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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003

of the Condition and Affairs of the

United HealthCare of Arkansas, Inc.

NAIC Group Code..... 0707, 0707 (Current Period) (Prior Period) NAIC Company Code..... 95446 Employer's ID Number..... 63-1036819

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

Licensed as Business Type Health Maintenance Organization

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

Date Incorporated or Organized..... September 27, 1990 Date Commenced Business..... April 1, 1992

Statutory Home Office	415 North McKinley Street, Suite 300 ..... Little Rock ..... AR ..... 72205 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	415 North McKinley Street, Suite 300 ..... Little Rock ..... AR ..... 72205 *(Street and Number) (City or Town, State and Zip Code)*	501-664-7700 *(Area Code) (Telephone Number)*
Mail Address	10 Cadillac Drive, Suite 200 ..... Brentwood ..... TN ..... 37027 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	10 Cadillac Drive, Suite 200 ..... Brentwood ..... TN ..... 37027 *(Street and Number) (City or Town, State and Zip Code)*	615-372-3622 *(Area Code) (Telephone Number)*
Internet Website Address	www.uhc.com	
Statutory Statement Contact	James Wesley Waters *(Name)*	615-372-3597 *(Area Code) (Telephone Number) (Extension)*
	james_w_waters@uhc.com *(E-Mail Address)*	*615-372-3640* *(Fax Number)*
Policyowner Relations Contact	6601 Centerville Business Parkway ..... Dayton ..... OH ..... 45459 *(Street and Number) (City or Town, State and Zip Code)*	800-357-1371 *(Area Code) (Telephone Number) (Extension)*

OFFICERS

President ..... John Aloysius Wickens Treasurer ..... Robert Worth Oberrender Secretary ..... Michael John McDonnell

OTHER OFFICERS

Brian Charles Murray William Arnold Munsell David James Lubben Charles Brian Shipp
Christina Regina Palme-Krizak

DIRECTORS OR TRUSTEES

Robert John Sheehy John Aloysius Wickens Angelico S. Cabantac, RN Richard Henry Kennedy
Steven Jay Ronnel Mary Ruth Thompson Blake Hunter Weber, DDS Michael Daniel Wolff

State of.....Tennessee
County of.....Williamson

State of.....Minnesota
County of.....Hennepin

State of.....Tennessee
County of.....Williamson

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)
John Aloysius Wickens	Michael John McDonnell	Charles Brian Shipp
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Chief Executive Officer
Subscribed and sworn to before me this	Subscribed and sworn to before me this	Subscribed and sworn to before me this
.....day of ....., 2004	.....day of ....., 2004	.....day of ....., 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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed	580,786					580,786
0299999. Total group	580,786	0	0	0	0	580,786
0599999. Accident and health premiums due and unpaid (Page 2, Line 12)	580,786	0	0	0	0	580,786

EXHIBIT 4 - 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
Health Care Receivables						
Merck-Medco	244,097				244,097	
0599999. Gross health care receivables	244,097	0	0	0	244,097	0

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999. Aggregate accounts not individually listed - uncovered	317,896	(645)	858	(50)	12,045	330,104
0399999. Aggregate accounts not individually listed - covered	2,497,835	(5,065)	6,744	(396)	94,642	2,593,760
0499999. Subtotals	2,815,731	(5,710)	7,602	(446)	106,687	2,923,864
0599999. Unreported claim and other claim reserves						5,079,878
0799999. Total claims unpaid						8,003,742

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

NONE

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
UnitedHealth Group Incorporated		70,029	70,029	
0199999. Individually listed payables		70,029	70,029	0
0399999. Total gross payables		70,029	70,029	0

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	160,828	0.2	A	0.0		160,828
2. Intermediaries	3,068,408	3.6	A	0.0	3,068,408	
3. All other providers		0.0		0.0		
4. Total capitation payments	3,229,236	3.8	0	0.0	3,068,408	160,828
Other Payments:						
5. Fee-for-service	9,754,478	11.6	XXX	XXX		9,754,478
6. Contractual fee payments	71,372,638	84.6	XXX	XXX		71,372,638
7. Bonus/withhold arrangements - fee-for-service		0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments		0.0	XXX	XXX		
9. Non-contingent salaries		0.0	XXX	XXX		
10. Aggregate cost arrangements		0.0	XXX	XXX		
11. All other payments		0.0	XXX	XXX		
12. Total other payments	81,127,116	96.2	XXX	XXX	0	81,127,116
13. Total (Line 4 plus Line 12)	84,356,352	100.0	XXX	XXX	3,068,408	81,287,944

EXHIBIT 8 - 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
Transactions with Intermediaries					
	Optum	488,429	40,702		
	United Behavioral Health	2,274,420	189,535		
	United Resource Network	97,505	8,125		
	Coordinated Vision Care	58,778	4,898		
	ACN	149,276	12,440		
9999999. Totals		3,068,408	XXX	XXX	XXX

A. Total is not meaningful because the same member may be covered under more than one capitation arrangement.

EXHIBIT 9 - 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						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.....United HealthCare of Arkansas, Inc. 2. Little Rock, AR

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

NAIC Group Code.....707 NAIC Company Code.....95446

	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	57,353		57,353										
2. First quarter	49,389		49,389										
3. Second quarter	45,656		45,656										
4. Third quarter	40,571		40,571										
5. Current year	37,072		37,072										
6. Current year member months	529,754		529,754										
Total Member Ambulatory Encounters for Year:													
7. Physician	323,831		323,831										
8. Non-physician	55,287		55,287										
9. Totals	379,118	0	379,118	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	11,850		11,850										
11. Number of inpatient admissions	2,934		2,934										
12. Health premiums collected	121,374,394		121,238,380					136,014					
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	122,674,691		122,538,677					136,014					
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	84,356,352		84,276,920					79,432					
18. Amount incurred for provision of health care services	80,278,599		80,198,922					79,677					

(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.....United HealthCare of Arkansas, Inc. 2. Little Rock, AR

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

NAIC Group Code.....707 NAIC Company Code.....95446

	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	57,353		57,353										
2. First quarter	49,389		49,389										
3. Second quarter	45,656		45,656										
4. Third quarter	40,571		40,571										
5. Current year	37,072		37,072										
6. Current year member months	529,754		529,754										
Total Member Ambulatory Encounters for Year:													
7. Physician	323,831		323,831										
8. Non-physician	55,287		55,287										
9. Totals	379,118	0	379,118	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	11,850		11,850										
11. Number of inpatient admissions	2,934		2,934										
12. Health premiums collected	121,374,394		121,238,380					136,014					
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	122,674,691		122,538,677					136,014					
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	84,356,352		84,276,920					79,432					
18. Amount incurred for provision of health care services	80,278,599		80,198,922					79,677					

(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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Class 1	441,268	184,586	1,052,794	1,638		1,680,286	5.0	1,081,755	2.7	1,680,286	
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	441,268	184,586	1,052,794	1,638	0	1,680,286	5.0	1,081,755	2.7	1,680,286	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		66,434	1,520,916			1,587,350	4.7	3,926,151	8.8	1,587,350	
3.2 Class 2			388,340			388,340	1.2			388,340	
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	66,434	1,909,256	0	0	1,975,690	5.9	3,926,151	8.8	1,975,690	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Class 1		884,924	3,105,618			3,990,542	11.9	4,755,164	11.8	3,990,542	
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	884,924	3,105,618	0	0	3,990,542	11.9	4,755,164	11.8	3,990,542	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Class 1	960,260	2,052,363	5,328,640	2,250,299		10,591,562	31.5	16,645,288	42.1	10,591,562	
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	960,260	2,052,363	5,328,640	2,250,299	0	10,591,562	31.5	16,645,288	42.1	10,591,562	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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Class 1						0	0.0				
6.2 Class 2			111,499			111,499	0.3			111,499	
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	111,499	0	0	111,499	0.3	0		111,499	0
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Class 1	6,978,666	4,246,511	2,669,897			13,895,074	41.4	11,950,360	29.6	13,569,971	325,103
7.2 Class 2		564,655	784,562			1,349,217	4.0	2,043,545	5.1	1,349,216	
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	6,978,666	4,811,166	3,454,459	0	0	15,244,291	45.4	13,993,905	34.6	14,919,187	325,103
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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. **Total Bonds Current Year**											
10.1 Class 1	8,380,194	7,434,818	13,677,865	2,251,937	0	31,744,814	94.5	XXX	XXX	31,419,711	325,103
10.2 Class 2	0	564,655	1,284,401	0	0	1,849,056	5.5	XXX	XXX	1,849,055	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	8,380,194	7,999,473	14,962,266	2,251,937	0	(b) 33,593,870	100.0	XXX	XXX	33,268,766	325,103
10.8 Line 10.7 as a % of Col. 6	24.9	23.8	44.5	6.7	0.0	100.0	XXX	XXX	XXX	99.0	1.0
11. **Total Bonds Prior Year**											
11.1 Class 1	6,140,370	12,927,861	16,497,059	2,793,337	91	XXX	XXX	38,358,718	94.9	38,037,491	321,226
11.2 Class 2	99,951	293,789	1,438,621	211,184		XXX	XXX	2,043,545	5.1	1,793,887	249,658
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	6,240,321	13,221,650	17,935,680	3,004,521	91	XXX	XXX	(b) 40,402,263	100.0	39,831,378	570,884
11.8 Line 11.7 as a % of Col. 8	15.4	32.7	44.4	7.4	0.0	XXX	XXX	100.0	XXX	98.6	1.4
12. **Total Publicly Traded Bonds**											
12.1 Class 1	8,380,194	7,434,819	13,352,761	2,251,938		31,419,712	93.5	38,037,491	94.1	31,419,712	XXX
12.2 Class 2		564,655	1,284,400			1,849,055	5.5	1,793,887	4.4	1,849,055	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	8,380,194	7,999,474	14,637,161	2,251,938	0	33,268,767	99.0	39,831,378	98.6	33,268,767	XXX
12.8 Line 12.7 as a % of Col. 6	25.2	24.0	44.0	6.8	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	24.9	23.8	43.6	6.7	0.0	99.0	XXX	XXX	XXX	99.0	XXX
13. **Total Privately Placed Bonds**											
13.1 Class 1			325,103			325,103	1.0	321,226	0.8	XXX	325,103
13.2 Class 2						0	0.0	249,658	0.6	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	325,103	0	0	325,103	1.0	570,884	1.4	XXX	325,103
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	100.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	1.0	0.0	0.0	1.0	XXX	XXX	XXX	XXX	1.0

(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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Issuer Obligations	327,165		1,011,082			1,338,247	4.0	327,684	0.8	1,338,247	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	114,103	184,586	41,711	1,638		342,038	1.0	754,071	1.9	342,039	
1.7 Totals	441,268	184,586	1,052,793	1,638	0	1,680,285	5.0	1,081,755	2.7	1,680,286	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		66,434	1,909,256			1,975,690	5.9	3,926,151	8.8	1,975,690	
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	66,434	1,909,256	0	0	1,975,690	5.9	3,926,151	8.8	1,975,690	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Issuer Obligations		884,924	3,105,618			3,990,542	11.9	4,755,164	11.8	3,990,542	
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	884,924	3,105,618	0	0	3,990,542	11.9	4,755,164	11.8	3,990,542	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Issuer Obligations		538,672	5,177,632	2,224,326		7,940,630	23.6	11,507,945	29.4	7,940,630	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	839,878	880,594	149,622	25,973		1,896,067	5.6	4,160,269	10.3	1,896,067	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	120,382	633,097	1,386			754,865	2.2	977,074	2.4	754,865	
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	960,260	2,052,363	5,328,640	2,250,299	0	10,591,562	31.5	16,645,288	42.1	10,591,562	0

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Issuer Obligations			111,499			111,499	0.3			111,499	
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	111,499	0	0	111,499	0.3	0		111,499	0
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Issuer Obligations	6,057,845	2,910,608	3,454,455			12,422,908	37.0	10,656,313	26.4	12,097,805	325,103
7.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined	4,653	1,409	4			6,066	0.0	19,524	0.0	6,067	
7.4 Other						0	0.0	413,988			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined						0	0.0	316,724	0.0		
7.6 Other	916,168	1,899,148				2,815,316	8.4	2,587,356	8.2	2,815,316	
7.7 Totals	6,978,666	4,811,165	3,454,459	0	0	15,244,290	45.4	13,993,905	34.6	14,919,188	325,103
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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. **Total Bonds Current Year**											
10.1 Issuer Obligations	6,385,010	4,400,638	14,769,542	2,224,326	0	27,779,516	82.7	XXX	XXX	27,454,413	325,103
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	953,981	1,065,180	191,333	27,611	0	2,238,105	6.7	XXX	XXX	2,238,106	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	125,035	634,506	1,390	0	0	760,931	2.3	XXX	XXX	760,932	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	916,168	1,899,148	0	0	0	2,815,316	8.4	XXX	XXX	2,815,316	0
10.7 Totals	8,380,194	7,999,472	14,962,265	2,251,937	0	33,593,868	100.0	XXX	XXX	33,268,767	325,103
10.8 Line 10.7 as a % of Col. 6	24.9	23.8	44.5	6.7	0.0	100.0	XXX	XXX	XXX	99.0	1.0
11. **Total Bonds Prior Year**											
11.1 Issuer Obligations	3,901,189	7,765,208	16,821,148	2,685,711		XXX	XXX	31,173,256	77.2	30,602,372	570,884
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,433,798	2,286,656	876,669	317,216		XXX	XXX	4,914,339	12.2	4,914,340	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	4,225	757,575	233,212	1,495	91	XXX	XXX	996,598	2.5	996,598	
11.4 Other		413,988				XXX	XXX	413,988	1.0	413,988	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined	155,754	160,771	198	1		XXX	XXX	316,724	0.8	316,724	
11.6 Other	745,354	1,837,452	4,453	97		XXX	XXX	2,587,356	6.4	2,587,356	
11.7 Totals	6,240,320	13,221,650	17,935,680	3,004,520	91	XXX	XXX	40,402,261	100.0	39,831,378	570,884
11.8 Line 11.7 as a % of Col. 8	15.4	32.7	44.4	7.4	0.0	XXX	XXX	100.0	XXX	98.6	1.4
12. **Total Publicly Traded Bonds**											
12.1 Issuer Obligations	6,385,010	4,400,639	14,444,438	2,224,326		27,454,413	81.7	30,602,372	75.7	27,454,413	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities	953,981	1,065,180	191,333	27,612		2,238,106	6.7	4,914,340	12.2	2,238,106	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	125,035	634,507	1,391			760,933	2.3	996,598	2.5	760,933	XXX
12.4 Other						0	0.0	413,988	1.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined						0	0.0	316,724	0.8	0	XXX
12.6 Other	916,168	1,899,148				2,815,316	8.4	2,587,356	6.4	2,815,316	XXX
12.7 Totals	8,380,194	7,999,474	14,637,162	2,251,938	0	33,268,768	99.0	39,831,378	98.6	33,268,768	XXX
12.8 Line 12.7 as a % of Col. 6	25.2	24.0	44.0	6.8	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	24.9	23.8	43.6	6.7	0.0	99.0	XXX	XXX	XXX	99.0	XXX
13. **Total Privately Placed Bonds**											
13.1 Issuer Obligations			325,103			325,103	1.0	570,884	1.4	XXX	325,103
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	325,103	0	0	325,103	1.0	570,884	1.4	XXX	325,103
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	100.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	1.0	0.0	0.0	1.0	XXX	XXX	XXX	XXX	1.0

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	3,373,669	3,373,669			
2. Cost of short-term investments acquired	49,206,256	49,206,256			
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	46,621,962	46,621,962			
7. Book/adjusted carrying value, current year	5,957,963	5,957,963	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	5,957,963	5,957,963	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	5,957,963	5,957,963	0	0	0
12. Income collected during year	73,632	73,632			
13. Income earned during year	73,632	73,632			

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

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)	
2.	Cost/option premium (Section 2, Column 7)	
3.	Increase/(decrease) by adjustment (Section 1, Column 12) plus (Section 3, Column 13)	
4.	Gain/(loss) on termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to adjust basis of hedged item (Section 3, Column 15)	0
5.	Consideration received on terminations (Section 3, Column 12)	
6.	Used to adjust basis on open contracts (Section 1, Column 13)	
7.	Disposition of deferred amount on contracts terminated in prior year:	
	7.1 Recognized	
	7.2 Used to adjust basis of hedged item	0
8.	Aggregate write-in book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	0

NONE

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)	
2.	Consideration received (Section 2, Column 7)	
3.	Increase/(decrease) by adjustment (Section 1, Column 12) plus (Section 3, Column 13)	
4.	Gain/(loss) on termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to adjust basis (Section 3, Column 15)	0
5.	Consideration paid on terminations (Section 3, Column 12)	
6.	Used to adjust basis on open contracts (Section 1, Column 13)	
7.	Disposition of deferred amount on contracts terminated in prior year:	
	7.1 Recognized	
	7.2 Used to adjust basis	0
8.	Aggregate write-in book value, December 31, current year	0

NONE

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)	
2.	Cost or (consideration received) (Section 2, Column 7)	
3.	Increase/(decrease) by adjustment (Section 1, Column 12) plus (Section 3, Column 13)	
4.	Gain/(loss) on termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to adjust basis of hedged item (Section 3, Column 15)	0
5.	Consideration received (or paid) on terminations (Section 3, Column 12)	
6.	Used to adjust basis of hedged item on open contracts (Section 1, Column 13)	
7.	Disposition of deferred amount on contracts terminated in prior year:	
	7.1 Recognized	
	7.2 Used to adjust basis of hedged item	0
8.	Aggregate write-in book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	0

NONE

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)		
2.	Change in total variation margin on open contracts (difference between years - Section 1, Column 6)		
3.1	Change in variation margin on open contracts used to adjust basis of hedged item (Section 1, Column 11)		
3.2	Change in variation margin on open contracts recognized (difference between years - Section 1, Column 10)		
4.1	Variation margin on contracts terminated during the year (Section 3, Column 6)		
4.2	Less:		
	4.21 Gain/(loss) recognized in current year (Section 3, Column 11)		
	4.22 Gain/(loss) used to adjust basis of hedge (Section 3, Column 12)	0	
4.3	Subtotal (Line 4.1 minus Line 4.2)		0
5.1	Net additions to cash deposits (Section 2, Column 7)		
5.2	Less: Net reductions to cash deposits (Section 3, Column 9)		0
6.	Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)		0
7.	Disposition of gain/(loss) on contracts terminated in prior year:		
	7.1 Recognized		
	7.2 Used to adjust basis of hedged item		0
8.	Aggregate write-in book value, December 31, current year (Lines 6 + 7.1 + 7.2)		0

NONE

SCHEDULE DB - PART E - VERIFICATION

Verification of Statement Value and Fair Value of Open Contracts

		Statement Value
1.	Part A, Section 1, Column 10	
2.	Part B, Section 1, Column 10	
3.	Part C, Section 1, Column 10	
4.	Part D, Section 1, Column 9 - 12	
5.	Lines (1) - (2) + (3) + (4)	0
6.	Part E, Section 1, Column 4	
7.	Part E, Section 1, Column 5	
8.	Lines (5) - (6) - (7)	0

NONE

		Fair Value
9.	Part A, Section 1, Column 11	
10.	Part B, Section 1, Column 11	
11.	Part C, Section 1, Column 11	
12.	Part D, Section 1, Column 9	
13.	Lines (9) - (10) + (11) + (12)	0
14.	Part E, Section 1, Column 7	
15.	Part E, Section 1, Column 8	
16.	Lines (13) - (14) - (15)	0

SCHEDULE DB - PART F - SECTION 1

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory			0	0	0	0	0	0	0	0
2. Add: Opened or acquired transactions									0	0
3. Add: Increases in replicated asset statement value	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or disposed of transactions									0	0
5. Less: Positions disposed of for failing effectiveness criteria									0	0
6. Less: Decreases in replicated (synthetic) asset statement value	XXX		XXX		XXX		XXX		XXX	0
7. Ending inventory	0	0	0	0	0	0	0	0	0	0

NONE

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses

NONE

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates												
79413	36-2739571	01/01/2001	United HealthCare Insurance Company	Hartford, CT	SSL/L	487,642						
0199999.	Total - Affiliates					487,642	0	0	0	0	0	0
0399999.	Totals					487,642	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8

NONE

SCHEDULE S - PART 5

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

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums	488	645	563	525	259
2. Title XVIII - Medicare				9	30
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses				180	158
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	32,647,163		32,647,163
2.	Accident and health premiums due and unpaid (Line 12)	580,786		580,786
3.	Amounts recoverable from reinsurers (Line 13.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	1,606,446		1,606,446
6.	Totals assets (Line 26)	34,834,395	0	34,834,395
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	8,003,743		8,003,743
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	342,688		342,688
10.	Reinsurance in unauthorized companies (Line 18)			0
11.	All other liabilities (balance)	1,657,401		1,657,401
12.	Total liabilities (Line 22)	10,003,832	0	10,003,832
13.	Total capital and surplus (Line 30)	24,830,563	XXX	24,830,563
14.	Total liabilities, capital and surplus (Line 31)	34,834,395	0	34,834,395
	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 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.					(86,226,000)	(3,399,000)			(89,625,000)	
	41-1289245	United HealthCare Services, Inc.					64,322,000				64,322,000	
	94-2649097	United Behavioral Health, Inc.					21,904,000				21,904,000	
79413	36-2739571	United HealthCare Insurance Company						3,399,000			3,399,000	
											0	
95776	36-3280214	United HealthCare of Illinois, Inc.	(61,600,000)				(20,146,534)	(272,229)			(82,018,763)	
	41-1289245	United HealthCare Services, Inc.	61,600,000				17,626,808				79,226,808	
	94-2649097	United Behavioral Health, Inc.					2,519,726				2,519,726	
79413	36-2739571	United HealthCare Insurance Company						272,229			272,229	
											0	
95765	95-3939697	United HealthCare of Texas, Inc.		5,500,000			(53,229,951)	707,000			(47,022,951)	
	41-1289245	United HealthCare Services, Inc.		(5,500,000)			48,336,016				42,836,016	
	94-2649097	United Behavioral Health, Inc.					4,893,936				4,893,936	
79413	36-2739571	United HealthCare Insurance Company						(707,000)			(707,000)	
											0	
95090	84-1004639	United HealthCare of Colorado, Inc.					(26,712,651)	543,877			(26,168,774)	
	41-1289245	United HealthCare Services, Inc.					21,993,242				21,993,242	
	94-2649097	United Behavioral Health, Inc.					4,719,409				4,719,409	
79413	36-2739571	United HealthCare Insurance Company						(543,877)			(543,877)	
											0	
96016	86-0507074	United HealthCare of Arizona, Inc.	(50,200,000)				(30,179,215)	195,734			(80,183,481)	
	41-1289245	United HealthCare Services, Inc.	50,200,000				25,109,807				75,309,807	
	94-2649097	United Behavioral Health, Inc.					5,069,408				5,069,408	
79413	36-2739571	United HealthCare Insurance Company						(195,734)			(195,734)	
											0	
95501	41-1488563	United HealthCare of Utah, Inc.					(13,212,125)	673,127			(12,538,998)	
	41-1289245	United HealthCare Services, Inc.					10,120,038				10,120,038	
	94-2649097	United Behavioral Health, Inc.					3,092,087				3,092,087	
79413	36-2739571	United HealthCare Insurance Company						(673,127)			(673,127)	
											0	
95149	05-0413469	United HealthCare of New England					(76,680,490)	295,930			(76,384,560)	
	41-1289245	United HealthCare Services, Inc.					57,838,037				57,838,037	
	94-2649097	United Behavioral Health, Inc.					18,842,453				18,842,453	
79413	36-2739571	United HealthCare Insurance Company						(295,930)			(295,930)	
											0	
96385	43-1361841	United HealthCare of the Midwest, Inc.	(44,500,000)				(131,899,174)	(17,228,972)			(193,628,146)	
	41-1289245	United HealthCare Services, Inc.	44,500,000				113,958,251				158,458,251	
	94-2649097	United Behavioral Health, Inc.					17,940,923				17,940,923	
79413	36-2739571	United HealthCare Insurance Company						17,228,972			17,228,972	
											0	
95591	47-0676824	United HealthCare of the Midlands, Inc.	(9,000,000)				(22,737,077)	(523,445)			(32,260,522)	
	41-1289245	United HealthCare Services, Inc.	9,000,000				20,620,519				29,620,519	
	94-2649097	United Behavioral Health, Inc.					2,116,558				2,116,558	
79413	36-2739571	United HealthCare Insurance Company						523,445			523,445	
											0	
95446	63-1036819	United HealthCare of Arkansas, Inc.	(14,600,000)				(17,773,049)	266,793			(32,106,256)	
	41-1289245	United HealthCare Services, Inc.	14,600,000				15,498,629				30,098,629	

SCHEDULE Y (Continued)

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	94-2649097	United Behavioral Health, Inc.					2,274,420				2,274,420	
79413	36-2739571	United HealthCare Insurance Company						(266,793)			(266,793)	
											0	
11147	63-1036814	United HealthCare of Tennessee, Inc.	(5,000,000)				(18,781,067)	(1,242,489)			(25,023,556)	
	41-1289245	United HealthCare Services, Inc.	5,000,000				17,656,534				22,656,534	
	94-2649097	United Behavioral Health, Inc.					1,124,533				1,124,533	
79413	36-2739571	United HealthCare Insurance Company						1,242,489			1,242,489	
											0	
96644	62-1240316	United HealthCare of Kentucky, Ltd.					(20,568,693)	355,447			(20,213,246)	
	41-1289245	United HealthCare Services, Inc.					16,974,539				16,974,539	
	94-2649097	United Behavioral Health, Inc.					3,594,153				3,594,153	
79413	36-2739571	United HealthCare Insurance Company						(355,447)			(355,447)	
											0	
95186	31-1142815	United HealthCare of Ohio, Inc.	(57,000,000)				(193,452,964)	(1,596,905)			(252,049,869)	
	41-1289245	United HealthCare Services, Inc.	57,000,000				157,728,932				214,728,932	
	94-2649097	United Behavioral Health, Inc.					35,724,032				35,724,032	
79413	36-2739571	United HealthCare Insurance Company						1,596,905			1,596,905	
											0	
95085	06-1172891	United HealthCare of New York, Inc.	(13,100,000)				(63,158,374)				(76,258,374)	
	41-1289245	United HealthCare Services, Inc.	13,100,000				39,125,358				52,225,358	
	94-2649097	United Behavioral Health, Inc.					15,937,384				15,937,384	
	41-1921007	Ovations, Inc.					8,095,632				8,095,632	
											0	
95080	22-3207740	United HealthCare of New Jersey, Inc.					(28,062,969)				(28,062,969)	
	41-1289245	United HealthCare Services, Inc.					23,269,124				23,269,124	
	94-2649097	United Behavioral Health, Inc.					4,793,845				4,793,845	
											0	
95850	58-1653544	United HealthCare of Georgia, Inc.					(20,726,528)	(135,311)			(20,861,839)	
	41-1289245	United HealthCare Services, Inc.					17,054,619				17,054,619	
	94-2649097	United Behavioral Health, Inc.					3,671,909				3,671,909	
79413	36-2739571	United HealthCare Insurance Company						135,311			135,311	
											0	
95716	63-1036817	United HealthCare of Mississippi, Inc.	(3,000,000)				(8,184,739)	(108,185)			(11,292,924)	
	41-1289245	United HealthCare Services, Inc.	3,000,000				6,762,860				9,762,860	
	94-2649097	United Behavioral Health, Inc.					1,421,879				1,421,879	
79413	36-2739571	United HealthCare Insurance Company						108,185			108,185	
											0	
95833	72-1074008	United HealthCare of Louisiana, Inc.	(12,829,043)				(32,712,971)	199,740			(45,342,274)	
	41-1289245	United HealthCare Services, Inc.	6,500,000				27,513,384				34,013,384	
	94-2649097	United Behavioral Health, Inc.					5,199,587				5,199,587	
79413	36-2739571	United HealthCare Insurance Company	6,329,043					(199,740)			6,129,303	
											0	
95784	63-0899562	United HealthCare of Alabama, Inc.	(39,000,000)				(25,318,307)	228,435			(64,089,872)	
	41-1289245	United HealthCare Services, Inc.	39,000,000				20,957,686				59,957,686	
	94-2649097	United Behavioral Health, Inc.					4,360,621				4,360,621	
79413	36-2739571	United HealthCare Insurance Company						(228,435)			(228,435)	
											0	

SCHEDULE Y (Continued)

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95025	52-1130183	United HealthCare of the Mid-Atlantic, I					(75,975,852)	249,751			(75,726,101)	
	41-1289245	United HealthCare Services, Inc					64,282,191				64,282,191	
	94-2649097	United Behavioral Health, Inc					11,693,661				11,693,661	
79413	36-2739571	United HealthCare Insurance Company						(249,751)			(249,751)	
											0	
95264	59-1293865	United HealthCare of Florida, Inc	(20,922,669)				(346,239,260)	(14,664,061)			(381,825,990)	
	41-1289245	United HealthCare Services, Inc	20,922,669				301,330,757				322,253,426	
	94-2649097	United Behavioral Health, Inc					44,908,503				44,908,503	
79413	36-2739571	United HealthCare Insurance Company						14,664,061			14,664,061	
											0	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc	(27,000,000)				(126,374,264)	(428,097)			(153,802,361)	
	41-1289245	United HealthCare Services, Inc	27,000,000				104,597,655				131,597,655	
	94-2649097	United Behavioral Health, Inc					17,378,265				17,378,265	
79413	36-2739571	United HealthCare Insurance Company					4,398,344	428,097			4,826,441	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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:

95446200336000000

95446200320500000

95446200320700000

95446200333000000

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95446200320500000

LIFE SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2003

Of the.....United HealthCare of Arkansas, Inc.

ADDRESS .....Little Rock AR 72205

NAIC Group Code.....707 NAIC Company Code.....95446 Employer's ID Number.....63-1036819

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group

NONE

EXHIBIT 5 - INTERROGATORIES

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

1.2 If not, state which kind is issued.....

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

2.2 If not, state which kind is issued.....

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

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [ ] No [ ]
   4.1 Amount of insurance: $.....
   4.2 Amount of reserve: $.....
   4.3 Basis of reserve:
   4.4 Basis of regular assessments:
   4.5 Basis of special assessments:
   4.6 Assessments collected during year: $.....

NONE

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

6. Does the reporting entity hold reserves for any annuity contracts which are less than the reserves that would be held on a standard basis? Yes [ ] No [ ]
   6.1 If so, state the amount of reserve on such contracts on the basis actually held: $.....
   6.2 Which would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: $.....
   Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year? Yes [ ] No [ ]
   7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: $.....
   7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

   7.3 State the amount of reserves established for this business: $.....
   7.4 Identify where the reserves are reported in the blank.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

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

NONE

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Amount of Inforce at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

Supplement for the year 2003 of the **United HealthCare of Arkansas, Inc.**

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....707 NAIC Company Code.....95446

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
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
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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal 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

95446200320700000

PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2003

Of the.....United HealthCare of Arkansas, Inc.

ADDRESS .....Little Rock AR 72205

NAIC Group Code.....707 NAIC Company Code.....95446 Employer's ID Number.....63-1036819

SCHEDULE F-PART 1

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

1	2	3	4	5	Reinsurance On		8	9	10	11	12	13	14
					6	7							
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held by or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit

NONE

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable on									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Col. 15-[16+17]	Funds Held By Company Under Reinsurance Treaties

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

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

NONE

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

($000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	XXX
3. 1995			0								0	XXX
4. 1996			0								0	XXX
5. 1997			0								0	XXX
6. 1998			0								0	XXX
7. 1999			0								0	XXX
8. 2000			0								0	XXX
9. 2001			0								0	XXX
10. 2002			0								0	XXX
11. 2003			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
1. Prior												0	XXX
2. 1994												0	XXX
3. 1995												0	XXX
4. 1996												0	XXX
5. 1997												0	XXX
6. 1998												0	XXX
7. 1999												0	XXX
8. 2000												0	XXX
9. 2001												0	XXX
10. 2002												0	XXX
11. 2003												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported-Direct and Assumed
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	XXX
3. 1995			0								0	XXX
4. 1996			0								0	XXX
5. 1997			0								0	XXX
6. 1998			0								0	XXX
7. 1999			0								0	XXX
8. 2000			0								0	XXX
9. 2001			0								0	XXX
10. 2002			0								0	XXX
11. 2003			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2002			0								0	XXX
3. 2003			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002												0	
3. 2003												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	0	0	0	0.0	0.0	0.0				0	0
3. 2003	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2002			0								0	
3. 2003			0								0	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002												0	
3. 2003												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	0	0	0	0.0	0.0	0.0				0	0
3. 2003	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1K - FIDELITY/SURETY

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2002			0								0	XXX
3. 2003			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002												0	
3. 2003												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	0	0	0	0.0	0.0	0.0				0	0
3. 2003	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2002			0								0	XXX
3. 2003			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002												0	
3. 2003												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	0	0	0	0.0	0.0	0.0				0	0
3. 2003	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1M - INTERNATIONAL

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	XXX
3. 1995			0								0	XXX
4. 1996			0								0	XXX
5. 1997			0								0	XXX
6. 1998			0								0	XXX
7. 1999			0								0	XXX
8. 2000			0								0	XXX
9. 2001			0								0	XXX
10. 2002			0								0	XXX
11. 2003			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY ($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	XXX
3. 1995			0								0	XXX
4. 1996			0								0	XXX
5. 1997			0								0	XXX
6. 1998			0								0	XXX
7. 1999			0								0	XXX
8. 2000			0								0	XXX
9. 2001			0								0	XXX
10. 2002			0								0	XXX
11. 2003			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	XXX
2. 1994												0	XXX
3. 1995												0	XXX
4. 1996												0	XXX
5. 1997												0	XXX
6. 1998												0	XXX
7. 1999												0	XXX
8. 2000												0	XXX
9. 2001												0	XXX
10. 2002												0	XXX
11. 2003												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY ($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	XXX
3. 1995			0								0	XXX
4. 1996			0								0	XXX
5. 1997			0								0	XXX
6. 1998			0								0	XXX
7. 1999			0								0	XXX
8. 2000			0								0	XXX
9. 2001			0								0	XXX
10. 2002			0								0	XXX
11. 2003			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	XXX
2. 1994												0	XXX
3. 1995												0	XXX
4. 1996												0	XXX
5. 1997												0	XXX
6. 1998												0	XXX
7. 1999												0	XXX
8. 2000												0	XXX
9. 2001												0	XXX
10. 2002												0	XXX
11. 2003												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES ($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	XXX
3. 1995			0								0	XXX
4. 1996			0								0	XXX
5. 1997			0								0	XXX
6. 1998			0								0	XXX
7. 1999			0								0	XXX
8. 2000			0								0	XXX
9. 2001			0								0	XXX
10. 2002			0								0	XXX
11. 2003			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	XXX
2. 1994												0	XXX
3. 1995												0	XXX
4. 1996												0	XXX
5. 1997												0	XXX
6. 1998												0	XXX
7. 1999												0	XXX
8. 2000												0	XXX
9. 2001												0	XXX
10. 2002												0	XXX
11. 2003												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1994			0								0	
3. 1995			0								0	
4. 1996			0								0	
5. 1997			0								0	
6. 1998			0								0	
7. 1999			0								0	
8. 2000			0								0	
9. 2001			0								0	
10. 2002			0								0	
11. 2003			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1994												0	
3. 1995												0	
4. 1996												0	
5. 1997												0	
6. 1998												0	
7. 1999												0	
8. 2000												0	
9. 2001												0	
10. 2002												0	
11. 2003												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1994	0	0	0	0.0	0.0	0.0				0	0
3. 1995	0	0	0	0.0	0.0	0.0				0	0
4. 1996	0	0	0	0.0	0.0	0.0				0	0
5. 1997	0	0	0	0.0	0.0	0.0				0	0
6. 1998	0	0	0	0.0	0.0	0.0				0	0
7. 1999	0	0	0	0.0	0.0	0.0				0	0
8. 2000	0	0	0	0.0	0.0	0.0				0	0
9. 2001	0	0	0	0.0	0.0	0.0				0	0
10. 2002	0	0	0	0.0	0.0	0.0				0	0
11. 2003	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2002			0								0	XXX
3. 2003			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002												0	
3. 2003												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	0	0	0	0.0	0.0	0.0				0	0
3. 2003	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 2 - SUMMARY

NONE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										DEVELOPMENT	
	1 1994	2 1995	3 1996	4 1997	5 1998	6 1999	7 2000	8 2001	9 2002	10 2003	11 One Year	12 Two Year
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
2. 1994....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
3. 1995....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
4. 1996....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
5. 1997....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	0	0
6. 1998....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	0	0
7. 1999....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	0	0
8. 2000....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	0	0
9. 2001....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	0	0
10. 2002....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	0	.....XXX.....
11. 2003....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....XXX.....	.....XXX.....
										12. Totals.....	0	0

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1994	2 1995	3 1996	4 1997	5 1998	6 1999	7 2000	8 2001	9 2002	10 2003	11 One Year	12 Two Year
1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

SCHEDULE P - PART 2D - WORKERS' COMPENSATION

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1994	2 1995	3 1996	4 1997	5 1998	6 1999	7 2000	8 2001	9 2002	10 2003	11 One Year	12 Two Year
1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

NONE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1994	2 1995	3 1996	4 1997	5 1998	6 1999	7 2000	8 2001	9 2002	10 2003	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2K - FIDELITY/SURETY

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

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

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2M - INTERNATIONAL

NONE

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

NONE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1994	2 1995	3 1996	4 1997	5 1998	6 1999	7 2000	8 2001	9 2002	10 2003	11 One Year	12 Two Year
1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

NONE

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

NONE

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1994	2 1995	3 1996	4 1997	5 1998	6 1999	7 2000	8 2001	9 2002	10 2003	11 One Year	12 Two Year
1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1994											0	0
3. 1995	XXX										0	0
4. 1996	XXX	XXX									0	0
5. 1997	XXX	XXX	XXX								0	0
6. 1998	XXX	XXX	XXX	XXX							0	0
7. 1999	XXX	XXX	XXX	XXX	XXX						0	0
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

NONE

Supplement for the year 2003 of the **United HealthCare of Arkansas, Inc.**

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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

NAIC Group Code.....707 NAIC Company Code....95446

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 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
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

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