



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
 OF THE CONDITION AND AFFAIRS OF THE

American Dental Providers of Arkansas, Inc.

NAIC Group Code 0119 , 0119 NAIC Company Code 11559 Employer's ID Number 58-2302163
(Current Period) (Prior Period)

Organized under the Laws of Arkansas , State of Domicile or Port of Entry Arkansas
 Country of Domicile United States

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

Incorporated/Organized 01/29/1997 Commenced Business 03/20/1997

Statutory Home Office c/oCSC300SpringBldg,Ste900,300S.SpringSt , Little Rock, AR 72201
(Street and Number) (City, State and Zip Code)

Main Administrative Office 100 Mansell Court East, Suite 400
(Street and Number)
Roswell, GA 30076 770-998-8936
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 100 Mansell Court East, Suite 400 , Rosell, GA 30076
(Street and Number or P.O. Box) (City, State and Zip Code)

Primary Location of Books and Records 100 Mansell Court East, Suite 400
(Street and Number)
Roswell, GA 30076 770-998-8936
(City, State and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.compbenefits.com

Statutory Statement Contact Sophia Chen , 502-580-3766
(Name) (Area Code) (Telephone Number) (Extension)
schen@humana.com 502-580-2099
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Gerald Lawrence Ganoni</u> ,	<u>President</u>	<u>Joan Olliges Lenahan</u> ,	<u>VP & Corporate Secretary</u>
<u>James Harry Bloem</u> ,	<u>Sr. VP, CFO & Treasurer</u>	<u>Frank Murray Amrine</u> ,	<u>Appointed Actuary</u>

OTHER OFFICERS

<u>George Grant Bauernfeind</u> ,	<u>Vice President</u>	<u>Elizabeth Diane Bierbower #</u>	<u>COO-Specialty Benefits</u>
<u>John Gregory Catron</u> ,	<u>Vice President</u>	<u>John Edward Lumpkins</u> ,	<u>Vice President</u>
<u>Heidi Suzanne Margulis</u> ,	<u>Sr. Vice President</u>	<u>Mark Matthew Matzke</u> ,	<u>VP-Dental Segment Lead</u>
<u>Kathleen Stephenson Pellegrino</u> ,	<u>VP & Asst. Secretary</u>	<u>Gilbert Alan Stewart</u> ,	<u>Vice President</u>
<u>William Joseph Tait</u> ,	<u>Vice President</u>	<u>Gary Dean Thompson</u> ,	<u>Vice President</u>
<u>Melissa Louise Weaver M.D. #</u> ,	<u>Vice President</u>	<u>Tod James Zacharias</u> ,	<u>Vice President</u>

DIRECTORS OR TRUSTEES

<u>Michael Benedict McCallister</u>	<u>James Elmer Murray</u>	<u>Melissa Louise Weaver M.D. #</u>
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State of Kentucky **ss**
 County of Jefferson

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.

<u>Gerald Lawrence Ganoni</u> President	<u>Joan Olliges Lenahan</u> VP & Corporate Secretary	<u>James Harry Bloem</u> Sr. VP, CFO & Treasurer
Subscribed and sworn to before me this <u>25th</u> day of <u>February</u> , 2010		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 _____
<u>Julia Basham Notary Public</u> January 10, 2013		

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0799999 Gross health care receivables	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE American Dental Providers of Arkansas, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE American Dental Providers of Arkansas, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana Inc.	Reimbursements from expenditure made directly by Humana inc. for the benefit of American Dental Providers of Arkansas Inc. or for the services provided by Humana Inc. for the company. The direct expenditures include payments for medical related items, trade payables and payroll related items. The services provided include and are not limited to actuarial, underwriting, billing and enrollment, claims administration, customer services, utilization, management, financial analysis, legal, tax, budgeting, data processing and marketing.	67,994	67,944	
0199999 Individually listed payables		67,994	67,944	0
0299999 Payables not individually listed				
0399999 Total gross payables		67,994	67,944	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE American Dental Providers of Arkansas, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	793	100.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	793	100.0	0	0
Other Payments:						
5. Fee-for-service	4,125	4.6	XXX	XXX		4,125
6. Contractual fee payments	84,932	95.4	XXX	XXX		84,932
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	89,057	100.0	XXX	XXX	0	89,057
13. Total (Line 4 plus Line 12)	89,057	100 %	XXX	XXX	0	89,057

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	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE American Dental Providers of Arkansas, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

American Dental Providers of Arkansas, Inc.

2.

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2009

NAIC Company Code

11559

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	414					161	253			
2. First Quarter	568					196	372			
3. Second Quarter	813					432	381			
4. Third Quarter	797					414	383			
5. Current Year	793					401	392			
6. Current Year Member Months	9,480					4,948	4,532			
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	162,540					52,552	109,988			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	162,662					52,674	109,988			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	89,058					42,821	46,237			
18. Amount Incurred for Provision of Health Care Services	94,108					43,403	50,705			

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

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

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE American Dental Providers of Arkansas, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

American Dental Providers of Arkansas, Inc.

2.

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2009

NAIC Company Code

11559

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	414	0	0	0	0	161	253	0	0	0
2. First Quarter	568	0	0	0	0	196	372	0	0	0
3. Second Quarter	813	0	0	0	0	432	381	0	0	0
4. Third Quarter	797	0	0	0	0	414	383	0	0	0
5. Current Year	793	0	0	0	0	401	392	0	0	0
6. Current Year Member Months	9,480	0	0	0	0	4,948	4,532	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	162,540	0	0	0	0	52,552	109,988	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	162,662	0	0	0	0	52,674	109,988	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	89,058	0	0	0	0	42,821	46,237	0	0	0
18. Amount Incurred for Provision of Health Care Services	94,108	0	0	0	0	43,403	50,705	0	0	0

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

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

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	420,653		420,653
2. Accident and health premiums due and unpaid (Line 13).....	9,846		9,846
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	5,028		5,028
6. Total assets (Line 26)	435,527	0	435,527
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	12,022	0	12,022
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	1,677		1,677
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	74,233		74,233
13. Total liabilities (Line 22).....	87,932	0	87,932
14. Total capital and surplus (Line 31).....	347,595	XXX	347,595
15. Total liabilities, capital and surplus (Line 32)	435,527	0	435,527
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE American Dental Providers of Arkansas, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
69671	61-1041514	Humana Health Insurance Co FL, Inc.					81,505,227	216,891,436			298,396,663	
00000	61-1343508	Humana Marketpoint, Inc.					341,412,037				341,412,037	
00000	61-1241225	Humana Military Healthcare Services, Inc.					(27,714,050)				(27,714,050)	
95270	61-1103898	Humana Medical Plan, Inc.	192,000,000				(460,301,279)	(216,891,436)			(485,192,715)	
95885	61-1013183	Humana Health Plan, Inc.					(230,069,062)	(136,149,966)			(366,219,028)	
95348	31-1154200	Humana Health Plan of Ohio, Inc.	4,000,000				(26,985,622)	(242,815,788)			(265,801,410)	
95024	61-0994632	Humana Health Plan of Texas, Inc.	5,000,000				(44,161,965)	(354,991,822)			(394,153,787)	
54739	52-1157181	The Dental Concern, Inc.	800,000				(2,227,063)				(1,427,063)	
00000	61-0647538	Humana Inc.	(774,050,000)	131,917,329			962,812,926				320,680,255	
00000	61-1232669	Managed Care Indemnity, Inc.	60,000,000				28,900,000				88,900,000	
00000	61-1223418	Health Value Management, Inc.					(32,474,293)				(32,474,293)	
95342	39-1525003	Humana WI Health Org. Insurance Corp.	5,000,000				(19,167,007)	(99,206,956)			(113,373,963)	
73288	39-1263473	Humana Insurance Company	320,000,000				(287,554,482)	980,419,338			1,012,864,856	
52028	39-3654697	The Dental Concern, Ltd.	250,000				61,278				311,278	
95519	58-2209549	Humana Employers Health Plan of GA, Inc.					(22,517,369)	(147,254,806)			(169,772,175)	
70580	39-0714280	HumanaDental Insurance Company	22,000,000				(19,833,268)				2,166,732	
88595	31-0935772	Empheys Insurance Company					(253,417)				(253,417)	
60219	61-1311605	Humana Insurance Company of Kentucky					(1,962,379)				(1,962,379)	
00000	66-0291866	PCA Insurance Group of Puerto Rico, Inc.					(457,144)				(457,144)	
00000	66-0406896	PCA Health Plans of Puerto Rico, Inc.					(1,249,422)				(1,249,422)	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.					(107,975,007)				(107,975,007)	
95092	59-2598550	CarePlus Health Plans, Inc.	20,000,000				(45,824,648)				(25,824,648)	
12634	20-2888723	Humana Insurance Company of New York					(17,456,353)				(17,456,353)	
95158	61-1279717	CHA HMO					204,894				204,894	
00000	61-1383567	HUM-e-FL, Inc.									0	
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.									0	
00000	58-93028	Humana Health Enterprises UK Ltd.									(12,917,329)	
00000	26-0010657	CAC-Florida Medical Centers, LLC					(4,469,037)				(4,469,037)	
00000	61-1316926	Humana Pharmacy, Inc.					(2,951,357)				(2,951,357)	
00000	61-1343791	Humana Innovation Enterprises, Inc.					(2,419)				(2,419)	
00000	20-2620891	Green Ribbon Health, LLC					14,454				14,454	
00000	75-2043865	Corphealth, Inc.					(2,398,613)				(2,398,613)	
00000	20-1377270	KMG America Corporation									(115,000,000)	
65110	57-0380426	Kanawha Insurance Co.					(5,516,153)				(5,516,153)	
00000	74-2352809	Texas Dental Plans, Inc.					(33,943)				(33,943)	
12908	20-8411422	Humana Medical Plan of Utah					(489,382)				(489,382)	
95107	56-1796975	American Dental Plan of NC					(133,922)				(133,922)	
11559	58-2302163	American Dental Providers of AR					(38,054)				(38,054)	
12250	63-1063101	CompBenefits of Alabama	500,000				(75,037)				424,963	
52015	59-2531815	CompBenefits Company					(21,690,097)				(21,690,097)	
95161	76-0039628	DentiCare, Inc.	2,000,000				(4,576,771)				(2,576,771)	
11228	36-3686002	CompBenefits Dental, Inc.	1,500,000				(3,522,624)				(2,022,624)	

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 filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- | | |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will 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 Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

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

MARCH FILING

- | | |
|--|--------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 14. 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..... |
| 15. 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..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|---|--------------|
| 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 19. 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..... |

Explanation:

- 10. Business not written
- 11. Business not written
- 12. Business not written
- 13. Business not written
- 14. Business not written
- 15. Business not written
- 16. Business not written
- 17. Business not written
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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