99 + 3b99)	\$ -	\$ 3,050	\$ (3,050)
4 Net deferred tax assets/liabilities (2i - 3c)	\$ 5,823,899	\$ 89,826	\$ 5,734,073

D. Not Applicable

E. Not Applicable

F. Not Applicable.

G. Not Applicable.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. (applied for A, B, C & E) The Company accounts transactions with related parties in accordance with SSAP No. 96, *Settlement Requirements for Intercompany Transactions*, an amendment to SSAP No. 25 *Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties*. In accordance with the provisions of SSAP No. 96, transactions between related parties must be in the form of a written agreement and the agreement must provide for a timely settlement of amounts owed with a specific due date. Amounts owed that

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are more than 90 days from the due date are non-admitted. If the agreement does not contain a due date, the uncollected receivable amounts are non-admitted. No intercompany receivables were recorded as non-admitted assets as of December 31, 2013 and 2012.

On February 7, 2011, SMS Holdings entered into a stock purchase agreement with Triple S Salud, Inc. (“TSS”), which is a wholly owned subsidiary of Triple S Management Corporation (“TSM”), effective January 31, 2011. Pursuant to this agreement, TSS acquired all stock of SMS Holdings. The Company accounted for this acquisition in accordance with the provisions of Statement of Statutory Accounting Principles (SSAP) No. 68 *Business Combination and Goodwill and Statement of Statutory Accounting Principles*, (SSAP) No. 97 *Investments in Subsidiary, Controlled and Affiliated Entities*, a replacement of SSAP No. 88 *Investments in Subsidiary, Controlled and Affiliated Entities*.

On September 1, 2014, the name of American Health, Inc. was changed to Triple-S Advantage, Inc. (“TSA”) to consolidate the Company’s Medicare Advantage products offer and maximize investment in a single line of products. Triple-S Advantage, Inc., (“TSA”), is a subsidiary of Socios Mayores en Salud, Inc. (“Parent Company”), which is a subsidiary of Socios Mayores en Salud Holding, Inc. (“SMS Holding”).

Effective December 31, 2014, Triple-S Advantage (“TSA”) and Triple-S Salud (“TSS”) entered into a novation agreement after obtaining approval from the Centers for Medicare and Medicaid Services (CMS), whereby certain assets and liabilities of the related MA business maintained at the effective date were transferred to TSA. TSA assumed all obligations of the policies and all obligations that may exist under contracts. As a result of this transaction, total assets of \$41,189 and total liabilities of \$73,867 were transferred. This transaction qualifies as a tax-free reorganization within the meaning of Section 1034.04 of Puerto Rico Internal Revenue Code of 2011, as amended. Also, this transaction was accounted for as a transfer of a business between entities under common control. For purposes of the Company’s financial statements as the receiving entity within this transaction, historical results of the MA business are included within the statement of operations. There was no cash consideration associated to this transaction.

The net liabilities transferred in connection with the aforementioned transaction are not included in the related line items of the Company’s balance sheet as of December 31, 2014, and are included in the table below. As the Company’s investment in TSA is reported under the equity method of accounting and the net liabilities were transferred to TSA, the balances included in the table below are considered within the investment in subsidiary as of December 31, 2014. The net liabilities balance is recorded as an intercompany receivable account that was agreed to be settled prior to 3/31/2015.

Assets:	
Premium and accounts receivable	\$ 39,590,249
Deferred tax and other assets	1,599,139
Total assets	<u>\$ 41,189,388</u>
Liabilities:	
Claims liabilities	\$ 55,069,989
Accounts payables and accrued expenses	18,797,180
	<u>73,867,169</u>
Net liabilities assumed	<u>\$ (32,677,781)</u>

1.

Effective January 1, 2008, the Company entered into a Management Agreement (the “Agreement”) with the Parent Company in which the Parent Company will provide management services for a period of 10 years to the Company. The services to be provided under the terms of this Agreement include claims processing and payments, participating provider services, management information system, member services, quality management services and marketing services, among others, as defined in the Agreement. In compensation for these services, the Company will pay the Parent Company a monthly fee as defined in the Agreement. During the years ended December 31, 2014 and 2013, the management fee charged by the Parent Company to the Company for the above services amounted to approximately

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\$59,372,207 and \$57,189,000, respectively, which are included operating expenses in accompanying statutory statements of revenues and expenses.

The Company is part of a group of companies affiliated through common ownership and management and has significant transactions with companies in the affiliated group at terms and conditions established by management of the affiliated group. These amounts are payable and received in the normal course of business and are related to operating transactions and cash flows needs. Amounts due to related parties at December 31, 2014 and 2013, were as follows:

	2014	2013
Socios Mayores en Salud, Inc.	\$ (23,436,699)	\$ (25,609,323)
Triple-S Salud, Inc.	29,607,070	(1,629,772)
Socios Mayores en Salud Holdings, Inc.	(931,122)	(931,122)
Triple-S Management, Inc.	(2,217,893)	-
Interactive, Inc.	(1,529,679)	-
Triple-S Propiedad, Inc	9,538	-
Total	\$ 1,501,215	\$ (28,170,217)

The Company entered into several unsecured notes agreements with Affiliate companies. Proceeds from surplus note issued on June 2006 were used to create a voluntary reserve to guarantee payments to providers under the Medicaid and Medicare Advantage plans. Proceeds from surplus notes issued during 2012 were used to improve the capital and surplus of the Company and the risk-based capital metrics. The Company obtained approval from the Commissioner as defined by the Insurance Code. Under the Insurance Code, surplus notes and related accrued interest cannot be paid without prior approval by the Commissioner.

A summary of the surplus notes entered by the Company as of December 31, 2014 is as follows:

Note Holder	Date Issued	Interest Rate	Par Value (Face Amount in Notes)	Carrying value of the Note	Principal and/or Interest paid Current year	Total Principal and/or interest paid	Unapproved principal and/or Interest	Date of Maturity
TSM	12/30/2012	4.70%	15,000,000	16,483,974	-	-	1,483,974	12/30/2015
TSM	6/29/2012	4.70%	10,000,000	11,244,236	-	-	1,244,236	12/30/2015
SMS	6/28/2006	3.00%	480,000	602,400	-	-	122,400	None

E. There are no guarantees or undertaking for the benefit of a subsidiary or affiliated party.

G. All outstanding shares of the Company are owned by the Parent Company.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

11. Debt

A. Debt Including Capital Notes

The Company has no capital notes outstanding.

The Company has no debentures outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A-D. Defined Benefit Plan

Not Applicable.

E. Defined Contribution Plan

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

Not Applicable.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

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

1) The Company is authorized to issue 500 shares of class A common stock with no par value. At December 31, 2014 and 2013 none of these shares are issued and outstanding. The Company has class B common stock with a par value of \$10 per share; 2,000 shares authorized of which 1,875 shares are issued and outstanding at December 31, 2014 and 2013.

2) The Company has no preferred stock.

3-5) Dividends are noncumulative and are paid as determined by the Board of Directors. There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders. No dividends were paid as of December 31, 2014.

6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

7) Total amounts of advances to surplus not repaid

Not Applicable.

8) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes

Not Applicable.

9) Changes in balances of special surplus funds from the prior year

Not Applicable.

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

11) The Company has not issued surplus notes debentures or similar obligations.

12) The impact of any restatement due to prior quasi-reorganizations

Not Applicable.

13) The effective dates of all quasi-reorganizations in the prior 10 years

Not Applicable.

14. Contingencies

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

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

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

Liabilities for loss contingencies arising from claims, assessments, litigation, fines, penalties and other sources are recorded when it is probable that a liability has been incurred and the amount of the assessment and/or remediation can be reasonably estimated. Legal costs incurred in connection with loss contingencies are expensed as incurred. Recoveries of costs from third parties, which are probable of realization, are separately recorded as assets, and are not offset against the related liability.

As of December 31, 2014, the Company and its subsidiaries are defendants in certain lawsuits arising in the normal course of business. In the opinion of management, with the advice of its legal counsel, the ultimate disposition of these matters will not have a material adverse effect on the financial position and the result of operations of the Company and its subsidiaries. Furthermore, the Commissioner, as well as other Federal and Puerto Rico government authorities, regularly make inquiries and conduct audits concerning the Company's compliance with applicable insurance and other laws and regulations.

Management believes that the aggregate liabilities, if any, arising from all such claims, assessments, audits and lawsuits will not have a material adverse effect on the financial position or results of operations of the Company. However, given the inherent unpredictability of these matters, it is possible that an adverse outcome in certain matters could have a material adverse effect on our financial condition, operating results and/or

cash flows. Where the Company believes that a loss is both probable and estimable, such amounts have been recorded.

15. Leases

Not Applicable.

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

The Company has no investment in Financial Instruments with Off Balance Sheet Risk or with Concentration of Credit Risk.

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

A. Transfer of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

(1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.

(2) As of December 31, 2014, the Company has recorded a receivable from CMS of \$12.5 million related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured Accident & Health Plans or \$10,000.

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior year.

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

Not Applicable.

20. Fair Value Measurements

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A. Inputs used for assets measured and reported at fair value.

(1) The Company follows the guidance in the provisions of SSAP No.100 *Fair Value Measurements* for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the statutory financial statements on a recurring basis. SSAP No.100 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. SSAP No.100 also establishes a framework for measuring fair value and expands disclosures about fair value measurements.

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by SSAP 100. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Level 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

- Level 1 inputs are unadjusted quoted prices in active markets for identical assets or liabilities accessible to the Company at the measurement date.
- Level 2 inputs are other than quoted prices included in Level 1 inputs that are observable for the asset or liability.
- Level 3 inputs are unobservable inputs for the asset or liability used to measure fair value to the extent that observable input are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

The fair value of financial assets at December 31, 2014 and 2013 were as follows:

	2014			
	Fair Value Measurements at Reporting			
	As Reflected on the Statutory Statement of Admitted Assets, Liabilities, Capital and Surplus	Date Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Fixed maturities:				
Municipal securities	\$ 72,064,033	\$ -	\$ 73,415,049	\$ -
Government sponsored	33,047,725	-	33,056,129	-
US Treasury and obligation of US governmental instrumentalities	15,715,899	-	15,723,046	-
Total	\$ 120,827,657	\$ -	\$ 122,194,224	\$ -
	2013			
	Fair Value Measurements at Reporting			
	As Reflected on the Statutory Statement of Admitted Assets, Liabilities, Capital and Surplus	Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed maturities:				
Municipal securities	\$ 110,049,356	\$ -	\$ 109,305,224	\$ -
Government sponsored	7,005,656	-	6,978,166	-
Coporate bonds	6,259,742	-	6,150,637	-
Collateralized mortgage obligations	1,808,074	-	1,753,391	-
Total	\$ 125,122,828	\$ -	\$ 124,187,418	\$ -

(2) Roll forward of Level 3 Items

Not Applicable.

(3) There were no fair value measurements using significant unobservable inputs. There were no transfers between the fair value hierarchy levels between December 31, 2012 and 2013.

(4) The Company uses observable inputs when available. Fair value is based upon quoted market prices when available. If market prices are not available, the Company employs internally-developed models that primarily use market-based inputs including yield curves, interest rates, volatilities, and credit curves, among others. The Company limits valuation adjustments to those deemed necessary to ensure that the security's fair value adequately represents the price that would be received or paid in the marketplace. Valuation adjustments may include consideration of counterparty credit quality and liquidity as well as other criteria. The estimated fair value amounts are subjective in nature and may involve uncertainties and matter of significant judgment for certain financial instruments. Changes in the underlying assumptions used in estimating fair value could affect the results. The fair value measurement levels are not indicative of risk of investment.

The fair value of investment securities are estimated based on quoted market prices for those or similar investments.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Not Applicable.

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosure and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

Not Applicable.

G. Retained Assets

Not Applicable.

22. Events Subsequent+

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2015. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be \$19.8M. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 99%. Reporting the ACA assessment as of December 31, 2014, would not have triggered an RBC action level.

If the ACA assessment had been recorded as of December 31, 2013, the impact of the Company's operations, not considering any premium and/or benefits adjustments, would have been as follows:

	<u>Current year</u>	<u>Prior Year</u>
A. ACA fee assessment payable for the upcoming year	\$ 19,776,399	\$ 7,100,281
B. ACA fee assessment paid	\$ 7,100,281	-
C. Premium written subject to ACA 9010 assessment	\$ 1,014,174,312	\$ 482,420,154
D. Total Adjusted Capital before surplus adjustment	\$ 55,891,064	
E. Authorized Control Level before surplus adjustment	\$ 20,350,800	
F. Total Adjusted Capital after surplus adjustment	\$ 36,114,665	
G. Authorized Control Level after surplus adjustment	\$ 20,350,800	
H. Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action level (YES/No)?	NO	

The Company is not aware of any other events occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through March 31, 2015 for the statutory statement issued on March 31, 2015.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary,

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a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. N/A

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? N/A

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

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than 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? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

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

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0

B. Uncollectable Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The company estimates accrued retrospective premium adjustments through a mathematical approach using an algorithm of the Company's underwriting rules and experience rating experiences.

B. The company records accrued retrospective premium as an adjustment to earned premiums.

C. The company has no net premiums written subject to retrospective rating features.

D. Not Applicable.

E. Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

The activity in medical claims liability during the years ended December 31, 2014 and 2013 were as follows:

Medical claims liability at beginning of year	\$ 67,618,390	\$ 56,787,595
Incurred claims:		
Current period insured events	\$ 488,092,913	\$ 430,964,337
Prior period insured events	446,177	(3,121,504)
Total incurred	<u>488,539,090</u>	<u>427,842,833</u>
Payment for claims:		
Current period insured events	425,389,260	343,875,496
Prior period insured events	63,227,590	73,136,542
Total paid	<u>488,616,850</u>	<u>417,012,038</u>
Net medical claims liability before Novation	<u>67,540,630</u>	<u>67,618,390</u>
Claims liabilities form Novation	<u>55,069,989</u>	<u>-</u>
	<u>\$ 122,610,619</u>	<u>\$ 67,618,390</u>

As a result of change in estimates of insured events in prior years, the amounts included as incurred claims for prior periods insured events, differ from anticipated claims incurred. For the year ended December 31, 2014, the amount in the incurred claims for prior period insured events reflect an unfavorable development of the claims liabilities attributed to higher than expected utilization. For the year ended December 31, 2013, the amount in the incurred claims for prior period insured events reflect a favorable development of the claims liabilities attributed to higher than expected utilization.

26. Intercompany Pooling Arrangements

A. – F. Not Applicable.

27. Structured Settlements

Not Applicable.

28. Health Care Receivables

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A. The company estimates the rebate receivable based on historical trends and rebate's confirmation received from the Prescription Benefit Manager. The Company balance of pharmacy rebate receivable as of December 31, 2014 is \$14,204,275.

Quarter ended	2014				
	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days after Invoicing Confirmation
December 31, 2014	\$ 4,767,263	\$ 4,767,263	\$ -	\$ -	\$ -
September 30, 2014	4,399,185	4,784,170	-	-	-
June 30, 2014	3,454,043	4,488,708	-	161,163	-
March 31, 2014	3,844,561	35,680	-	3,907,649	-
Prior periods	128,454	128,454	-	-	-
	<u>\$ 16,593,506</u>	<u>\$ 14,204,275</u>	<u>\$ -</u>	<u>\$ 4,068,812</u>	<u>\$ -</u>

B. Risk Sharing Receivables

Risk Sharing Receivables include estimated recoveries on plan to plan and state to plan adjustments attributable to benefits paid for Medicare beneficiaries. These estimated recoveries from other Medicare carriers and state Medicaid plans are recorded based upon reported overpayments, adjusted for historical recovery patterns.

29. Participating Policies

Not Applicable.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [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 [X] No []
- 2.2 If yes, date of change: 09/01/2014
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2008
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/31/2008
- 3.4 By what department or departments?
.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Price Waterhouse Cooper LLP
San Juan, PR
- 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?
Kristina Norton
XXXXXXXXXXXXX
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If, yes provide explanation:
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [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 [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict 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 [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 37,014,679

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
- 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 [X] N/A []
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [X] N/A []
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [X] N/A []

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 [] No [X]

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

25.21 Subject to repurchase agreements	\$	
25.22 Subject to reverse repurchase agreements	\$	
25.23 Subject to dollar repurchase agreements	\$	
25.24 Subject to reverse dollar repurchase agreements	\$	
25.25 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	\$	
25.29 On deposit with other regulatory bodies	\$	600,000
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 Nature of Restriction	2 Description	3 Amount

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

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... Yes [] No [] N/A [X]
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 Name of Custodian(s)	2 Custodian's Address

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

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

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
American Health, Inc.	Triple S Advantage, Inc.	09/01/2014	

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 Central Registration Depository Number(s)	2 Name	3 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 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

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

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

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

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

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

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

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

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

- 32.2 If no, list exceptions:
-

GENERAL INTERROGATORIES

OTHER

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

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

1 Name	2 Amount Paid

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

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

1 Name	2 Amount Paid

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

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

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 1.2 If yes, indicate premium earned on U.S. business only. \$ _____
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____
 1.31 Reason for excluding

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____
 1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ _____ 0

- 1.6 Individual policies: Most current three years:
 1.61 Total premium earned \$ _____ 0
 1.62 Total incurred claims \$ _____ 0
 1.63 Number of covered lives 0
All years prior to most current three years:
 1.64 Total premium earned \$ _____ 0
 1.65 Total incurred claims \$ _____ 0
 1.66 Number of covered lives 0

- 1.7 Group policies: Most current three years:
 1.71 Total premium earned \$ _____ 0
 1.72 Total incurred claims \$ _____ 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 Current Year	2 Prior Year
2.1 Premium Numerator	539,750,312	519,920,154
2.2 Premium Denominator	539,750,312	519,920,154
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	132,579,366	67,192,929
2.5 Reserve Denominator	137,057,748	68,735,262
2.6 Reserve Ratio (2.4/2.5)	0.967	0.978

- 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 \$ 175,000
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:

- 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 6,253
8.2 Number of providers at end of reporting year 6,422

- 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 [X] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses.....\$ 16,657,732
- 10.22 Amount actually paid for year bonuses.....\$ 18,848,227
- 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 [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [X] No []
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [] No [X]
- 11.3 If yes, show the name of the state requiring such net worth.
- 11.4 If yes, show the amount required. \$ 600,000
- 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 Name of Service Area

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written\$
- 15.2 Total Incurred Claims\$
- 15.3 Number of Covered Lives

*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)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	238,735,128	153,062,541	121,287,088	103,078,772	69,067,841
2. Total liabilities (Page 3, Line 24)	182,844,064	99,412,743	90,550,124	85,309,842	51,913,349
3. Statutory surplus		600,000	600,000	600,000	
4. Total capital and surplus (Page 3, Line 33)	55,891,064	53,649,798	30,736,964	17,768,930	17,154,492
Income Statement (Page 4)					
5. Total revenues (Line 8)	539,772,911	519,925,902	539,325,075	473,750,444	380,738,428
6. Total medical and hospital expenses (Line 18)	453,901,466	429,035,039	488,291,114	413,036,129	315,012,081
7. Claims adjustment expenses (Line 20)	4,019,595	5,381,558	4,316,464	4,270,155	3,406,842
8. Total administrative expenses (Line 21)	69,785,607	58,935,430	59,998,968	57,382,441	50,540,769
9. Net underwriting gain (loss) (Line 24)	12,066,243	26,573,875	(13,281,471)	(938,281)	11,778,736
10. Net investment gain (loss) (Line 27)	3,086,403	2,848,846	2,302,259	2,314,962	1,959,449
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	10,378,516	22,311,583	(11,807,558)	1,499,576	8,892,140
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	10,227,092	33,449,219	(7,877,637)	(5,801,223)	13,551,750
Risk-Based Capital Analysis					
14. Total adjusted capital	55,891,064	55,192,131	30,736,964	17,768,930	17,154,492
15. Authorized control level risk-based capital	20,350,800	19,051,703	18,822,852	15,968,973	12,339,269
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	50,771	43,346	50,883	47,522	37,987
17. Total members months (Column 6, Line 7)	612,537	532,642	610,095	516,102	417,008
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	84.1	82.5	90.5	87.2	82.7
20. Cost containment expenses	0.7	1.0	0.8	0.9	0.9
21. Other claims adjustment expenses	0.0	0.1	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	97.8	94.9	102.5	100.2	96.9
23. Total underwriting gain (loss) (Line 24)	2.2	5.1	(2.5)	(0.2)	3.1
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	62,054,094	54,275,782	54,526,910	40,998,453	27,825,514
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	62,826,028	53,865,357	50,940,892	43,415,460	36,690,941
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0		0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	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: _____



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

TRIPLE-S ADVANTAGE, INC.

2. San Juan, PR

NAIC Group Code	1402	BUSINESS IN THE STATE OF	Puerto Rico		DURING THE YEAR					2014		(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
			2	3								NAIC Company Code	11152
	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	43,346							43,346					
2. First Quarter	50,333							50,333					
3. Second Quarter	51,292							51,292					
4. Third Quarter	52,464							52,464					
5. Current Year	50,771							50,771					
6. Current Year Member Months	612,537							612,537					
Total Member Ambulatory Encounters for Year:													
7. Physician	407,509							407,509					
8. Non-Physician	203							203					
9. Total	407,712	0	0	0	0	0	0	407,712	0	0			
10. Hospital Patient Days Incurred	17,686							17,686					
11. Number of Inpatient Admissions	3,261							3,261					
12. Health Premiums Written (b)	539,750,312							539,750,312					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	539,750,312							539,750,312					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services.....	359,734,169							359,734,169					
18. Amount Incurred for Provision of Health Care Services	453,172,853							453,172,853					

(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 \$

30.PR



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

TRIPLE-S ADVANTAGE, INC.

2. San Juan, PR

NAIC Group Code	1402	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR			2014			NAIC Company Code	11152
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	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	43,346	0	0	0	0	0	0	43,346	0	0		
2. First Quarter	50,333	0	0	0	0	0	0	50,333	0	0		
3. Second Quarter	51,292	0	0	0	0	0	0	51,292	0	0		
4. Third Quarter	52,464	0	0	0	0	0	0	52,464	0	0		
5. Current Year	50,771	0	0	0	0	0	0	50,771	0	0		
6. Current Year Member Months	612,537	0	0	0	0	0	0	612,537	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	407,509	0	0	0	0	0	0	407,509	0	0		
8. Non-Physician	203	0	0	0	0	0	0	203	0	0		
9. Total	407,712	0	0	0	0	0	0	407,712	0	0		
10. Hospital Patient Days Incurred	17,686	0	0	0	0	0	0	17,686	0	0		
11. Number of Inpatient Admissions	3,261	0	0	0	0	0	0	3,261	0	0		
12. Health Premiums Written (b)	539,750,312	0	0	0	0	0	0	539,750,312	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	539,750,312	0	0	0	0	0	0	539,750,312	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.....	359,734,169	0	0	0	0	0	0	359,734,169	0	0		
18. Amount Incurred for Provision of Health Care Services	453,172,853	0	0	0	0	0	0	453,172,853	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

30.GT

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
999999 - Totals											

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	(729)	(966)	(523)	(257)	890
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	718	0	0	155	547
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			0	XXX	XXX
18. Funds deposited by and withheld from (F)			0	XXX	XXX
19. Letters of credit (L)			0	XXX	XXX
20. Trust agreements (T)			0	XXX	XXX
21. Other (O)			0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	135,675,561		135,675,561
2. Accident and health premiums due and unpaid (Line 15)	24,929,425		24,929,425
3. Amounts recoverable from reinsurers (Line 16.1)	717,717		717,717
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	77,412,425		77,412,425
6. Total assets (Line 28)	238,735,128	0	238,735,128
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	123,101,360		123,101,360
8. Accrued medical incentive pool and bonus payments (Line 2)	9,478,004		9,478,004
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	50,264,700		50,264,700
15. Total liabilities (Line 24)	182,844,064	0	182,844,064
16. Total capital and surplus (Line 33)	55,891,064	XXX	55,891,064
17. Total liabilities, capital and surplus (Line 34)	238,735,128	0	238,735,128
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		539,750,312					539,750,312		
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	0	539,750,312	0	0	0	0	539,750,312	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	0	539,750,312	0	0	0	0	539,750,312	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.

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

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

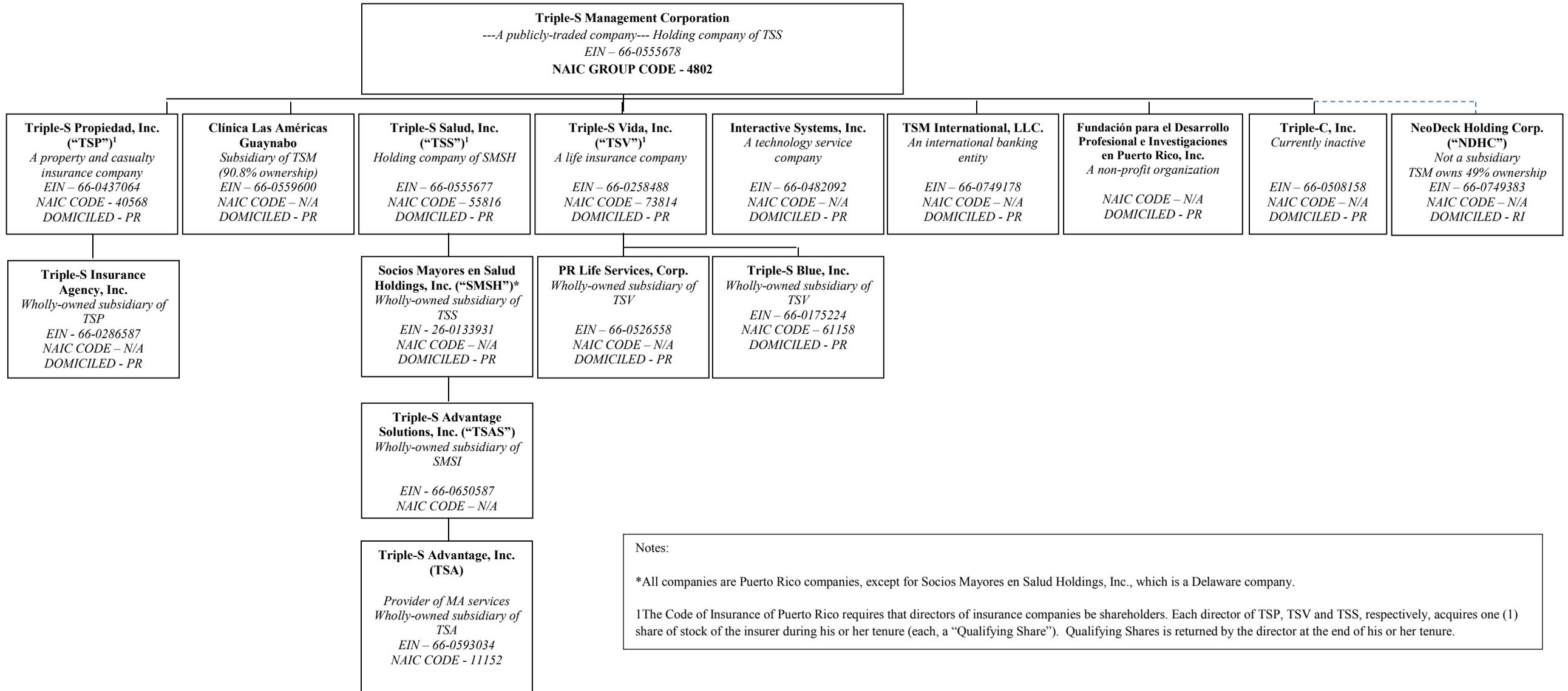
Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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

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

PART 1 - ORGANIZATIONAL CHART



Notes:

*All companies are Puerto Rico companies, except for Socios Mayores en Salud Holdings, Inc., which is a Delaware company.

¹The Code of Insurance of Puerto Rico requires that directors of insurance companies be shareholders. Each director of TSP, TSV and TSS, respectively, acquires one (1) share of stock of the insurer during his or her tenure (each, a "Qualifying Share"). Qualifying Shares is returned by the director at the end of his or her tenure.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
4802	Triple S Grp	11152	66-0593034				Triple S Advantage, Inc.	PR	RE	Triple-S Advantage Solutions, Inc.	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0650587				Triple-S Advantage Solutions, Inc.	PR	UDP	Socios Mayores en Salud Holdings, Inc.	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		26-0133931				Socios Mayores en Salud Holdings	PR	UDP	Triple-S Salud, Inc.	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp	55816	66-0555677				Triple-S Salud, Inc.	PR	UDP	Triple-S Management	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp	40568	66-0437064				Triple-S Propiedad, Inc.	PR	IA	Triple-S Management	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0286587				Triple-S Insurance Agency, Inc.	PR	IA	Triple-S Propiedad, Inc.	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0559600				Clinica Las Americas Guaynabo	PR	IA	Triple-S Management	Ownership	.90.800	Triple-S Management Corporation	1
4802	Triple S Grp	73814	66-0258488				Triple-S Vida, Inc.	PR	IA	Triple-S Management	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0526558				PR Life Services, Corp.	PR	IA	Triple-S Vida, Inc.	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp	61158	66-0175224				Triple-S Blue, Inc.	PR	IA	Triple-S Vida, Inc.	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0482092				Interactive Systems, Inc.	PR	IA	Triple-S Management	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0749178				TSM International, LLC	PR	IA	Triple-S Management	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp						Fundacion Para el Desarrollo Profesional e Investigaciones en PR Inc.	PR	IA	Triple-S Management	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0508158				Triple-C, Inc.	PR	IA	Triple-S Management	Ownership	.100.000	Triple-S Management Corporation	
4802	Triple S Grp		66-0749383				NeoDeck Holding Corp	RI	OTH	Triple-S Management	Ownership	.49.000	Triple-S Management Corporation	1
4802	Triple S Grp		66-0555567			New York Stock Exchange	Triple-S Management Corp	PR	UDP		Board of Directors			

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

- Explanations:
- 11.
 - 12.
 - 13.
 - 14.
 - 15.
 - 16.
 - 17.
 - 18.
 - 19.
 - 20.
 - 21.
 - 22.
 - 23.
 - 24.
 - 25.
 - 26.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
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]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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]



24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



25. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]



26. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Other AR	(51,064)	(51,064)	0	
2597. Summary of remaining write-ins for Line 25 from overflow page	(51,064)	(51,064)	0	0

Additional Write-ins for Statement of Revenue and Expenses Line 47

	1 Current Year	2 Prior Year
4704. Valuation Allowance Elimination	9,795,387	
4705. Deferred Tax Assets Non Admitted	5,823,899	
4706. Novation Intangible	(430,062)	
4707. Income Tax Benefit PL Elimination	2,234,658	
4708. DTL	610,571	
4709. DTA Elimination	(6,051,686)	
4797. Summary of remaining write-ins for Line 47 from overflow page	11,982,767	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.000			0	0.000
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies	48,763,624	36.430	48,763,624		48,763,624	35.941
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	72,064,033	53.837	72,064,033		72,064,033	53.115
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	13,027,185	9.732	14,847,903		14,847,903	10.944
11. Other invested assets		0.000			0	0.000
12. Total invested assets	133,854,842	100.000	135,675,560	0	135,675,560	100.000

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
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 10	
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	125,122,827
2.	Cost of bonds and stocks acquired, Part 3, Column 7	51,676,030
3.	Accrual of discount	62,186
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	260,940
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	55,013,066
7.	Deduct amortization of premium	1,281,260
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)	120,827,657
11.	Deduct total nonadmitted amounts	0
12.	Statement value at end of current period (Line 10 minus Line 11)	120,827,657

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	48,763,624	48,776,880	48,844,242	48,000,000
	2. Canada				
	3. Other Countries				
	4. Totals	48,763,624	48,776,880	48,844,242	48,000,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	72,064,034	73,471,227	73,465,579	69,900,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non- guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	0	0	0	0
Industrial and Miscellaneous and Hybrid Securities (unaffiliated)	8. United States				
	9. Canada				
	10. Other Countries				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	120,827,658	122,248,107	122,309,821	117,900,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	120,827,658	122,248,107	122,309,821	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE D - PART 1A - SECTION 1

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 NAIC 1		48,763,624				48,763,624	40.4	8,813,729	7.0		48,763,624
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	48,763,624	0	0	0	48,763,624	40.4	8,813,729	7.0	0	48,763,624
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	13,023,282	18,555,067	27,452,633		13,033,051	72,064,033	59.6	110,049,356	88.0		72,064,033
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	13,023,282	18,555,067	27,452,633	0	13,033,051	72,064,033	59.6	110,049,356	88.0	0	72,064,033
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

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)											
6.1 NAIC 1						0	0.0	6,259,742	5.0		0
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	0	0	0	0	0	0.0	6,259,742	5.0	0	0
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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 NAIC 1	(d) 13,023,282	67,318,691	27,452,633	0	13,033,051	120,827,657	100.0	XXX	XXX	0	120,827,657
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	13,023,282	67,318,691	27,452,633	0	13,033,051	(b) 120,827,657	100.0	XXX	XXX	0	120,827,657
9.8 Line 9.7 as a % of Col. 6	10.8	55.7	22.7	0.0	10.8	100.0	XXX	XXX	XXX	0.0	100.0
10. Total Bonds Prior Year											
10.1 NAIC 1	2,395,862	85,600,461	32,151,981	4,974,523	0	XXX	XXX	125,122,827	100.0	0	125,122,827
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	2,395,862	85,600,461	32,151,981	4,974,523	0	XXX	XXX	(b) 125,122,827	100.0	0	125,122,827
10.8 Line 10.7 as a % of Col. 8	1.9	68.4	25.7	4.0	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	13,023,282	67,318,691	27,452,633	0	13,033,051	120,827,657	100.0	125,122,827	100.0	XXX	120,827,657
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	13,023,282	67,318,691	27,452,633	0	13,033,051	120,827,657	100.0	125,122,827	100.0	XXX	120,827,657
12.8 Line 12.7 as a % of Col. 6	10.8	55.7	22.7	0.0	10.8	100.0	XXX	XXX	XXX	XXX	100.0
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9	10.8	55.7	22.7	0.0	10.8	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 \$13,027,185 ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE D - PART 1A - SECTION 2

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations		48,763,624				48,763,624	40.4	8,813,729	7.0		48,763,624
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	48,763,624	0	0	0	48,763,624	40.4	8,813,729	7.0	0	48,763,624
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	13,023,282	18,555,067	27,452,633		13,033,051	72,064,033	59.6	110,049,356	88.0		72,064,033
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	13,023,282	18,555,067	27,452,633	0	13,033,051	72,064,033	59.6	110,049,356	88.0	0	72,064,033
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						0	0.0	6,259,742	5.0		0
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	0	0	0	0	0	0.0	6,259,742	5.0	0	0
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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9. Total Bonds Current Year											
9.1 Issuer Obligations	13,023,282	67,318,691	27,452,633	0	13,033,051	120,827,657	100.0	XXX	XXX	0	120,827,657
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	13,023,282	67,318,691	27,452,633	0	13,033,051	120,827,657	100.0	XXX	XXX	0	120,827,657
9.6 Line 9.5 as a % of Col. 6	10.8	55.7	22.7	0.0	10.8	100.0	XXX	XXX	XXX	0.0	100.0
10. Total Bonds Prior Year											
10.1 Issuer Obligations	2,395,862	85,600,461	32,151,981	4,974,523	0	XXX	XXX	125,122,827	100.0	0	125,122,827
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	2,395,862	85,600,461	32,151,981	4,974,523	0	XXX	XXX	125,122,827	100.0	0	125,122,827
10.6 Line 10.5 as a % of Col. 8	1.9	68.4	25.7	4.0	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	13,023,282	67,318,691	27,452,633	0	13,033,051	120,827,657	100.0	125,122,827	100.0	XXX	120,827,657
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	13,023,282	67,318,691	27,452,633	0	13,033,051	120,827,657	100.0	125,122,827	100.0	XXX	120,827,657
12.6 Line 12.5 as a % of Col. 6	10.8	55.7	22.7	0.0	10.8	100.0	XXX	XXX	XXX	XXX	100.0
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9	10.8	55.7	22.7	0.0	10.8	100.0	XXX	XXX	XXX	XXX	100.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

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

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

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule E - Verification - Cash Equivalents

N O N E

Schedule A - Part 1 - Real Estate Owned

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 1 - Mortgage Loans Owned

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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	Coding	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	
912828-PN-4	US Treasury N/B	0			1	15,784,922	105.0000	15,720,750	15,000,000	15,715,899		(69,023)			2.750	1.129	JD		206,250		11/06/2014	12/31/2017
313378-AA-3	Federal Home Loan Bank				1	18,063,030	100.0000	18,043,830	18,000,000	18,050,534		(12,496)			1.375	1.285	MS	77,000		05/02/2014	03/09/2018	
313379-DD-8	Federal Home Loan				1	14,996,290	100.0000	15,012,300	15,000,000	14,997,191		915			1.000	1.008	JD	4,167	150,000	05/02/2014	06/21/2017	
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						48,844,242	XXX	48,776,880	48,000,000	48,763,624	0	(80,604)	0	0	XXX	XXX	XXX		81,167	559,063	XXX	XXX
0599999. Total - U.S. Government Bonds						48,844,242	XXX	48,776,880	48,000,000	48,763,624	0	(80,604)	0	0	XXX	XXX	XXX		81,167	559,063	XXX	XXX
1099999. Total - All Other Government Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX		0	0	XXX	XXX
13063B-FQ-0	California St Taxable- Var Purp				1	3,486,106	110.0000	3,566,193	3,250,000	3,343,820	0	(40,705)			5.750	4.335	MS	62,292	186,875	09/25/2013	03/01/2017	
13063B-FT-4	California St Taxable- Var Purp				1	2,142,000	113.0000	2,254,520	2,000,000	2,065,164		(18,624)			5.950	4.828	MS	39,667	119,000	07/06/2010	03/01/2018	
20774U-PP-4	Connecticut ST HLTH & Educatnl Yale Univ-Ser			1	1	13,660,260	106.0000	13,261,000	12,500,000	13,033,051		(347,004)			5.000	2.095	JJ	312,500	625,000	08/08/2013	07/01/2042	
25477G-CV-5	District Columbia Income Tax R DC Income Tax				1	6,342,202	113.0000	6,486,720	5,765,000	6,245,032		(72,760)			4.673	3.121	JD	22,450	269,398	12/12/2013	12/01/2020	
29270C-YL-3	Energy Northwest Wash Elec Rev				1	3,586,454	101.0000	3,704,604	3,650,000	3,602,518		12,850			2.147	2.538	JJ	39,183	78,366	09/26/2013	07/01/2018	
37338A-K7-0	Georgia ST Qualified SCH Constr Bonds				1	2,578,305	102.0000	2,628,195	2,585,000	2,579,991		1,161			2.250	2.300	FA	24,234	60,263	07/11/2013	02/01/2019	
452152-HQ-7	Illinois St. Bab Taxable				1	13,295,300	101.0000	13,090,740	13,000,000	13,023,282		(134,326)			4.511	3.455	MS	195,477	586,430	09/26/2013	03/01/2015	
546415-F7-0	Louisiana ST TXBL-SER D				1	1,977,960	101.0000	2,012,060	2,000,000	1,983,246		4,510			1.889	2.136	JJ	17,421	37,780	10/24/2013	07/15/2018	
605581-BW-6	Mississippi ST Taxable-Ref-Ser E				1	1,800,000	100.0000	1,807,236	1,800,000	1,800,000					1.366	1.366	JD	2,049	24,588	08/15/2012	12/01/2017	
60636W-NH-1	Missouri ST HIWYS & Trans Comm Build America				1	3,337,350	108.0000	3,241,380	3,000,000	3,180,329		(51,206)			4.443	2.550	MN	22,215	133,290	11/02/2011	05/01/2018	
68607L-XP-7	Oregon St Taxable-Pension			2	1	7,020,030	117.0000	7,021,080	6,000,000	6,951,245		(68,785)			5.762	2.805	JD	28,810	259,290	10/16/2014	06/01/2023	
91523N-KH-8	Univ of Washington Revenues Ref-Txbl-Ser B			2	1	14,239,612	100.0000	14,397,499	14,350,000	14,256,356		25,565			1.635	1.866	JJ	117,311	211,283	03/06/2014	07/01/2020	
1199999. Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations						73,465,579	XXX	73,471,227	69,900,000	72,064,034	0	(689,324)	0	0	XXX	XXX	XXX		883,609	2,591,563	XXX	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds						73,465,579	XXX	73,471,227	69,900,000	72,064,034	0	(689,324)	0	0	XXX	XXX	XXX		883,609	2,591,563	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
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX		0	0	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						122,309,821	XXX	122,248,107	117,900,000	120,827,658	0	(769,928)	0	0	XXX	XXX	XXX		964,776	3,150,626	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						122,309,821	XXX	122,248,107	117,900,000	120,827,658	0	(769,928)	0	0	XXX	XXX	XXX		964,776	3,150,626	XXX	XXX

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
313378-A4-3	Federal Home Loan Bank		02/12/2014	MK/Raymond James		2,502,450	2,500,000	14,705
313378-A4-3	Federal Home Loan Bank		03/04/2014	MK/Raymond James		2,513,275	2,500,000	16,806
313378-A4-3	Federal Home Loan Bank		03/05/2014	MK/Raymond James		4,019,960	4,000,000	27,042
313378-A4-3	Federal Home Loan Bank		03/06/2014	MK/Raymond James		2,510,800	2,500,000	16,997
313378-A4-3	Federal Home Loan Bank		03/12/2014	MK/Raymond James		2,007,200	2,000,000	306
313378-A4-3	Federal Home Loan Bank		03/14/2014	MK/Raymond James		1,508,475	1,500,000	458
313378-A4-3	Federal Home Loan Bank		05/02/2014	MK/Raymond James		3,000,870	3,000,000	6,417
313378-A4-3	Federal Home Loan Bank		01/02/2014	Barclays Capital Inc		2,994,690	3,000,000	1,000
313378-A4-3	Federal Home Loan Bank		03/19/2014	Barclays Capital Inc		2,994,150	3,000,000	7,417
313378-A4-3	Federal Home Loan Bank		05/02/2014	MK/Raymond James		2,001,780	2,000,000	7,444
912828-PN-4	US Treasury N/B 2 3/4 12/31/2017		07/31/2014	MK/Raymond James		3,149,531	3,000,000	7,174
912828-PN-4	US Treasury N/B 2 3/4 12/31/2017		08/11/2014	MK/Raymond James		2,107,188	2,000,000	6,427
912828-PN-4	US Treasury N/B 2 3/4 12/31/2017		08/19/2014	MK/Raymond James		2,109,063	2,000,000	7,622
912828-PN-4	US Treasury N/B 2 3/4 12/31/2017		08/27/2014	MK/Raymond James		3,155,859	3,000,000	13,227
912828-PN-4	US Treasury N/B 2 3/4 12/31/2017		10/29/2014	MK/Raymond James		2,634,375	2,500,000	22,792
912828-PN-4	US Treasury N/B 2 3/4 12/31/2017		11/06/2014	MK/Raymond James		2,628,906	2,500,000	24,287
0599999. Subtotal - Bonds - U.S. Governments						41,838,572	41,000,000	180,121
68607L-XP-7	Oregon St Taxable-Pension		04/02/2014	Citigroup Global MKT		3,468,660	3,000,000	60,501
68607L-XP-7	Oregon St Taxable-Pension		08/15/2014	MK/Raymond James		1,176,250	1,000,000	12,644
68607L-XP-7	Oregon St Taxable-Pension		10/16/2014	MK/Raymond James		2,375,120	2,000,000	44,816
91523N-KH-8	Univ of Washington Revenues Ref-TXBL-SER		03/06/2014	Rene Van Noort		2,617,428	2,655,000	9,336
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions						9,837,458	8,855,000	127,297
8399997. Total - Bonds - Part 3						51,676,030	49,855,000	307,418
8399998. Total - Bonds - Part 5						0	0	0
8399999. Total - Bonds						51,676,030	49,855,000	307,418
8999997. Total - Preferred Stocks - Part 3						0	XXX	0
8999998. Total - Preferred Stocks - Part 5						0	XXX	0
8999999. Total - Preferred Stocks						0	XXX	0
9799997. Total - Common Stocks - Part 3						0	XXX	0
9799998. Total - Common Stocks - Part 5						0	XXX	0
9799999. Total - Common Stocks						0	XXX	0
9899999. Total - Preferred and Common Stocks						0	XXX	0
9999999 - Totals						51,676,030	XXX	307,418

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ Decrease	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	
3137AG-UM-0	Freddie Mac FHR 3940 CB		01/01/2014	Paydown		22,371	22,371	23,581	23,474		(1,103)		(1,103)		22,371			0	56	01/15/2025	
3137AG-UM-0	Freddie Mac FHR 3940 CB		02/01/2014	Paydown		20,277	20,277	21,373	21,276		(1,000)		(1,000)		20,277			0	101	01/15/2025	
3137AG-UM-0	Freddie Mac FHR 3940 CB		03/01/2014	Paydown		23,662	23,662	24,941	24,828		(1,166)		(1,166)		23,662			0	177	01/15/2025	
3137AG-UM-0	Freddie Mac FHR 3940 CB		04/01/2014	Paydown		41,453	41,453	43,694	43,497		(2,043)		(2,043)		41,453			0	415	01/15/2025	
3137AG-UM-0	Freddie Mac FHR 3940 CB		05/01/2014	Paydown		28,329	28,329	29,860	29,725		(1,396)		(1,396)		28,329			0	354	01/15/2025	
3137AG-UM-0	Freddie Mac FHR 3940 CB		05/29/2014	Paydown		14,316	14,316	15,090	15,022		(706)		(706)		14,316			0	215	01/15/2025	
3137AG-UM-0	Freddie Mac FHR 3940 CB		05/29/2014	Barclays Capital Inc		1,638,580	1,572,722	1,657,748	1,650,251		(94)		(94)		1,650,157		(11,577)	(11,577)	23,853	01/15/2025	
0599999. Subtotal - Bonds - U.S. Governments						1,788,988	1,723,130	1,816,287	1,808,073	0	(7,508)	0	(7,508)	0	1,800,565	0	(11,577)	(11,577)	25,171	XXX	
13062T-ZV-9	California ST Taxable		06/18/2014	MK / Raymond James		1,622,914	1,615,000	1,699,238	1,645,467		(24,952)		(24,952)		1,620,515		2,399	2,399	73,671	08/01/2014	
25476F-LE-6	Dist of Columbia Build America		06/18/2014	MK / Raymond James		1,363,425	1,325,000	1,421,407	1,366,556		(13,924)		(13,924)		1,352,632		10,794	10,794	27,077	06/01/2015	
454624-K9-7	Indiana BD BK Rev Bond Indiana State		12/15/2014	Bank of America		4,197,600	4,000,000	4,296,635	4,292,998		(108,426)		(108,426)		4,184,572		13,028	13,028	215,808	08/01/2016	
605590-6V-6	Mississippi ST Taxable-Ser C		03/13/2014	MK / Raymond James		2,578,975	2,500,000	2,481,775	2,483,575		191		191		2,483,765		95,210	95,210	47,004	10/01/2027	
605590-6V-6	Mississippi ST Taxable-Ser C		03/13/2014	MK / Raymond James		2,583,275	2,500,000	2,448,355	2,453,480		534		534		2,454,015		129,260	129,260	47,004	10/01/2027	
605581-BV-8	Mississippi ST Taxable-REF-Ser-E		08/27/2014	UBS Warburg LLC		1,139,994	1,135,000	1,135,000	1,135,000		0		0		1,135,000		4,994	4,994	9,430	12/01/2016	
64971M-50-1	Furure Tax-b-2		12/03/2014	Merrill Lynch		4,653,630	4,500,000	4,737,330	4,683,083		(59,761)		(59,761)		4,623,322		30,308	30,308	136,469	11/01/2016	
64972F-4T-0	New York Citi NY Muni WTR Fin Ref-Ser AA		02/18/2014	Barclays Capital Inc		3,212,460	3,000,000	3,201,990	3,191,787		(3,095)		(3,095)		3,188,692		23,768	23,768	27,500	06/15/2034	
64990E-EH-6	New York ST Dorm Auth TXBL-SER C		03/05/2014	MK / Raymond James		3,976,760	4,000,000	3,985,000	3,988,645		501		501		3,989,145		(12,385)	(12,385)	28,194	03/15/2018	
64990E-EH-6	New York ST Dorm Auth TXBL-SER C		03/06/2014	MK / Raymond James		2,192,189	2,205,000	2,195,225	2,197,594		326		326		2,197,920		(5,732)	(5,732)	15,542	03/15/2018	
64990E-EJ-2	New York ST Dorm Auth Taxable-SER C		03/12/2014	Merrill Lynch		3,959,200	4,000,000	3,843,800	3,848,481		5,740		5,740		3,854,222		104,978	104,978	34,378	03/15/2019	
68607L-24-2	Oregon ST Taxable-ST BRD Higher ED-SER D		06/19/2014	Barclays Capital Inc		1,847,423	1,750,000	1,981,875	1,856,248		(31,999)		(31,999)		1,824,249		23,174	23,174	83,845	08/01/2025	
70914P-AK-8	Pennsylvania ST General Obligation UNLTD		08/06/2014	MK / Raymond James		1,246,859	1,100,000	1,268,696	1,261,618		(25,306)		(25,306)		1,236,312		10,538	10,538	42,778	11/01/2017	
882722-VF-5	Texas ST Build America Bonds-SER A		10/16/2014	UBS Warburg LLC		3,165,150	3,000,000	3,318,690	3,255,305		(37,804)		(37,804)		3,217,501		(52,351)	(52,351)	101,428	04/01/2019	
	Univ of California CA Revenues TXBL-NTS-SER																				
91412G-SB-2	AH		07/08/2014	MK / Raymond James		2,830,035	2,875,000	2,881,829	2,880,599		(540)		(540)		2,880,059		(50,024)	(50,024)	53,069	07/01/2019	
91523N-KH-8	Univ of Washington Revenues Ref-TXBL-SER B		07/01/2014	Call 100.0000		435,000	435,000	437,828	437,488		(2,488)		(2,488)		435,000		0	0	7,112	07/01/2020	
928109-XE-2	Virginia ST Build America Bonds		12/29/2014	MK / Raymond James		4,956,718	4,610,000	5,122,001	5,059,363		(77,844)		(77,844)		4,981,519		(24,801)	(24,801)	234,124	06/01/2029	
93974C-SD-3	Washington ST Taxable-SER 2011T		10/20/2014	MK / Raymond James		1,079,710	1,000,000	1,110,560	1,096,171		(13,379)		(13,379)		1,082,792		(3,082)	(3,082)	44,691	08/01/2019	
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions						47,041,308	45,550,000	47,567,234	47,133,458	0	(392,226)	0	(392,226)	0	46,741,232	0	300,076	300,076	1,229,124	XXX	
037833-AJ-9	Apple Inc. Corporate Bond		10/08/2014	MK / Raymond James		2,943,180	3,000,000	2,966,830	2,970,699		5,184		5,184		2,975,883		(32,703)	(32,703)	28,417	05/03/2018	
037833-AJ-9	Apple Inc. Corporate Bond		10/08/2014	MK / Raymond James		982,830	1,000,000	972,880	973,177		4,707		4,707		977,885		4,945	4,945	9,472	05/03/2018	
478160-AQ-7	Johnson & Johnson Corporate Bond		09/05/2014	UBS Warburg LLC		2,256,760	2,000,000	2,389,340	2,315,866		(59,305)		(59,305)		2,256,561		199	199	118,708	08/15/2017	
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						6,182,770	6,000,000	6,329,050	6,259,742	0	(49,414)	0	(49,414)	0	6,210,329	0	(27,559)	(27,559)	156,597	XXX	
8399997. Total - Bonds - Part 4						55,013,066	53,273,130	55,712,571	55,201,273	0	(449,148)	0	(449,148)	0	54,752,126	0	260,940	260,940	1,410,892	XXX	
8399998. Total - Bonds - Part 5						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8399999. Total - Bonds						55,013,066	53,273,130	55,712,571	55,201,273	0	(449,148)	0	(449,148)	0	54,752,126	0	260,940	260,940	1,410,892	XXX	
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999998. Total - Preferred Stocks - Part 5						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998. Total - Common Stocks - Part 5						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999 - Totals						55,013,066	XXX	55,712,571	55,201,273	0	(449,148)	0	(449,148)	0	54,752,126	0	260,940	260,940	1,410,892	XXX	

E 14

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

N O N E

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

N O N E

Schedule D - Part 6 - Section 2

N O N E

Schedule DA - Part 1 - Short-Term Investments Owned

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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 deposits HMO	600,000			
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	600,000	0	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



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only

For The Year Ended December 31, 2014

(To Be Filed By April 1)

NAIC Group Code 1402.....

NAIC Company Code 11152.....

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves				0.0			
1.2 Without Contract Reserves				0.0			
1.3 Subtotal	0	0	0	0.0	0	0	0
2. Short-Term Medical							
2.1 With Contract Reserves				0.0			
2.2 Without Contract Reserves				0.0			
2.3 Subtotal	0	0	0	0.0	0	0	0
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves				0.0			
3.2 Without Contract Reserves				0.0			
3.3 Subtotal	0	0	0	0.0	0	0	0
4. Specified/Named Disease							
4.1 With Contract Reserves				0.0			
4.2 Without Contract Reserves				0.0			
4.3 Subtotal	0	0	0	0.0	0	0	0
5. Limited Benefit							
5.1 With Contract Reserves				0.0			
5.2 Without Contract Reserves				0.0			
5.3 Subtotal	0	0	0	0.0	0	0	0
6. Student							
6.1 With Contract Reserves				0.0			
6.2 Without Contract Reserves				0.0			
6.3 Subtotal	0	0	0	0.0	0	0	0
7. Accident Only or AD&D							
7.1 With Contract Reserves				0.0			
7.2 Without Contract Reserves				0.0			
7.3 Subtotal	0	0	0	0.0	0	0	0
8. Disability Income - Short - Term							
8.1 With Contract Reserves				0.0			
8.2 Without Contract Reserves				0.0			
8.3 Subtotal	0	0	0	0.0	0	0	0

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long - Term							
9.1 With Contract Reserves				0.0			
9.2 Without Contract Reserves				0.0			
9.3 Subtotal	0	0	0	0.0	0	0	0
10. Long-Term Care							
10.1 With Contract Reserves				0.0			
10.2 Without Contract Reserves				0.0			
10.3 Subtotal	0	0	0	0.0	0	0	0
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves				0.0			
11.2 Without Contract Reserves				0.0			
11.3 Subtotal	0	0	0	0.0	0	0	0
12. Dental							
12.1 With Contract Reserves				0.0			
12.2 Without Contract Reserves				0.0			
12.3 Subtotal	0	0	0	0.0	0	0	0
13. State Children's Health Insurance Program							
13.1 With Contract Reserves				0.0			
13.2 Without Contract Reserves				0.0			
13.3 Subtotal	0	0	0	0.0	0	0	0
14. Medicare							
14.1 With Contract Reserves				0.0			
14.2 Without Contract Reserves	539,750,312	436,667,232		80.9	50,771	50,771	612,537
14.3 Subtotal	539,750,312	436,667,232	0	80.9	50,771	50,771	612,537
15. Medicaid							
15.1 With Contract Reserves				0.0			
15.2 Without Contract Reserves				0.0			
15.3 Subtotal	0	0	0	0.0	0	0	0
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves				0.0			
16.2 Without Contract Reserves				0.0			
16.3 Subtotal	0	0	0	0.0	0	0	0
17. Other Individual Business							
17.1 With Contract Reserves				0.0			
17.2 Without Contract Reserves				0.0			
17.3 Subtotal	0	0	0	0.0	0	0	0
18. Total Individual Business							
18.1 With Contract Reserves				0.0			
18.2 Without Contract Reserves	539,750,312	436,667,232	0	80.9	50,771	50,771	612,537
19. Grand Total Individual	539,750,312	436,667,232	0	80.9	50,771	50,771	612,537

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer				0.0			
1.2 Other Employer				0.0			
1.3 Single Employer Subtotal	0	0	0	0.0	0	0	0
2. Multiple Employer Assns and Trusts				0.0			
3. Other Associations and Discretionary Trusts				0.0			
4. Other Comprehensive Major Medical				0.0			
5. Comprehensive/Major Medical Subtotal	0	0	0	0.0	0	0	0
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease				0.0			
7. Limited Benefit				0.0			
8. Student				0.0			
9. Accident Only or AD&D				0.0			
10. Disability Income - Short-term				0.0			
11. Disability Income - Long-term				0.0			
12. Long-Term Care				0.0			
13. Medicare Supplement (Medigap)				0.0			
14. Federal Employees Health Benefits Plans				0.0			
15. Tricare				0.0			
16. Dental				0.0			
17. Medicare				0.0			
18. Medicare Part D - Stand-Alone				0.0			
19. Other Group Care				0.0			
20. Grand Total Group Business	0	0	0	0.0	0	0	0
C. OTHER BUSINESS							
1. Credit (Individual and Group)				0.0			
2. Stop Loss/Excess Loss				0.0			
3. Administrative Services Only	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX			
5. Grand Total Other Business	0	0	0	0.0	0	0	0
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms				0.0			
2. Grand Total Individual, Group and Other Business	539,750,312	436,667,232	0	80.9	50,771	50,771	612,537

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR
PART 1 – INDIVIDUAL POLICIES
SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	539,750,312	436,667,233		80.9
2. Other Forms Direct Business				0.0
3. Total Direct Business	539,750,312	436,667,233	0	80.9
4. Reinsurance Assumed				0.0
5. Less Reinsurance Ceded				0.0
6. Total	539,750,312	436,667,233	0	80.9

**PART 2 – GROUP POLICIES
SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business				0.0
2. Other Forms Direct Business				0.0
3. Total Direct Business	0	0	0	0.0
4. Reinsurance Assumed				0.0
5. Less Reinsurance Ceded				0.0
6. Total	0	0	0	0.0

**PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY**

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

NONE

**PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	539,750,312	436,667,233	0	80.9
2. Other Forms Direct Business	0	0	0	0.0
3. Total Direct Business	539,750,312	436,667,233	0	80.9
4. Reinsurance Assumed	0	0	0	0.0
5. Less Reinsurance Ceded	0	0	0	0.0
6. Total	539,750,312	436,667,233	0	80.9



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION

TRIPLE-S ADVANTAGE, INC.

2. PO Box 11320 San Juan, PR 00922-1320

NAIC Group Code	1402		BUSINESS IN THE STATE OF Puerto Rico						DURING THE YEAR 2014		(LOCATION) NAIC Company Code 11152				
	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% rule)	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14	
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	539,750,312	.0	.0	539,750,312	XXX	539,750,312
1.2 Federal high risk pools .....													.0	XXX	.0
1.3 State high risk pools .....													.0	XXX	.0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	539,750,312	.0	.0	539,750,312	XXX	539,750,312
1.5 Federal taxes and federal assessments .....													.0		.0
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....													.0		.0
1.6a Community Benefit Expenditures (informational only) .....													.0		.0
1.7 Regulatory authority licenses and fees .....													.0		.0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	539,750,312	.0	.0	539,750,312	XXX	539,750,312
1.9 Net Assumed less Ceded reinsurance premiums earned .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
1.10 Other Adjustments due to MLR calculations - Premiums .....													.0	XXX	.0
1.11 Risk Revenue .....													.0	XXX	.0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	539,750,312	0	0	539,750,312	XXX	539,750,312
2. Claims:															
2.1 Incurred claims excluding prescription drugs													368,085,540		368,085,540
2.2 Prescription drugs													68,581,693		68,581,693
2.3 Pharmaceutical rebates .....													.0	XXX	.0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	16,505,622	0	0	16,505,622	XXX	16,505,622
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0		0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	453,172,855	.0	.0	453,172,855	XXX	453,172,855
5.1 Net Assumed less Ceded reinsurance claims incurred .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
5.2 Other Adjustments due to MLR calculations - Claims .....													.0	XXX	.0
5.3 Rebates paid													XXX	XXX	XXX
5.4 Estimated rebates unpaid prior year													XXX	XXX	XXX
5.5 Estimated rebates unpaid current year													XXX	XXX	XXX
5.6 Fee for service and co-pay revenue .....													.0	XXX	.0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	453,172,855	0	0	453,172,855	XXX	453,172,855

216-1.PR

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10 Government Business (excluded by statute)	11 Other Health Business	12 Aggregate (2% rule)	13 Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6)/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															0
8.2 All other claims adjustment expenses.....										4,019,595			4,019,595		4,019,595
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	4,019,595	0	0	4,019,595	0	4,019,595
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.007	0.000	0.000	XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits										17,816,959			17,816,959		17,816,959
10.2 Agents and brokers fees and commissions.....										2,053,313			2,053,313		2,053,313
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													0		0
10.4 Other general and administrative expenses.....										49,915,334			49,915,334		49,915,334
10.4a Community Benefit Expenditures (informational only)													0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	69,785,605	0	0	69,785,605	0	69,785,605
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	12,772,257	0	0	12,772,257	XXX	12,772,257
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,086,401	XXX	3,086,401
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,774,130	XXX	4,774,130
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,084,528	XXX	11,084,528
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 6.5)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 6.5)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies	50,771												50,771		50,771
2. Number of Covered Lives	50,771												50,771		50,771
3. Number of Groups	XXX			XXX									0		0
4. Member Months	612,537												612,537		612,537

Is run off business reported in Columns 1 through 9? Yes [X] No [] If yes, show the amount of premiums and claims included. Premiums \$539,750,312 Claims \$461,755,526

216-2-PR



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION

TRIPLE-S ADVANTAGE, INC.

2. PO Box 11320 San Juan, PR 00922-1320

NAIC Group Code	1402	BUSINESS IN THE STATE OF	Puerto Rico	DURING THE YEAR							(LOCATION)			
				2014							NAIC Company Code			
											11152			
				Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11
1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Ag gregate (2% rule)	Total (a)		
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group							
1. Health Premiums Earned:														
1.1 Direct premiums written														
									539,750,312			539,750,312		
1.2 Unearned premium prior year														
												0		
1.3 Unearned premium current year														
												0		
1.4 Change in unearned premium (Lines 1.2 - 1.3)														
0	0	0	0	0	0	0	0	0	0	0	0	0		
1.5 Paid rate credits														
												0		
1.6 Reserve for rate credits current year														
												0		
1.7 Reserve for rate credits prior year														
												0		
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)														
0	0	0	0	0	0	0	0	0	0	0	0	0		
1.9 Premium balances written off														
												0		
1.10 Group conversion charge														
												0		
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)														
0	0	0	0	0	0	0	0	0	539,750,312	0	0	539,750,312		
1.12 Assumed premiums earned from non-affiliates														
												0		
1.13 Net Assumed less Ceded premiums earned from affiliates														
												0		
1.14 Ceded premiums earned to non-affiliates														
												0		
1.15 Other Adjustments due to MLR calculation - Premiums														
												0		
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)														
0	0	0	0	0	0	0	0	0	539,750,312	0	0	539,750,312		
2. Direct Claims Incurred:														
2.1 Paid claims during the year														
									436,667,233			436,667,233		
2.2 Direct claim liability current year														
												0		
2.3 Direct claim liability prior year														
												0		
2.4 Direct claim reserves current year														
												0		
2.5 Direct claim reserves prior year														
												0		
2.6 Direct contract reserves current year														
												0		
2.7 Direct contract reserves prior year														
												0		
2.8 Paid rate credits														
												0		
2.9 Reserve for rate credits current year														
												0		
2.10 Reserve for rate credits prior year														
												0		
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)														
0	0	0	0	0	0	0	0	0	16,505,622	0	0	16,505,622		
2.11a Paid medical incentive pools and bonuses current year														
									23,685,350			23,685,350		
2.11b Accrued medical incentive pools and bonuses current year														
									9,478,004			9,478,004		
2.11c Accrued medical incentive pools and bonuses prior year														
									16,657,732			16,657,732		
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)														
0	0	0	0	0	0	0	0	0	0	0	0	0		
2.12a Healthcare receivables current year														
												0		
2.12b Healthcare receivables prior year														
												0		
2.13 Group conversion charge														
												0		
2.14 Multi-option coverage blended rate adjustment														
												0		
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)														
0	0	0	0	0	0	0	0	0	453,172,855	0	0	453,172,855		
2.16 Assumed incurred claims from non-affiliates														
												0		
2.17 Net assumed less ceded incurred claims from affiliates														
												0		
2.18 Ceded incurred claims to non-affiliates														
												0		
2.19 Other adjustments due to MLR calculation - Claims														
												0		
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)														
0	0	0	0	0	0	0	0	0	453,172,855	0	0	453,172,855		
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)														
												0		

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

216-3-PR



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

TRIPLE-S ADVANTAGE, INC.

2. PO Box 11320 San Juan, PR 00922-1320

NAIC Group Code	1402	BUSINESS IN THE STATE OF	Puerto Rico	DURING THE YEAR						(LOCATION) NAIC Company Code		11152
		All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses			
			1	2	3	4	5	6	7	8	9	10
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:											
	1.1	Salaries (including \$ for affiliated services) .....						.0				.0
	1.2	Outsourced Services .....						.0				.0
	1.3	EDP Equipment and Software (incl \$ for affiliated services) .....						.0				.0
	1.4	Other Equipment (excl. EDP) (incl \$ for affiliated services) .....						.0				.0
	1.5	Accreditation and Certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	.0				.0
	1.6	Other Expenses (incl \$ for affiliated services) .....						.0				.0
	1.7	Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.8	Reimbursements by uninsured plans and fiscal intermediaries .....						.0				.0
	1.9	Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX		.0
	1.10	Total (1.7 to 1.9) .....	.0	.0	.0	.0	.0	.0	.0	.0		.0
	1.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						.0				.0
2.	Small Group Comprehensive Coverage Expenses:											
	2.1	Salaries (including \$ for affiliated services) .....						.0				.0
	2.2	Outsourced Services .....						.0				.0
	2.3	EDP Equipment and Software (incl \$ for affiliated services) .....						.0				.0
	2.4	Other Equipment (excl. EDP) (incl \$ for affiliated services) .....						.0				.0
	2.5	Accreditation and Certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	.0				.0
	2.6	Other Expenses (incl \$ for affiliated services) .....						.0				.0
	2.7	Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.8	Reimbursements by uninsured plans and fiscal intermediaries .....						.0				.0
	2.9	Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX		.0
	2.10	Total (2.7 to 2.9) .....	.0	.0	.0	.0	.0	.0	.0	.0		.0
	2.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						.0				.0
3.	Large Group Comprehensive Coverage Expenses:											
	3.1	Salaries (including \$ for affiliated services) .....						.0				.0
	3.2	Outsourced Services .....						.0				.0
	3.3	EDP Equipment and Software (incl \$ for affiliated services) .....						.0				.0
	3.4	Other Equipment (excl. EDP) (incl \$ for affiliated services) .....						.0				.0
	3.5	Accreditation and Certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	.0				.0
	3.6	Other Expenses (incl \$ for affiliated services) .....						.0				.0
	3.7	Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.8	Reimbursements by uninsured plans and fiscal intermediaries .....						.0				.0
	3.9	Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX		.0
	3.10	Total (3.7 to 3.9) .....	.0	.0	.0	.0	.0	.0	.0	.0		.0
	3.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						.0				.0

216-4.PR

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

216-5.PR

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

216-6.PR

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10 Government Business (excluded by statute)	11 Other Health Business	12 Aggregate (2% rule)	13 Subtotal (Cols. 1 through 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6)/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses.....	0	0	0	0	0	0	0	0	0	4,019,595	0	0	4,019,595	0	4,019,595
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	4,019,595	0	0	4,019,595	0	4,019,595
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.007	0.000	0.000	XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	17,816,959	0	0	17,816,959	0	17,816,959
10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0	2,053,313	0	0	2,053,313	0	2,053,313
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses.....	0	0	0	0	0	0	0	0	0	49,915,334	0	0	49,915,334	0	49,915,334
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	69,785,605	0	0	69,785,605	0	69,785,605
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	12,772,257	0	0	12,772,257	XXX	12,772,257
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,086,401	XXX	3,086,401
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,774,130	XXX	4,774,130
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,084,528	XXX	11,084,528
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	50,771	0	0	0	0	0	0	0	0	0	0	0	50,771	0	50,771
2. Number of Covered Lives	50,771	0	0	0	0	0	0	0	0	0	0	0	50,771	0	50,771
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	612,537	0	0	0	0	0	0	0	0	0	0	0	612,537	0	612,537

Is run off business reported in Columns 1 through 9? Yes [] No [] If yes, show the amount of premiums and claims included. Premiums \$539,750,312 Claims \$461,755,526

216-2-GT



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION

TRIPLE-S ADVANTAGE, INC.

2. PO Box 11320 San Juan, PR 00922-1320

NAIC Group Code	1402	BUSINESS IN THE STATE OF	Grand Total	DURING THE YEAR										(LOCATION)											
				2014										NAIC Company Code											
				Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13									
				1	2	3	4	5	6	7	8	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Ag gregate (2% rule)	Total (a)									
1.																									
1.1																									
1.2																									
1.3																									
1.4																									
1.5																									
1.6																									
1.7																									
1.8																									
1.9																									
1.10																									
1.11																									
1.12																									
1.13																									
1.14																									
1.15																									
1.16																									
2.																									
2.1																									
2.2																									
2.3																									
2.4																									
2.5																									
2.6																									
2.7																									
2.8																									
2.9																									
2.10																									
2.11																									
2.11a																									
2.11b																									
2.11c																									
2.12																									
2.12a																									
2.12b																									
2.13																									
2.14																									
2.15																									
2.16																									
2.17																									
2.18																									
2.19																									
2.20																									
3.																									

(a) Column 13, Line 1.1 includes direct written premium of \$0 for stand-alone dental and \$0 for stand-alone vision policies.

216-3-GT



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

TRIPLE-S ADVANTAGE, INC.

2. PO Box 11320 San Juan, PR 00922-1320

NAIC Group Code	1402	BUSINESS IN THE STATE OF	Grand Total	DURING THE YEAR						(LOCATION)		11152	
				2014						NAIC Company Code			
All Expenses				Improving Health Care Quality Expenses						Claims Adjustment Expenses		Total Expenses (6 to 9)	
				1	2	3	4	5	6	7	8	9	10
				Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:												
	1.1	Salaries (including \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.2	Outsourced Services	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.3	EDP Equipment and Software (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.4	Other Equipment (excl. EDP) (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.5	Accreditation and Certification (incl \$0 for affiliated services)	.0	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	1.6	Other Expenses (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.7	Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.8	Reimbursements by uninsured plans and fiscal intermediaries	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.9	Taxes, Licenses and Fees (in total, for tying purposes)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	1.10	Total (1.7 to 1.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.	Small Group Comprehensive Coverage Expenses:												
	2.1	Salaries (including \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.2	Outsourced Services	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.3	EDP Equipment and Software (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.4	Other Equipment (excl. EDP) (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.5	Accreditation and Certification (incl \$0 for affiliated services)	.0	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	2.6	Other Expenses (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.7	Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.8	Reimbursements by uninsured plans and fiscal intermediaries	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.9	Taxes, Licenses and Fees (in total, for tying purposes)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	2.10	Total (2.7 to 2.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	2.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.	Large Group Comprehensive Coverage Expenses:												
	3.1	Salaries (including \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.2	Outsourced Services	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.3	EDP Equipment and Software (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.4	Other Equipment (excl. EDP) (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.5	Accreditation and Certification (incl \$0 for affiliated services)	.0	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
	3.6	Other Expenses (incl \$0 for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.7	Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.8	Reimbursements by uninsured plans and fiscal intermediaries	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.9	Taxes, Licenses and Fees (in total, for tying purposes)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
	3.10	Total (3.7 to 3.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	3.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

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SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

216-6.GT



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code 1402

NAIC Company Code 11152

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

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



Audited Financial Information



Accountant's Letter of Qualifications



Communication of Internal Control Related Matters Noted in Audit



Management's Report of Internal Control Over Financial Reporting



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



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



Relief from the Requirements for Audit Committees



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

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

Of The TRIPLE-S ADVANTAGE, INC.
ADDRESS (City, State and Zip Code) Guaynabo , PR 00969
NAIC Group Code 1402 NAIC Company Code 11152 Federal Employer's Identification Number (FEIN) 66-0593034

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

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

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$ 238,735,128

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01	California ST		\$ 5,408,984	2.3 %
2.02	Conneticut ST HLTH & EDUC		\$ 13,033,051	5.5 %
2.03	District Columbia Income Tax		\$ 6,245,032	2.6 %
2.04	Energy Northwest Wash elec Rev		\$ 3,602,518	1.5 %
2.05	Georgia ST		\$ 2,579,991	1.1 %
2.06	Illinois St. Bab		\$ 13,023,282	5.5 %
2.07	Louisiana ST		\$ 1,983,246	0.8 %
2.08	Missouri ST HWYS & TRANS COMM		\$ 3,180,329	1.3 %
2.09	Oregon ST		\$ 6,951,245	2.9 %
2.10	University of Washington Revenues		\$ 14,256,356	6.0 %

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

	Bonds	1	2	Preferred Stocks	3	4
3.01	NAIC-1	\$ 120,827,657	50.6 %	3.07 P/RP-1	\$	0.0 %
3.02	NAIC-2	\$ 0	0.0 %	3.08 P/RP-2	\$	0.0 %
3.03	NAIC-3	\$ 0	0.0 %	3.09 P/RP-3	\$	0.0 %
3.04	NAIC-4	\$ 0	0.0 %	3.10 P/RP-4	\$	0.0 %
3.05	NAIC-5	\$ 0	0.0 %	3.11 P/RP-5	\$	0.0 %
3.06	NAIC-6	\$ 0	0.0 %	3.12 P/RP-6	\$	0.0 %

4. Assets held in foreign investments:

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

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

4.02 Total admitted assets held in foreign investments..... \$ 0.0 %

4.03 Foreign-currency-denominated investments \$ 0.0 %

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

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

11.01	Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.			
		<u>1</u>	<u>2</u>
11.02	Total admitted assets held in Canadian investments	\$	0.0 %
11.03	Canadian-currency-denominated investments	\$	0.0 %
11.04	Canadian-denominated insurance liabilities	\$	0.0 %
11.05	Unhedged Canadian currency exposure	\$	0.0 %

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

12.01	Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.			
		<u>1</u>	<u>2</u>
12.02	Aggregate statement value of investments with contractual sales restrictions	\$	0.0 %
Largest three investments with contractual sales restrictions:			
12.03	.....	\$ .....	0.0 %
12.04	.....	\$ .....	0.0 %
12.05	.....	\$ .....	0.0 %

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

13.01	Are assets held in equity interests less than 2.5% of the reporting entity's total admitted assets?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.			
		<u>1</u>	<u>2</u>
	<u>Issuer</u>		<u>3</u>
13.02	.....	\$ .....	0.0 %
13.03	.....	\$ .....	0.0 %
13.04	.....	\$ .....	0.0 %
13.05	.....	\$ .....	0.0 %
13.06	.....	\$ .....	0.0 %
13.07	.....	\$ .....	0.0 %
13.08	.....	\$ .....	0.0 %
13.09	.....	\$ .....	0.0 %
13.10	.....	\$ .....	0.0 %
13.11	.....	\$ .....	0.0 %

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

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

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

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

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

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

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

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

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

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

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

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

Description	1	2	3
	19.02 Aggregate statement value of investments held in mezzanine real estate loans: .....	\$ .....	.....	0.0 %
Largest three investments held in mezzanine real estate loans:			
19.03 .....	\$ .....	.....	0.0 %
19.04 .....	\$ .....	.....	0.0 %
19.05 .....	\$ .....	.....	0.0 %

SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

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

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

	Owned		3	Written	
	1	2		4	5
21.01 Hedging	\$ .....	.....0.0 %	\$ .....	.....0.0 %	\$
21.02 Income generation	\$ .....	.....0.0 %	\$ .....	.....0.0 %	\$
21.03 Other	\$ .....	.....0.0 %	\$ .....	.....0.0 %	\$

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

	At Year End		1st Quarter 3	At End of Each Quarter	
	1	2		2nd Quarter 4	3rd Quarter 5
22.01 Hedging	\$0	.....0.0 %	\$	\$	\$
22.02 Income generation	\$0	.....0.0 %	\$	\$	\$
22.03 Replications	\$0	.....0.0 %	\$	\$	\$
22.04 Other	\$0	.....0.0 %	\$	\$	\$

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

	At Year End		1st Quarter 3	At End of Each Quarter	
	1	2		2nd Quarter 4	3rd Quarter 5
23.01 Hedging	\$0	.....0.0 %	\$	\$	\$
23.02 Income generation	\$ .....	.....0.0 %	\$	\$	\$
23.03 Replications	\$ .....	.....0.0 %	\$	\$	\$
23.04 Other	\$ .....	.....0.0 %	\$	\$	\$

Long-Term Care Experience Reporting Form 1

N O N E

Long-Term Care Experience Reporting Form 2A - Individual

N O N E

Long-Term Care Experience Reporting Form 2B - Group

N O N E

Long-Term Care Experience Reporting Form 2C - Summary

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 4

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 4

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 4

N O N E

Long-Term Care Experience Reporting Form 4

N O N E



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

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

REPORTING YEAR 2014
(To Be Filed By April 1)

NAIC Group Code 1402

NAIC Company Code 11152

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

Management's Discussion and Analysis

On September 1, 2014, the name of American Health, Inc. was changed to Triple-S Advantage, Inc. (“TSA”) to consolidate the Company’s Medical Advantage products offer and maximize investment in a single line of products. Triple-S Advantage, Inc.(“TSA”), is a subsidiary of Socios Mayores en Salud, Inc. (“Parent Company”), which is a subsidiary of Socios Mayores en Salud Holding, Inc. (“SMS Holding”).

On December 31, 2014, Triple-S Salud (“TSS”) transferred to Triple-s Advantage, Inc. (“TSA”) (formerly American Health, Inc.) all MA contracts and related assets and liabilities, as established in the Novation Agreement previously approved by CMS. These contracts were effective until December 31, 2014. TSS was not able to request CMS in a timely manner continuance of TSS MA contracts. During the 2014 enrollment open period, TSA made all the necessary efforts to enroll and retain members under these TSS MA contracts. The Novation Agreement signed by Triple-S Salud, Inc. (TSS), Triple-s Advantage, Inc. (TSA) (formerly American Health, Inc.) and Centers for Medicare and Medicaid Services (CMS) was made on July 14, 2014. At the date the agreement was finalized, TSS and TSA were already related entities under common control, resulting in no change in control at the parent level after the transfer of the contracts. In conclusion, the transfer of the MA Contracts and related net assets do not qualify as a business combination, and the managements concluded that the transfer of the MA contracts and related assets and liabilities qualifies as a transfer of net assets among entities under common control and should be accounted for at the carrying value of the net assets prospectively. No gain or loss should be recorded as a result of the transfer

On February 7, 2011, SMS Holdings entered into a stock purchase agreement with Triple S Salud, Inc. (“TSS”), which is a wholly owned subsidiary of Triple S Management Corporation (“TSM”), effective January 31, 2011. Pursuant to this agreement, TSS acquired all stock of SMS Holdings. The Company accounted for this acquisition in accordance with the provisions of Statement of Statutory Accounting Principles (SSAP) No. 68 *Business Combination and Goodwill and Statement of Statutory Accounting Principles*, (SSAP) No. 97 *Investments in Subsidiary, Controlled and Affiliated Entities*, a replacement of SSAP No. 88 *Investments in Subsidiary, Controlled and Affiliated Entities*.

The Company is subject to the regulations of the Commissioner of Insurance of the Commonwealth of Puerto Rico (“the Commissioner”). The Company provides Medicare Advantage Plan (“The Plan”) coverage to residents of Puerto Rico who are eligible for Medicare benefits. The Plan offered by the Company provides plan members with full Medicare benefits plus coverage of Medicare deductibles, co-payment amounts and additional benefits that Medicare does not provide. The Company operates as an HMO whereby members will be covered for care provided by physicians, hospitals and other healthcare providers.

The Company offers the Plan pursuant to a contract with the United States Centers for Medicare and Medicaid Services (“CMS”), a federal agency within the U.S. Department of Health and Human Services. Under the terms of this contract, CMS pays the Company a fixed amount for each healthcare member of the Company’s coordinated care plan and the Company provides the member with coverage for the healthcare services provided. The contract expired on December 31, 2014, and can be renewed annually for a period of one year, as defined in the contract agreement. The contact was renewed effective January 1, 2015 for a period of one year.

In addition, the Company provides Medicare Platino (“Platino Plan”) to eligible members pursuant to a contract agreement between the Puerto Rico Health Insurance Administration (“ASES”) and the Company. The Platino Plan offered by the Company provides members full Medicare benefits, plus coverage of Medicare similar to those provided by the Government Health Insurance Plan (“GHIP”). The Company provides such services through a premium paid by the Commonwealth of Puerto Rico to cover the benefits required by the GHIP, which extend beyond those offered by the Medicare coverage. The contract expired on December 31, 2014 and can be renewed for a period of one year, as defined in the contract agreement. The contract was renewed effective January 1, 2015 for a period of one year.

The Company continues to operate as a separate health plan organization.



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF
 NAIC Group Code 1402 NAIC Company Code 11152
 ADDRESS (City, State and Zip Code) San Juan , PR 00922-1320
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012; 2013; 2014			
										11 Premiums Earned	14 Number of Covered Lives		15 Premiums Earned	18 Number of Covered Lives		
											Incurring Claims			Incurring Claims		
										12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: ,
 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: ,
 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 1402

(To Be Filed by March 1)

NAIC Company Code 11152

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE



Non-Guaranteed Opinion for Exhibit 5



Participating Opinion for Exhibit 5



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULES SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2014

(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH, TITLE AND HEALTH INSURANCE BLANKS

TO THE ANNUAL STATEMENT OF THE
TRIPLE-S ADVANTAGE, INC.

COMPANY

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

AnswerYES

If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?

AnswerYES

If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?

AnswerYES

If the answer is "No" explain in detail below. Attach separate sheet if necessary.

(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

To be answered by Life and A & H Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Summary of Operations.....
- c. Surplus Account.....

To be answered by Property and Casualty Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Statement of Income.....
- c. Capital and Surplus Account.....

To be answered by Title Insurance Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Statement of Income - Operations and Investment Exhibit.....
- c. Capital and Surplus Account.....

To be answered by Health Insurance Companies:

- a. Statement of Assets, Liabilities, Capital and Surplus.....
- b. Statement of Revenue and Expenses.....
- c. Capital and Surplus Account.....

	Column A		Column B	
	Yes	No	Yes	No
a. Statement of Assets, Liabilities, Surplus and Other Funds.....		X		X
b. Summary of Operations.....		X		X
c. Surplus Account.....		X		X
To be answered by Property and Casualty Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds.....		X		X
b. Statement of Income.....		X		X
c. Capital and Surplus Account.....		X		X
To be answered by Title Insurance Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds.....		X		X
b. Statement of Income - Operations and Investment Exhibit.....		X		X
c. Capital and Surplus Account.....		X		X
To be answered by Health Insurance Companies:				
a. Statement of Assets, Liabilities, Capital and Surplus.....	X		X	
b. Statement of Revenue and Expenses.....	X		X	
c. Capital and Surplus Account.....	X		X	

Schedule SIS III

N O N E

Schedule SIS IV

N O N E

Supplemental Compensation Exhibit
***** Not Authorized *****

Life Supplement Cover

N O N E

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts

N O N E

Life Supplement - Exhibit 5 - Interrogatories

N O N E

Life Supplement - Exhibit 7 - Deposit-Type Contracts

N O N E

Life Supplement - Schedule S - Part 1 - Section 1

N O N E

Life Supplement - Schedule S - Part 3 - Section 1

N O N E



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR 2014

NAIC Group Code 1402

LIFE INSURANCE

NAIC Company Code 11152

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



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

FOR THE YEAR ENDED DECEMBER 31, 2014
(To Be Filed by April 1)

OF THE TRIPLE-S ADVANTAGE, INC. NAIC COMPANY CODE 11152

DIRECT BUSINESS IN THE STATE OF:

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



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

FOR THE YEAR ENDED DECEMBER 31, 2014
(To Be Filed by April 1)

OF THE TRIPLE-S ADVANTAGE, INC. NAIC COMPANY CODE 11152

DIRECT BUSINESS IN THE STATE OF:

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

NONE

Life Supplement - Analysis of Annuity Operations by Lines of Business

N O N E

Life Supplement - Analysis of Annuity Operations by Lines of Business Overflow Page

N O N E

Life Supplement - Analysis of Increase in Annuity Reserves During the Year

N O N E

P&C Supplement Cover

N O N E

P&C Supplement - Schedule F - Part 1

N O N E

P&C Supplement - Schedule F - Part 3

N O N E

P&C Supplement - Schedule P - Part 1 - Summary

N O N E

P&C Supplement - Schedule P - Part 1A - Homeowners/Farmowners

N O N E

P&C Supplement - Schedule P - Part 1B - Private Passenger Auto Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

P&C Supplement - Schedule P - Part 1E - Commercial Multiple Peril

N O N E

P&C Supplement - Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

P&C Supplement - Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

N O N E

P&C Supplement - Schedule P - Part 1J - Auto Physical Damage

N O N E

P&C Supplement - Schedule P - Part 1K - Fidelity/Surety

N O N E

P&C Supplement - Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

P&C Supplement - Schedule P - Part 1M - International

N O N E

P&C Supplement - Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

P&C Supplement - Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

P&C Supplement - Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

P&C Supplement - Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

P&C Supplement - Schedule P - Part 1T - Warranty

N O N E

P&C Supplement - Schedule P - Part 2 - Summary

N O N E

P&C Supplement - Schedule P - Part 2A - Homeowners/Farmowners

N O N E

P&C Supplement - Schedule P - Part 2B - Private Passenger Auto Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

P&C Supplement - Schedule P - Part 2E - Commercial Multiple Peril

N O N E

P&C Supplement - Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

P&C Supplement - Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 2I - Special Property

N O N E

P&C Supplement - Schedule P - Part 2J - Auto Physical Damage

N O N E

P&C Supplement - Schedule P - Part 2K - Fidelity/Surety

N O N E

P&C Supplement - Schedule P - Part 2L - Other (Including Credit, Accident and Health)

N O N E

P&C Supplement - Schedule P - Part 2M - International

N O N E

P&C Supplement - Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

P&C Supplement - Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

P&C Supplement - Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

P&C Supplement - Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

P&C Supplement - Schedule P - Part 2T - Warranty

N O N E



SUPPLEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1402

BUSINESS IN THE STATE OF

DURING THE YEAR 2014

NAIC Company Code 11152

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

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

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

PS208

P&C Supplement - Insurance Expense Exhibit - Cover

N O N E

P&C Supplement - Insurance Expense Exhibit - Interrogatories

N O N E

P&C Supplement - Insurance Expense Exhibit - Part I - Allocation to Expense Groups

N O N E

P&C Supplement - Insurance Expense Exhibit - Part II

N O N E

P&C Supplement - Insurance Expense Exhibit - Part III

N O N E

P&C Supplement - Insurance Expense Exhibit - Overflow Page for Write-Ins

N O N E

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.

Prior Year Validation Data

1.	XXASU900029	PYPPage ASSETS L28C3 = ASSETS L28C4.....	153,062,541
2.	XXASN000272	PYPPage REVEX2 L49C1 = REVEX2 L33C1.....	53,649,800
3.	XXASU900102	PYPPage ASSETS L05 C1 = CASH L19.1C1.....	6,761,297
4.	XXASU900066	PYPPage SCAVER L09C2 = SCAVER L01C2.....	0
5.	XXASU900067	PYPPage SCBVER L11C2 = SCBVER L01C2.....	0
6.	XXASU900068	PYPPage SCBAVER L11C2 = SCBAVER L01C2.....	0
7.	XXASU090298	PYPPage SCDVER L10C2 = SCDVER L01C2.....	125,122,827
8.	XXASU095082	PYPPage SCDAPT1 L9199999C8 = SCDAYER L01C1.....	0
9.	XXASU099985	PYPPage SCDBPTCSN2 L07C9 = SCDBPTCSN2 L01C1.....	0
10.	XXASU099986	PYPPage SCDBPTCSN2 L07C10 = SCDBPTCSN2 L01C2.....	0
11.	XXASU900058	PYPPage SCEPT2 L8699999C6 = SCEVER L01C1.....	0
12.	XXASN000339	PYPPage REVEX1 L02C2 = GENINTPT2 L02.2C5.....	519,920,154
13.	XXASN000341	PYPPage LIAB L01C3 + L02C3 + L04C3 + L07C3 = GENINTPT2 L02.5C5.....	68,735,262
14.	XXAAU900307	PYPPage SHCEPT1 - GT L05.5C15 = SHCEPT1 - GT L05.4C15.....	0
15.	PXASU900138	PYPPage SCDBPTAVER L09C2 = SCDBPTAVER L09C1.....	0
16.	PXASU900140	PYPPage SCDBPTBVER L06C4 = SCDBPTBVER L01C4.....	0
17.	PXASU900141	PYPPage SCDBPTBSN1 L1449999C15 = SCDBPTBVER L03.12C1.....	0
18.	PXASU900142	PYPPage SCDBPTBSN1 L1449999C18 = SCDBPTBVER L03.14C1.....	0
19.	PXASU900143	PYPPage SCDBPTBSN1 L1449999C17 = SCDBPTBVER L03.22C1.....	0
20.	PXASU900144	PYPPage SCDBPTBSN1 L1449999C19 = SCDBPTBVER L03.24C1.....	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRIPLE-S ADVANTAGE, INC.
ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer TRIPLE-S ADVANTAGE, INC.
 Date _____ FEIN 66-0593034
 NAIC Group # 1402 NAIC Company # 11152

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.	MARCH	APRIL	JUNE
1. Is this the first time you've submitted this filing? (Y/N)			
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)			
3. Is this being re-filed due to changes to the data originally filed? (Y/N) (IF "YES", ENCLOSE HARD COPY PAGES FOR THE CHANGES.)			
4. Other? (Y/N) (If "yes", attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

Lurdeska Z. Figueroa

Phone: 787-620-1919

Address: Metro Office Park, Triple-S Advantage Building Guaynabo PR 00969

D. Software Vendor: Eagle Technology Management

Version: 2014

E. Have material validation failures been addressed in the explanation file?

Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2014 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name)

_____(version number) _____

Signed

Type Name and Title:
