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

# HEALTH ANNUAL STATEMENT

**FOR THE YEAR ENDING DECEMBER 31, 2003**

of the Condition and Affairs of the

# HealthLink HMO, Inc.

NAIC Group Code..... 0742, 0742 (Current Period) (Prior Period) NAIC Company Code..... 96475 Employer's ID Number..... 43-1616135

Organized under the Laws of Missouri State of Domicile or Port of Entry Missouri Country of Domicile US

Licensed as Business Type Health Maintenance Organization

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

Date Incorporated or Organized..... July 29, 1992 Date Commenced Business..... January 14, 1993

| | | |
|---|---|---|
| Statutory Home Office | 12443 Olive Boulevard ..... St. Louis ..... MO ..... 63141<br>*(Street and Number) (City or Town, State and Zip Code)* | |
| Main Administrative Office | 4553 La Tienda Drive ..... Thousand Oaks ..... CA ..... 91362<br>*(Street and Number) (City or Town, State and Zip Code)* | 877-864-2273<br>*(Area Code) (Telephone Number)* |
| Mail Address | 4553 La Tienda Drive ..... Thousand Oaks ..... CA ..... 91362<br>*(Street and Number or P. O. Box) (City or Town, State and Zip Code)* | |
| Primary Location of Books and Records | 4553 La Tienda Drive ..... Thousand Oaks ..... CA ..... 91362<br>*(Street and Number) (City or Town, State and Zip Code)* | 877-864-2273<br>*(Area Code) (Telephone Number)* |
| Internet Website Address | www.healthlink.com | |
| Statutory Statement Contact | Stewart Levine<br>*(Name)* | 805-557-5546<br>*(Area Code) (Telephone Number) (Extension)* |
| | *stewart.levine@wellpoint.com*<br>*(E-Mail Address)* | *805-557-5119*<br>*(Fax Number)* |
| Policyowner Relations Contact | 12443 Olive Boulevard ..... St. Louis ..... MO ..... 63141<br>*(Street and Number) (City or Town, State and Zip Code)* | 314-989-6032<br>*(Area Code) (Telephone Number) (Extension)* |

## OFFICERS

President ..... David Timothy Ott
Chief Financial Officer..... James Darrell Kenneth Lindgren
Secretary ..... Thomas Christopher Geiser

## VICE PRESIDENTS

## DIRECTORS OR TRUSTEES

John Allen O'Rourke
David Timothy Ott
Leonard David Schaeffer

State of..... California
County of..... Ventura

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.

| | | |
|---|---|---|
| (Signature) | (Signature) | (Signature) |
| David Timothy Ott | Thomas Christopher Geiser | James Darrell Kenneth Lindgren |
| (Printed Name) | (Printed Name) | (Printed Name) |
| President | Secretary | Chief Financial Officer |

Subscribed and sworn to before me this

.....day of February, 2004

.....

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.....

# EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| **A&H Premiums Due and Unpaid** | | | | | | |
| 0299998. Premiums due and unpaid not individually listed | 391,533 | 43,238 | | | | 434,771 |
| 0299999. Total group | 391,533 | 43,238 | 0 | 0 | 0 | 434,771 |
| 0599999. Accident and health premiums due and unpaid (Page 2, Line 12) | 391,533 | 43,238 | 0 | 0 | 0 | 434,771 |

# EXHIBIT 4 - HEALTH CARE RECEIVABLES

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|

**NONE**

# EXHIBIT 5 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

## Aging Analysis of Unpaid Claims

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| **Claims Unpaid (Reported)** | | | | | | |
| 0399999. Aggregate accounts not individually listed - covered | (11,799) | | | | | (11,799) |
| 0499999. Subtotals | (11,799) | 0 | 0 | 0 | 0 | (11,799) |
| 0699999. Total amounts withheld | | | | | | 240,164 |
| 0799999. Total claims unpaid | | | | | | 228,365 |

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

| 1 | 2 | 3 | 4 | 5 | 6 | Admitted | |
|---|---|---|---|---|---|---|---|
| | | | | | | 7 | 8 |
| Name of Affiliate | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current | Non-Current |
| **Amounts Due From Parent, Subsidiaries and Affiliates** | | | | | | | |
| HealthLink, Inc. | 1,596,943 | | | | | 1,596,943 | |
| Proserv | 129,078 | | | 115,624 | 115,624 | 129,078 | |
| R&P Realty | 43 | | | | | 43 | |
| | 16 | | | | | 16 | |
| 0199999. Individually listed receivables | 1,726,080 | 0 | 0 | 115,624 | 115,624 | 1,726,080 | 0 |
| 0299999. Receivables not individually listed | 2 | | | | | 2 | |
| 0399999. Total gross amounts receivable | 1,726,081 | 0 | 0 | 115,624 | 115,624 | 1,726,081 | 0 |

# EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Affiliate | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|---|---|---|---|
| **Amounts Due To Parent, Subsidiaries and Affiliates** | | | | |
| Wellpoint Health Networks | Allocated Administrative Expenses, Allocation of 4th Qtr estimated tax payments | 26,554 | 26,554 | |
| Unicare National Services Inc | Allocated Administrative Expenses | 47 | 47 | |
| Blue Cross of California | Allocated Administrative Expenses | 38,919 | 38,919 | |
| Unicare Health Plans of the Midwest | Allocated Administrative Expenses | 400 | 400 | |
| RightCHOICE Managed Care, Inc | Allocated Administrative Expenses | 15,511 | 15,511 | |
| Healthy Alliance Life Insurance Company | Allocated Administrative Expenses | 1,682 | 1,682 | |
| CCI | Allocated Administrative Expenses | 1,034 | 1,034 | |
| Unicare Life & Health Insurance Company | Allocated Administrative Expenses | 9,964 | 9,964 | |
| BCBS Georgia | Allocated Administrative Expenses | 702 | 702 | |
| Wellpoint Development Company, Inc | Allocated Administrative Expenses | 492 | 492 | |
| 0199999. Individually listed payables | | 95,305 | 95,305 | 0 |
| 0399999. Total gross payables | | 95,305 | 95,305 | 0 |

# EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|---|---|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 2,226,089 | 34.2 | 24,207 | 36.1 | | 2,226,089 |
| 2. Intermediaries | 232,082 | 3.6 | 20,865 | 31.1 | | 232,082 |
| 3. All other providers | 1,116,580 | 17.1 | 22,069 | 32.9 | | 1,116,580 |
| 4. Total capitation payments | 3,574,751 | 54.9 | 67,141 | 100.0 | 0 | 3,574,751 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 2,832,189 | 43.5 | XXX | XXX | | |
| 6. Contractual fee payments | | 0.0 | XXX | XXX | | |
| 7. Bonus/withhold arrangements - fee-for-service | | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 106,596 | 1.6 | XXX | XXX | | 106,596 |
| 9. Non-contingent salaries | | 0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | | 0.0 | XXX | XXX | | |
| 11. All other payments | | 0.0 | XXX | XXX | | 2,832,189 |
| 12. Total other payments | 2,938,785 | 45.1 | XXX | XXX | 0 | 2,938,785 |
| 13. Total (Line 4 plus Line 12) | 6,513,536 | 100.0 | XXX | XXX | 0 | 6,513,536 |

# EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>Intermediary's Authorized Control Level RBC |
|---|---|---|---|---|---|
| **Transactions with Intermediaries** | | | | | |
| | BOYCE & BYNUM PATHOLOGY LAB PC | 88,802 | 7,400 | | |
| | NATIONAL HEALTH LAB INC DBA LAB CORP | 3,166 | 264 | | |
| | NETWORK REFERENCE LAB | 880 | 73 | | |
| | QUEST DIAGNOSTICS CLINICAL LAB | 105,345 | 8,779 | | |
| | ROCHE BIOMEDICAL LABS DBA LABC | 20,267 | 1,689 | | |
| | TRI LAB LLC | 9,398 | 783 | | |
| | UNIVERSITY HOSPITALS & CLINICS | 4,224 | 352 | | |
| 9999999. Totals | | 232,082 | XXX | XXX | XXX |

# EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR (Location)

NAIC Group Code.....0742 NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 0 | | | | | | | | | | | | |
| 2. First quarter | 0 | | | | | | | | | | | | |
| 3. Second quarter | 0 | | | | | | | | | | | | |
| 4. Third quarter | 0 | | | | | | | | | | | | |
| 5. Current year | 0 | | | | | | | | | | | | |
| 6. Current year member months | 0 | | | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 0 | | | | | | | | | | | | |
| 8. Non-physician | 0 | | | | | | | | | | | | |
| 9. Totals | 0 | 0 | 0 | 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 collected | 0 | | | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 0 | | | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 0 | | | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 0 | | | | | | | | | | | | |

NONE

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

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....0742 NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 14,431 | 93 | 14,338 | | | | | | | | | | |
| 2. First quarter | 25,851 | 91 | 25,760 | | | | | | | | | | |
| 3. Second quarter | 23,971 | 83 | 23,888 | | | | | | | | | | |
| 4. Third quarter | 23,661 | 82 | 23,579 | | | | | | | | | | |
| 5. Current year | 24,525 | 81 | 24,444 | | | | | | | | | | |
| 6. Current year member months | 295,993 | 1,013 | 294,980 | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 129,126 | 472 | 128,654 | | | | | | | | | | |
| 8. Non-physician | 15,313 | 49 | 15,264 | | | | | | | | | | |
| 9. Totals | 144,439 | 521 | 143,918 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 9,458 | 33 | 9,425 | | | | | | | | | | |
| 11. Number of inpatient admissions | 2,572 | 8 | 2,564 | | | | | | | | | | |
| 12. Health premiums collected | 6,876,290 | 24,996 | 6,851,294 | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 7,102,883 | 25,780 | 7,077,103 | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 6,513,536 | 23,641 | 6,489,895 | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 6,639,742 | 24,031 | 6,615,711 | | | | | | | | | | |

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

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR (Location)

NAIC Group Code.....0742 NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 6,521 | | 6,521 | | | | | | | | | | |
| 2. First quarter | 7,915 | | 7,915 | | | | | | | | | | |
| 3. Second quarter | 5,919 | | 5,919 | | | | | | | | | | |
| 4. Third quarter | 5,677 | | 5,677 | | | | | | | | | | |
| 5. Current year | 6,580 | | 6,580 | | | | | | | | | | |
| 6. Current year member months | 80,701 | | 80,701 | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 28,909 | | 28,909 | | | | | | | | | | |
| 8. Non-physician | 4,858 | | 4,858 | | | | | | | | | | |
| 9. Totals | 33,767 | 0 | 33,767 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 2,429 | | 2,429 | | | | | | | | | | |
| 11. Number of inpatient admissions | 925 | | 925 | | | | | | | | | | |
| 12. Health premiums collected | 1,563,870 | | 1,563,870 | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 1,623,791 | | 1,623,791 | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 1,489,060 | | 1,489,060 | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 1,532,526 | | 1,532,526 | | | | | | | | | | |

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

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR (Location)

NAIC Group Code.....0742 NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 7,910 | 93 | 7,817 | | | | | | | | | | |
| 2. First quarter | 17,936 | 91 | 17,845 | | | | | | | | | | |
| 3. Second quarter | 18,052 | 83 | 17,969 | | | | | | | | | | |
| 4. Third quarter | 17,984 | 82 | 17,902 | | | | | | | | | | |
| 5. Current year | 17,945 | 81 | 17,864 | | | | | | | | | | |
| 6. Current year member months | 215,292 | 1,013 | 214,279 | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 100,217 | 472 | 99,745 | | | | | | | | | | |
| 8. Non-physician | 10,455 | 49 | 10,406 | | | | | | | | | | |
| 9. Totals | 110,672 | 521 | 110,151 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 7,029 | 33 | 6,996 | | | | | | | | | | |
| 11. Number of inpatient admissions | 1,647 | 8 | 1,639 | | | | | | | | | | |
| 12. Health premiums collected | 5,312,420 | 24,996 | 5,287,424 | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 5,479,092 | 25,780 | 5,453,312 | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 5,024,476 | 23,641 | 5,000,835 | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 5,107,216 | 24,031 | 5,083,185 | | | | | | | | | | |

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

# SCHEDULE A - VERIFICATION BETWEEN YEARS

| | | |
|---|---|---|
| 1. | Book/adjusted carrying value, December 31, prior year (prior year statement) | |
| 2. | Increase (decrease) by adjustment: | |
| | 2.1 Totals, Part 1, Column 10 | |
| | 2.2 Totals, Part 3, Column 7 | |
| 3. | Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) | |
| 4. | Cost of additions and permanent improvements: | |
| | 4.1 Totals, Part 1, Column 13 | |
| | 4.2 Totals, Part 3, Column 9 | |
| 5. | Total profit (loss) on sales, Part 3, Column 14 | |
| 6. | Increase (decrease) by foreign exchange adjustment: | |
| | 6.1 Totals, Part 1, Column 11 | |
| | 6.2 Totals, Part 3, Column 8 | |
| 7. | Amounts received on sales, Part 3, Column 11 and Part 1, Column 12 | |
| 8. | Book/adjusted carrying value at end of current period | 0 |
| 9. | Total valuation allowance | |
| 10. | Subtotal (Lines 8 plus 9) | 0 |
| 11. | Total nonadmitted amounts | |
| 12. | Statement value, current period (Page 2, real estate lines, current period) | 0 |

NONE

# SCHEDULE B - VERIFICATION BETWEEN YEARS

| | | | |
|---|---|---|---|
| 1. | Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year | | |
| 2. | Amount loaned during year: | | |
| | 2.1 Actual cost at time of acquisitions | | |
| | 2.2 Additional investment made after acquisitions | | 0 |
| 3. | Accrual of discount and mortgage interest points and commitment fees | | |
| 4. | Increase (decrease) by adjustment | | |
| 5. | Total profit (loss) on sale | | |
| 6. | Amounts paid on account or in full during the year | | |
| 7. | Amortization of premium | | |
| 8. | Increase (decrease) by foreign exchange adjustment | | |
| 9. | Book value/recorded investment excluding accrued interest on mortgages owned at end of current period | | 0 |
| 10. | Total valuation allowance | | |
| 11. | Subtotal (Lines 9 plus 10) | | 0 |
| 12. | Total nonadmitted amounts | | |
| 13. | Statement value of mortgages owned at end of current period | | 0 |

NONE

# SCHEDULE BA - VERIFICATION BETWEEN YEARS

| | | | |
|---|---|---|---|
| 1. | Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year | | |
| 2. | Cost of acquisitions during year: | | |
| | 2.1 Actual cost at time of acquisitions | | |
| | 2.2 Additional investment made after acquisitions | | 0 |
| 3. | Accrual of discount | | |
| 4. | Increase (decrease) by adjustment | | |
| 5. | Total profit (loss) on sale | | |
| 6. | Amounts paid on account or in full during the year | | |
| 7. | Amortization of premium | | |
| 8. | Increase (decrease) by foreign exchange adjustment | | |
| 9. | Book/adjusted carrying value of long-term invested assets at end of current period | | 0 |
| 10. | Total valuation allowance | | |
| 11. | Subtotal (Lines 9 plus 10) | | 0 |
| 12. | Total nonadmitted amounts | | |
| 13. | Statement value of long-term invested assets at end of current period | | 0 |

NONE

# 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

| Quality Rating per the NAIC Designation | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. **U.S. Governments, Schedules D & DA (Group 1)** | | | | | | | | | | | |
| 1.1 Class 1 | 4,193,159 | 9,748,279 | 900,000 | | | 14,841,438 | 68.4 | 5,794,040 | 27.8 | 14,841,438 | |
| 1.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 1.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 1.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 1.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 1.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 1.7 Totals | 4,193,159 | 9,748,279 | 900,000 | 0 | 0 | 14,841,438 | 68.4 | 5,794,040 | 27.8 | 14,841,438 | 0 |
| 2. **All Other Governments, Schedules D & DA (Group 2)** | | | | | | | | | | | |
| 2.1 Class 1 | | | | | | 0 | 0.0 | | | | |
| 2.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 2.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 2.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 2.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 2.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 2.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 3. **States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)** | | | | | | | | | | | |
| 3.1 Class 1 | | | | | | 0 | 0.0 | | | | |
| 3.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 3.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 3.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 3.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 3.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 3.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)** | | | | | | | | | | | |
| 4.1 Class 1 | | | | | | 0 | 0.0 | | | | |
| 4.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 4.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 4.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 4.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 4.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 4.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)** | | | | | | | | | | | |
| 5.1 Class 1 | | | | | | 0 | 0.0 | | | | |
| 5.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 5.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 5.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 5.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 5.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 5.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

| Quality Rating per the NAIC Designation | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)** | | | | | | | | | | | |
| 6.1 Class 1 | | | | | | 0 | 0.0 | | | | |
| 6.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 6.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 6.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 6.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 6.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 6.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)** | | | | | | | | | | | |
| 7.1 Class 1 | 6,846,875 | | | | | 6,846,875 | 31.6 | 15,057,597 | 72.2 | 6,846,875 | |
| 7.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 7.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 7.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 7.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 7.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 7.7 Totals | 6,846,875 | 0 | 0 | 0 | 0 | 6,846,875 | 31.6 | 15,057,597 | 72.2 | 6,846,875 | 0 |
| 8. **Credit Tenant Loans, Schedules D & DA (Group 8)** | | | | | | | | | | | |
| 8.1 Class 1 | | | | | | 0 | 0.0 | | | | |
| 8.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 8.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 8.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 8.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 8.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 8.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)** | | | | | | | | | | | |
| 9.1 Class 1 | | | | | | 0 | 0.0 | | | | |
| 9.2 Class 2 | | | | | | 0 | 0.0 | | | | |
| 9.3 Class 3 | | | | | | 0 | 0.0 | | | | |
| 9.4 Class 4 | | | | | | 0 | 0.0 | | | | |
| 9.5 Class 5 | | | | | | 0 | 0.0 | | | | |
| 9.6 Class 6 | | | | | | 0 | 0.0 | | | | |
| 9.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 1 (continued)

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

| Quality Rating per the NAIC Designation | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10. **Total Bonds Current Year** | | | | | | | | | | | |
| 10.1 Class 1 | 11,040,034 | 9,748,279 | 900,000 | 0 | 0 | 21,688,313 | 100.0 | XXX | XXX | 21,688,313 | 0 |
| 10.2 Class 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.3 Class 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.4 Class 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.5 Class 5 | 0 | 0 | 0 | 0 | 0 | (c) 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.6 Class 6 | 0 | 0 | 0 | 0 | 0 | (c) 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.7 Totals | 11,040,034 | 9,748,279 | 900,000 | 0 | 0 | (b) 21,688,313 | 100.0 | XXX | XXX | 21,688,313 | 0 |
| 10.8 Line 10.7 as a % of Col. 6 | 50.9 | 44.9 | 4.1 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | 0.0 |
| 11. **Total Bonds Prior Year** | | | | | | | | | | | |
| 11.1 Class 1 | 15,817,442 | 2,739,195 | 2,295,000 | | | XXX | XXX | 20,851,637 | 100.0 | 20,851,637 | |
| 11.2 Class 2 | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.3 Class 3 | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.4 Class 4 | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.5 Class 5 | | | | | | XXX | XXX | (c) 0 | 0.0 | | |
| 11.6 Class 6 | | | | | | XXX | XXX | (c) 0 | 0.0 | | |
| 11.7 Totals | 15,817,442 | 2,739,195 | 2,295,000 | 0 | 0 | XXX | XXX | (b) 20,851,637 | 100.0 | 20,851,637 | 0 |
| 11.8 Line 11.7 as a % of Col. 8 | 75.9 | 13.1 | 11.0 | 0.0 | 0.0 | XXX | XXX | 100.0 | XXX | 100.0 | 0.0 |
| 12. **Total Publicly Traded Bonds** | | | | | | | | | | | |
| 12.1 Class 1 | 11,040,034 | 9,748,279 | 900,000 | | | 21,688,313 | 100.0 | 20,851,637 | 100.0 | 21,688,313 | XXX |
| 12.2 Class 2 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.3 Class 3 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.4 Class 4 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.5 Class 5 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.6 Class 6 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.7 Totals | 11,040,034 | 9,748,279 | 900,000 | 0 | 0 | 21,688,313 | 100.0 | 20,851,637 | 100.0 | 21,688,313 | XXX |
| 12.8 Line 12.7 as a % of Col. 6 | 50.9 | 44.9 | 4.1 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 | 50.9 | 44.9 | 4.1 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 13. **Total Privately Placed Bonds** | | | | | | | | | | | |
| 13.1 Class 1 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.2 Class 2 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.3 Class 3 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.4 Class 4 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.5 Class 5 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.6 Class 6 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.8 Line 13.7 as a % of Col. 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |
| 13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |

(a) Includes $.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $.....0 current year, $.....0 prior year of bonds with Z designations and $.....0 current year, $.....0 prior year of bonds with Z* designation. 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 $.....0 current year, $.....0 prior year of bonds with 5* designations and $.....0 current year, $.....0 prior year of bonds with 6* designation. "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.

# SCHEDULE D - PART 1A - SECTION 2

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

| Distribution by Type | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. **U.S. Governments, Schedules D & DA (Group 1)** | | | | | | | | | | | |
| 1.1 Issuer Obligations | 4,193,159 | 9,748,279 | 900,000 | | | 14,841,438 | 68.4 | 5,794,040 | 27.8 | 14,841,438 | |
| 1.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| 1.7 Totals | 4,193,159 | 9,748,279 | 900,000 | 0 | 0 | 14,841,438 | 68.4 | 5,794,040 | 27.8 | 14,841,438 | 0 |
| 2. **All Other Governments, Schedules D & DA (Group 2)** | | | | | | | | | | | |
| 2.1 Issuer Obligations | | | | | | 0 | 0.0 | | | | |
| 2.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 2.3 Defined | | | | | | 0 | 0.0 | | | | |
| 2.4 Other | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 2.5 Defined | | | | | | 0 | 0.0 | | | | |
| 2.6 Other | | | | | | 0 | 0.0 | | | | |
| 2.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 3. **States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)** | | | | | | | | | | | |
| 3.1 Issuer Obligations | | | | | | 0 | 0.0 | | | | |
| 3.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 3.3 Defined | | | | | | 0 | 0.0 | | | | |
| 3.4 Other | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 3.5 Defined | | | | | | 0 | 0.0 | | | | |
| 3.6 Other | | | | | | 0 | 0.0 | | | | |
| 3.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)** | | | | | | | | | | | |
| 4.1 Issuer Obligations | | | | | | 0 | 0.0 | | | | |
| 4.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 4.3 Defined | | | | | | 0 | 0.0 | | | | |
| 4.4 Other | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 4.5 Defined | | | | | | 0 | 0.0 | | | | |
| 4.6 Other | | | | | | 0 | 0.0 | | | | |
| 4.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)** | | | | | | | | | | | |
| 5.1 Issuer Obligations | | | | | | 0 | 0.0 | | | | |
| 5.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 5.3 Defined | | | | | | 0 | 0.0 | | | | |
| 5.4 Other | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 5.5 Defined | | | | | | 0 | 0.0 | | | | |
| 5.6 Other | | | | | | 0 | 0.0 | | | | |
| 5.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 2 (continued)

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

| Distribution by Type | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)** | | | | | | | | | | | |
| 6.1 Issuer Obligations | | | | | | 0 | 0.0 | | | | |
| 6.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 6.3 Defined | | | | | | 0 | 0.0 | | | | |
| 6.4 Other | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 6.5 Defined | | | | | | 0 | 0.0 | | | | |
| 6.6 Other | | | | | | 0 | 0.0 | | | | |
| 6.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)** | | | | | | | | | | | |
| 7.1 Issuer Obligations | 6,846,875 | | | | | 6,846,875 | 31.6 | 15,057,597 | 72.2 | 6,846,875 | |
| 7.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 7.3 Defined | | | | | | 0 | 0.0 | | | | |
| 7.4 Other | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 7.5 Defined | | | | | | 0 | 0.0 | | | | |
| 7.6 Other | | | | | | 0 | 0.0 | | | | |
| 7.7 Totals | 6,846,875 | 0 | 0 | 0 | 0 | 6,846,875 | 31.6 | 15,057,597 | 72.2 | 6,846,875 | 0 |
| 8. **Credit Tenant Loans, Schedules D & DA (Group 8)** | | | | | | | | | | | |
| 8.1 Issuer Obligations | | | | | | 0 | 0.0 | | | | |
| 8.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |
| 9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)** | | | | | | | | | | | |
| 9.1 Issuer Obligations | | | | | | 0 | 0.0 | | | | |
| 9.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 9.3 Defined | | | | | | 0 | 0.0 | | | | |
| 9.4 Other | | | | | | 0 | 0.0 | | | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 9.5 Defined | | | | | | 0 | 0.0 | | | | |
| 9.6 Other | | | | | | 0 | 0.0 | | | | |
| 9.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 2 (continued)

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

| Distribution by Type | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10. **Total Bonds Current Year** | | | | | | | | | | | |
| 10.1 Issuer Obligations | 11,040,034 | 9,748,279 | 900,000 | 0 | 0 | 21,688,313 | 100.0 | XXX | XXX | 21,688,313 | 0 |
| 10.2 Single Class Mortgage-Backed/Asset-Backed Securities | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 10.3 Defined | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.4 Other | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 10.5 Defined | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.6 Other | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.7 Totals | 11,040,034 | 9,748,279 | 900,000 | 0 | 0 | 21,688,313 | 100.0 | XXX | XXX | 21,688,313 | 0 |
| 10.8 Line 10.7 as a % of Col. 6 | 50.9 | 44.9 | 4.1 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | 0.0 |
| 11. **Total Bonds Prior Year** | | | | | | | | | | | |
| 11.1 Issuer Obligations | 15,817,442 | 2,739,195 | 2,295,000 | | | XXX | XXX | 20,851,637 | 100.0 | 20,851,637 | |
| 11.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | XXX | XXX | 0 | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 11.3 Defined | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.4 Other | | | | | | XXX | XXX | 0 | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 11.5 Defined | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.6 Other | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.7 Totals | 15,817,442 | 2,739,195 | 2,295,000 | 0 | 0 | XXX | XXX | 20,851,637 | 100.0 | 20,851,637 | 0 |
| 11.8 Line 11.7 as a % of Col. 8 | 75.9 | 13.1 | 11.0 | 0.0 | 0.0 | XXX | XXX | 100.0 | XXX | 100.0 | 0.0 |
| 12. **Total Publicly Traded Bonds** | | | | | | | | | | | |
| 12.1 Issuer Obligations | 11,040,034 | 9,748,279 | 900,000 | | | 21,688,313 | 100.0 | 20,851,637 | 100.0 | 21,688,313 | XXX |
| 12.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 12.3 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.4 Other | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 12.5 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.6 Other | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.7 Totals | 11,040,034 | 9,748,279 | 900,000 | 0 | 0 | 21,688,313 | 100.0 | 20,851,637 | 100.0 | 21,688,313 | XXX |
| 12.8 Line 12.7 as a % of Col. 6 | 50.9 | 44.9 | 4.1 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 | 50.9 | 44.9 | 4.1 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 13. **Total Privately Placed Bonds** | | | | | | | | | | | |
| 13.1 Issuer Obligations | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 13.3 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.4 Other | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 13.5 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.6 Other | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.8 Line 13.7 as a % of Col. 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |
| 13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |

# SCHEDULE DA - PART 2

## Verification of SHORT-TERM INVESTMENTS Between Years

| | 1<br>Total | 2<br>Bonds | 3<br>Mortgage Loans | 4<br>Other Short-term Investment Assets (a) | 5<br>Investments in Parent, Subsidiaries and Affiliates |
|---|---|---|---|---|---|
| 1. Book/adjusted carrying value, prior year | 15,057,597 | 15,057,597 | | | |
| 2. Cost of short-term investments acquired | 18,045,268 | 18,045,268 | | | |
| 3. Increase (decrease) by adjustment | 0 | | | | |
| 4. Increase (decrease) by foreign exchange adjustment | 0 | | | | |
| 5. Total profit (loss) on disposal of short-term investments | 0 | | | | |
| 6. Consideration received on disposal of short-term investments | 26,255,990 | 26,255,990 | | | |
| 7. Book/adjusted carrying value, current year | 6,846,875 | 6,846,875 | 0 | 0 | 0 |
| 8. Total valuation allowance | 0 | | | | |
| 9. Subtotal (Lines 7 plus 8) | 6,846,875 | 6,846,875 | 0 | 0 | 0 |
| 10. Total nonadmitted amounts | 0 | | | | |
| 11. Statement value (Lines 9 minus 10) | 6,846,875 | 6,846,875 | 0 | 0 | 0 |
| 12. Income collected during year | 146,994 | 146,994 | | | |
| 13. Income earned during year | 146,994 | 146,994 | | | |

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

## Sch. DB-Pt.A-Verification Between Years
NONE

## Sch. DB-Pt.B-Verification Between Years
NONE

## Sch. DB-Pt.C-Verification Between Years
NONE

## Sch. DB-Pt.D-Verification Between Years
NONE

## Sch. DB-Pt.E-Verification
NONE

## Sch. DB-Pt. F-Sn. 1
NONE

## Sch. DB-Pt. F-Sn. 2
NONE

## Sch. S-Pt. 1-Sn. 2
NONE

## Sch. S-Pt. 2
NONE

## Sch. S-Pt. 3-Sn. 2
NONE

## Sch. S-Pt. 4
NONE

## Sch. S-Pt.5
NONE

# SCHEDULE S - PART 6

## Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 10) | 21,605,573 | | 21,605,573 |
| 2. | Accident and health premiums due and unpaid (Line 12) | 434,771 | | 434,771 |
| 3. | Amounts recoverable from reinsurers (Line 13.1) | | | 0 |
| 4. | Net credit for ceded reinsurance | XXX | | 0 |
| 5. | All other admitted assets (balance) | 4,668,780 | | 4,668,780 |
| 6. | Totals assets (Line 26) | 26,709,124 | 0 | 26,709,124 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 7. | Claims unpaid (Line 1) | 228,365 | | 228,365 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | | | 0 |
| 9. | Premiums received in advance (Line 8) | | | 0 |
| 10. | Reinsurance in unauthorized companies (Line 18) | | | 0 |
| 11. | All other liabilities (balance) | 347,392 | | 347,392 |
| 12. | Total liabilities (Line 22) | 575,757 | 0 | 575,757 |
| 13. | Total capital and surplus (Line 30) | 26,133,366 | XXX | 26,133,366 |
| 14. | Total liabilities, capital and surplus (Line 31) | 26,709,124 | 0 | 26,709,124 |
| | **NET CREDIT FOR CEDED REINSURANCE** | | | |
| 15. | Claims unpaid | 0 | | |
| 16. | Accrued medical incentive pool | 0 | | |
| 17. | Premiums received in advance | 0 | | |
| 18. | Reinsurance recoverable on paid losses | 0 | | |
| 19. | Other ceded reinsurance recoverables | 0 | | |
| 20. | Total ceded reinsurance recoverables | 0 | | |
| 21. | Premiums receivable | 0 | | |
| 22. | Unauthorized reinsurance | 0 | | |
| 23. | Other ceded reinsurance payables/offsets | 0 | | |
| 24. | Total ceded reinsurance payables/offsets | 0 | | |
| 25. | Total net credit for ceded reinsurance | 0 | | |

# SCHEDULE Y (Continued)

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affiliated Transactions** | | | | | | | | | | | | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | (25,894,702) | | | | (25,894,702) | |
| | 95-4635504 | WellPoint Health Networks Inc. | | | | | 25,894,702 | | | | 25,894,702 | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | (51,662,828) | | | | (51,662,828) | |
| | 95-3760980 | Blue Cross of California | | | | | 51,662,828 | | | | 51,662,828 | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | 18,576,951 | | | | 18,576,951 | |
| 70700 | 36-3304416 | UNICARE Health Insurance Company of the Midwest | | | | | (18,576,951) | | | | (18,576,951) | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | 9,302,888 | | | | 9,302,888 | |
| 95420 | 74-2151310 | UNICARE Health Plans of Texas, Inc. | | | | | (9,302,888) | | | | (9,302,888) | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | (7,988,553) | | | | (7,988,553) | |
| | 33-0413979 | Cost Care, Inc. | | | | | 7,988,553 | | | | 7,988,553 | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | 9,099,971 | | | | 9,099,971 | |
| | 16-1279199 | Professional Claim Services, Inc. | | | | | (9,099,971) | | | | (9,099,971) | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | 16,323,242 | | | | 16,323,242 | |
| 62825 | 95-4331852 | BC Life & Health Insurance Company | | | | | (16,323,242) | | | | (16,323,242) | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | (14,581,085) | | | | (14,581,085) | |
| | 95-4454589 | WellPoint Development Company, Inc. | | | | | 14,581,085 | | | | 14,581,085 | |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | | 1,434,596 | | | 1,434,596 | (101,425) |
| 52616 | 73-1580767 | UNICARE Health Plan of Oklahoma, Inc. | | | | | | (1,434,596) | | | (1,434,596) | 101,425 |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | | 458,933 | | | 458,933 | (89,523) |
| 11170 | 52-2305332 | UNICARE Health Plan of Virginia, Inc. | | | | | | (458,933) | | | (458,933) | 89,523 |
| | | | | | | | | | | | 0 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | | | | | | | | 0 | (1,076,335) |
| | 58-2127998 | Atlanta Healthcare Partners, Inc. | | | | | | | | | 0 | 1,076,335 |
| | | | | | | | | | | | 0 | |
| 62825 | 95-4331852 | BC Life & Health Insurance Company | (90,000,000) | | | | | | | | (90,000,000) | |
| | 95-4640531 | WellPoint California Services, Inc. | 90,000,000 | | | | | | | | 90,000,000 | |
| | | | | | | | | | | | 0 | |
| 62825 | 95-4331852 | BC Life & Health Insurance Company | | | | | (123,812,986) | | | | (123,812,986) | |
| | 95-4635504 | WellPoint Health Networks Inc. | | | | | 123,812,986 | | | | 123,812,986 | |
| | | | | | | | | | | | 0 | |
| 62825 | 95-4331852 | BC Life & Health Insurance Company | | | | | (219,458,211) | | | | (219,458,211) | |
| | 95-3760980 | Blue Cross of California | | | | | 219,458,211 | | | | 219,458,211 | |
| | | | | | | | | | | | 0 | |
| 62825 | 95-4331852 | BC Life & Health Insurance Company | | | | | 8,481,994 | | | | 8,481,994 | |
| | 16-1279199 | Professional Claim Services, Inc. | | | | | (8,481,994) | | | | (8,481,994) | |
| | | | | | | | | | | | 0 | |
| 70700 | 36-3304416 | UNICARE Health Insurance Company of the Midwest | | | | | (10,574,968) | | | | (10,574,968) | |
| | 95-3760980 | Blue Cross of California | | | | | 10,574,968 | | | | 10,574,968 | |

# SCHEDULE Y (Continued)

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | 0 | |
| 70700 | 36-3304416 | UNICARE Health Insurance Company of the Midwest | | | | | (7,489,411) | | | | (7,489,411) | |
| 95505 | 36-3897076 | UNICARE Health Plans of the Midwest, Inc. | | | | | 7,489,411 | | | | 7,489,411 | |
| | | | | | | | | | | | 0 | |
| 97217 | 58-1473042 | Greater Georgia Life Insurance Company | (2,500,000) | | | | | | | | (2,500,000) | |
| | 58-2217138 | Cerulean Companies, Inc. | 2,500,000 | | | | | | | | 2,500,000 | |
| | | | | | | | | | | | 0 | |
| 78972 | 86-0257201 | Healthy Alliance Life Insurance Company | (15,000,000) | | | | (88,204,252) | | | | (103,204,252) | |
| | 47-0851593 | RightCHOICE Managed Care, Inc. | 15,000,000 | | | | 88,204,252 | | | | 103,204,252 | |
| | | | | | | | | | | | 0 | |
| 78972 | 86-0257201 | Healthy Alliance Life Insurance Company | | | | | (45,504,099) | | | | (45,504,099) | |
| | 95-4635504 | WellPoint Health Networks Inc. | | | | | 45,504,099 | | | | 45,504,099 | |
| | | | | | | | | | | | 0 | |
| 78972 | 86-0257201 | Healthy Alliance Life Insurance Company | | | | | (13,203,107) | | | | (13,203,107) | |
| | 95-3760980 | Blue Cross of California | | | | | 13,203,107 | | | | 13,203,107 | |
| | | | | | | | | | | | 0 | |
| 78972 | 86-0257201 | Healthy Alliance Life Insurance Company | | | | | 8,154,175 | | | | 8,154,175 | |
| | 16-1279199 | Professional Claim Services, Inc. | | | | | (8,154,175) | | | | (8,154,175) | |
| | | | | | | | | | | | 0 | |
| 78972 | 86-0257201 | Healthy Alliance Life Insurance Company | | | | | | 154,356 | | | 154,356 | (1,600,000) |
| 95358 | 37-1216698 | HMO Missouri, Inc. | | | | | | (154,356) | | | (154,356) | 1,600,000 |
| | | | | | | | | | | | 0 | |
| 95505 | 36-3897076 | UNICARE Health Plans of the Midwest, Inc. | | | | | (7,851,843) | | | | (7,851,843) | |
| | 95-3760980 | Blue Cross of California | | | | | 7,851,843 | | | | 7,851,843 | |
| | | | | | | | | | | | 0 | |
| 96962 | 58-1638390 | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | | | | | (24,112,649) | | | | (24,112,649) | |
| | 95-4635504 | WellPoint Health Networks Inc. | | | | | 24,112,649 | | | | 24,112,649 | |
| | | | | | | | | | | | 0 | |
| 96962 | 58-1638390 | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | | | | | (177,744,182) | | | | (177,744,182) | |
| 54801 | 58-0469845 | Blue Cross and Blue Shield of Georgia, Inc. | | | | | 177,744,182 | | | | 177,744,182 | |
| | | | | | | | | | | | 0 | |
| 96962 | 58-1638390 | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | | | | | | 4,192,014 | | | 4,192,014 | (766,738) |
| | 58-2127998 | Atlanta Healthcare Partners, Inc. | | | | | | (4,192,014) | | | (4,192,014) | 766,738 |
| | | | | | | | | | | | 0 | |
| 54801 | 58-0469845 | Blue Cross and Blue Shield of Georgia, Inc. | (90,000,000) | | | | | | | | (90,000,000) | |
| | 58-2217138 | Cerulean Companies, Inc. | 90,000,000 | | | | | | | | 90,000,000 | |
| | | | | | | | | | | | 0 | |
| 54801 | 58-0469845 | Blue Cross and Blue Shield of Georgia, Inc. | | | | | (71,216,429) | | | | (71,216,429) | |
| | 95-4635504 | WellPoint Health Networks Inc. | | | | | 71,216,429 | | | | 71,216,429 | |
| | | | | | | | | | | | 0 | |
| 54801 | 58-0469845 | Blue Cross and Blue Shield of Georgia, Inc. | | | | | (63,328,966) | | | | (63,328,966) | |
| | 95-3760980 | Blue Cross of California | | | | | 63,328,966 | | | | 63,328,966 | |
| | | | | | | | | | | | 0 | |
| 54801 | 58-0469845 | Blue Cross and Blue Shield of Georgia, Inc. | | | | | 30,108,216 | | | | 30,108,216 | |
| | 16-1279199 | Professional Claim Services, Inc. | | | | | (30,108,216) | | | | (30,108,216) | |
| | | | | | | | | | | | 0 | |
| | | | | | | | | | | | 0 | |

# SCHEDULE Y (Continued)

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 95358 | 37-1216698 | HMO Missouri, Inc. | | | | | (9,836,312) | | | | (9,836,312) | |
| | 95-4635504 | WellPoint Health Networks Inc. | | | | | 9,836,312 | | | | 9,836,312 | |
| | | | | | | | | | | | 0 | |
| 95358 | 37-1216698 | HMO Missouri, Inc. | | | | | (17,681,532) | | | (12,868,263) | (30,549,795) | |
| | 47-0851593 | RightCHOICE Managed Care, Inc. | | | | | 17,681,532 | | | 12,868,263 | 30,549,795 | |
| | | | | | | | | | | | 0 | |
| 96475 | 43-1616135 | HealthLink HMO, Inc. | (4,000,000) | | | | | | | (1,463,658) | (5,463,658) | |
| | 43-1364135 | HealthLink Inc. | 4,000,000 | | | | | | | 1,463,658 | 5,463,658 | |
| | | | | | | | | | | | 0 | |
| 11810 | 84-1620480 | UNICARE Health Plan of West Virginia, Inc. | | 5,000,000 | | | | | | | 5,000,000 | |
| | 95-4635507 | UNICARE National Services, Inc. | | (5,000,000) | | | | | | | (5,000,000) | |
| | | | | | | | | | | | 0 | |
| 54003 | 39-0138065 | Blue Cross Blue Shield of Wisconsin | (15,000,000) | 1,331,614 | | | (6,576,894) | | | | (20,245,280) | |
| | 39-1931212 | Cobalt Corporation | 15,000,000 | (1,331,614) | | | 6,576,894 | | | | 20,245,280 | |
| | | | | | | | | | | | 0 | |
| 54003 | 39-0138065 | Blue Cross Blue Shield of Wisconsin | | (2,000,000) | | | | | | | (2,000,000) | |
| | | Government Health Services, LLC | | 2,000,000 | | | | | | | 2,000,000 | |
| | | | | | | | | | | | 0 | |
| 54003 | 39-0138065 | Blue Cross Blue Shield of Wisconsin | | | | | (9,912,450) | | | | (9,912,450) | |
| | 95-4635504 | WellPoint Health Networks Inc. | | | | | 9,912,450 | | | | 9,912,450 | |
| | | | | | | | | | | | 0 | |
| 54003 | 39-0138065 | Blue Cross Blue Shield of Wisconsin | | | | | | | | | 0 | (2,299,462) |
| 83500 | 31-1311460 | United Heartland Life Insurance Company | | | | | | | | | 0 | (22,143,209) |
| 29157 | 39-0941450 | United Wisconsin Insurance Company | | | | | | | | | 0 | 24,468,907 |
| | | | | | | | | | | | 0 | |
| 95693 | 39-1462554 | Compcare Health Services Insurance Corporation | 250,000 | | | | | | | | 250,000 | |
| | 39-1583042 | Family Health Services | (250,000) | | | | | | | | (250,000) | |
| | | | | | | | | | | | 0 | |
| 95693 | 39-1462554 | Compcare Health Services Insurance Corporation | 6,495,648 | | | | | | | | 6,495,648 | |
| | | CC Holdings, LLC | (6,495,648) | | | | | | | | (6,495,648) | |
| | | | | | | | | | | | 0 | |
| 95693 | 39-1462554 | Compcare Health Services Insurance Corporation | | 689,061 | | | | | | | 689,061 | |
| | 39-1931212 | Cobalt Corporation | | (689,061) | | | | | | | (689,061) | |
| | | | | | | | | | | | 0 | |
| 83500 | 31-1311460 | United Heartland Life Insurance Company | | 113,321 | | | | | | | 113,321 | |
| | 39-1931212 | Cobalt Corporation | | (113,321) | | | | | | | (113,321) | |
| | | | | | | | | | | | 0 | |
| 29157 | 39-0941450 | United Wisconsin Insurance Company | | 75,750 | | | | | | | 75,750 | |
| | 39-1931212 | Cobalt Corporation | | (75,750) | | | | | | | (75,750) | |
| | | | | | | | | | | | 0 | |
| 95796 | 39-1450766 | Unity Health Plans Insurance Corporation | | 237,350 | | | | | | | 237,350 | |
| | 39-1931212 | Cobalt Corporation | | (237,350) | | | | | | | (237,350) | |
| | | | | | | | | | | | 0 | |
| 95261 | 39-1616369 | Valley Health Plan, Inc. | | 849,183 | | | | | | | 849,183 | |
| | 20-0334650 | Crossroads Acquisition Corp. | | (750,000) | | | | | | | (750,000) | |
| | 39-1931212 | Cobalt Corporation | | (99,183) | | | | | | | (99,183) | |
| 9999999. | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 26,236 |

# SCHEDULE Y (Continued)

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

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

Schedule Y, Part 2 Explanation: Column 8 includes amounts resulting from tax sharing arrangements. Column 13 does not total to zero due to the difference between the P&C Schedule F & the Health Schedule S reporting requirements.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | MARCH FILING | RESPONSES |
|---|---|---|
| 1. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 2. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 3. | Will an actuarial certification be filed with this statement by March 1? | YES |
| 4. | Will the Risk-Based Capital Report be filed with the NAIC by March 1? | YES |
| 5. | Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1? | YES |
| 6. | Will the SVO Compliance Certification be filed by March 1? | YES |
| 7. | Will the Life Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 8. | Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| | **APRIL FILING** | |
| 9. | Will Management's Discussion and Analysis be filed by April 1? | YES |
| 10. | Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1? | NO |
| 11. | Will the Investment Risk Interrogatories be filed by April 1? | YES |
| | **JUNE FILING** | |
| 12. | Will an audited financial report be filed by June 1 with the state of domicile? | YES |

**EXPLANATIONS:**

**BAR CODE:**

*9647520033600000*

*9647520032050000*

*9647520032070000*

*9647520033300000*

# Overflow Page (Portrait)
# NONE

# Overflow Page (Landscape)
# NONE

*96475200320500000*

# LIFE SUPPLEMENTS

# NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2003

Of the.....HealthLink HMO, Inc.

ADDRESS .....St. Louis MO 63141

NAIC Group Code.....0742 NAIC Company Code.....96475 Employer's ID Number.....43-1616135

## Ex. 5-Aggregate Reserve for Life Contracts
**NONE**

## Ex. 5-Interrogatories
**NONE**

## Ex. 7-Deposit-Type Contracts
**NONE**

## Sch. S-Pt. 1-Sn. 1
**NONE**

## Sch. S-Pt. 3-Sn. 1
**NONE**

Supplement for the year 2003 of the **HealthLink HMO, Inc.**

* 9 6 4 7 5 2 0 0 3 2 0 6 5 8 1 0 0 *

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0742 NAIC Company Code.....96475

# LIFE INSURANCE

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

NONE

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

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6) | 0 | 0 | 0 | 0 | 0 |

NONE

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

# Overflow Page for Write-Ins

*96475200320700000*

# PROPERTY/CASUALTY SUPPLEMENTS

**NONE**

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2003

Of the.....HealthLink HMO, Inc.

ADDRESS .....St. Louis MO 63141

NAIC Group Code.....0742 NAIC Company Code.....96475 Employer's ID Number.....43-1616135

## Sch. F-Pt. 1
**NONE**

## Sch. F-Pt. 3
**NONE**

## Sch. P-Pt. 1-Summary
**NONE**

## Sch. P-Pt. 1A
**NONE**

## Sch. P-Pt. 1B
**NONE**

## Sch. P-Pt. 1C
**NONE**

## Sch. P-Pt. 1D
**NONE**

## Sch. P-Pt. 1E
**NONE**

## Sch. P-Pt. 1F-Sn. 1
**NONE**

## Sch. P-Pt. 1F-Sn. 2
**NONE**

## Sch. P-Pt. 1G
**NONE**

## Sch. P-Pt. 1H-Sn. 1
**NONE**

## Sch. P-Pt. 1H-Sn. 2
**NONE**

## Sch. P-Pt. 1I
**NONE**

## Sch. P-Pt. 1J
**NONE**

## Sch. P-Pt. 1K
**NONE**

## Sch. P-Pt. 1L
**NONE**

## Sch. P-Pt. 1M
**NONE**

## Sch. P-Pt. 1N
**NONE**

## Sch. P-Pt. 1O
**NONE**

## Sch. P-Pt. 1P
NONE

## Sch. P-Pt. 1R-Sn. 1
NONE

## Sch. P-Pt. 1R-Sn. 2
NONE

## Sch. P-Pt. 1S
NONE

## Sch. P-Pt. 2-Summary
NONE

## Sch. P-Pt. 2A
NONE

## Sch. P-Pt. 2B
NONE

## Sch. P-Pt. 2C
NONE

## Sch. P-Pt. 2D
NONE

## Sch. P-Pt. 2E
NONE

## Sch. P-Pt. 2F-Sn. 1
NONE

## Sch. P-Pt. 2F-Sn. 2
NONE

## Sch. P-Pt. 2G
NONE

## Sch. P-Pt. 2H-Sn. 1
NONE

## Sch. P-Pt. 2H-Sn. 2
NONE

## Sch. P-Pt. 2I
NONE

## Sch. P-Pt. 2J
NONE

## Sch. P-Pt. 2K
NONE

## Sch. P-Pt. 2L
NONE

## Sch. P-Pt. 2M
NONE

## Sch. P-Pt. 2N
## NONE

## Sch. P-Pt. 2O
## NONE

## Sch. P-Pt. 2P
## NONE

## Sch. P-Pt. 2R-Sn. 1
## NONE

## Sch. P-Pt. 2R-Sn. 2
## NONE

## Sch. P-Pt. 2S
## NONE

Supplement for the year 2003 of the **HealthLink HMO, Inc.**

# EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

* 9 6 4 7 5 2 0 0 3 2 0 8 5 8 1 0 0 *

NAIC Group Code.....0742 NAIC Company Code....96475

BUSINESS IN GRAND TOTAL DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied lines | | | | | | | | | | | | |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 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 malpractice | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group accident and health (b) | | | | | | | | | | | | |
| 14. Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b) | | | | | | | | | | | | |
| 15.2 Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A & H (b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 All other A & H (b) | | | | | | | | | | | | |
| 15.7 Federal employees health benefits program premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17. Other liability | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 33. Aggregate write-ins for other lines of business | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34. TOTALS (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

PS32.GT

**DETAILS OF WRITE-INS**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3301. | | | | | | | | | | | | |
| 3302. | | | | | | | | | | | | |
| 3303. | | | | | | | | | | | | |
| 3398. Summary of remaining write-ins for Line 33 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Finance and service charges not included in Lines 1 to 34 $.....0.

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

# Overflow Page for Write-Ins