

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	136,660	22,126	3,536			162,322
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities	10,591,714					10,591,714
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	10,728,374	22,126	3,536			10,754,036

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medco	2,163,273	2,083,324	2,016,459	5,876,994	206,793	11,933,264
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,163,273	2,083,324	2,016,459	5,876,994	206,793	11,933,264
0299998 Claim Overpayment Receivables - Not Individually Listed	5,254,650	4,009,326	1,431,311	8,842,757	16,527,923	3,010,115
0299999 Subtotal - Claim Overpayment Receivables	5,254,650	4,009,326	1,431,311	8,842,757	16,527,923	3,010,115
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
0699998 Other Receivables - Not Individually Listed	28,304	37,114			65,417	
0699999 Subtotal - Other Receivables	28,304	37,114			65,417	
0799999 Gross health care receivables	7,446,227	6,129,764	3,447,770	14,719,751	16,800,133	14,943,379

EXHIBIT 4 - 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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,404,727	414,391	86,243	18,829	84,529	2,008,719
0499999 Subtotals	1,404,727	414,391	86,243	18,829	84,529	2,008,719
0599999 Unreported claims and other claim reserves						121,087,828
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						123,096,547
0899999 Accrued Medical Incentive Pool and Bonus Amounts						288,866

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
XL Health Corporation	2,878,198					2,878,198	
0199999 Total - Individually listed receivables	2,878,198					2,878,198	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	2,878,198					2,878,198	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	N O N E			
0399999 Total gross payables .....	..... X X X			

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	10,427,709	1.349	68,544	100.000		10,427,709
3. All other providers						
4. TOTAL Capitation Payments	10,427,709	1.349	68,544	100.000		10,427,709
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	762,442,045	98.646	X X X	X X X		762,442,045
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	39,141	0.005	X X X	X X X		39,141
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	762,481,186	98.651	X X X	X X X		762,481,186
13. TOTAL (Line 4 plus Line 12)	772,908,895	100.000	X X X	X X X		772,908,895

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
00000	Medical Transportation Management, Inc.	2,305,731	192,144		
00000	Avisis	8,121,978	676,832		
9999999		10,427,709	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4443

BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Company Code 12567

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	6,362							6,362		
2. First Quarter	7,720							7,720		
3. Second Quarter	8,572							8,572		
4. Third Quarter	9,336							9,336		
5. Current Year	9,899							9,899		
6. Current Year Member Months	104,430							104,430		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	248,647							248,647		
8. Non-Physician	67,644							67,644		
9. TOTAL	316,291							316,291		
10. Hospital Patient Days Incurred	28,455							28,455		
11. Number of Inpatient Admissions	3,841							3,841		
12. Health Premiums Written (b)	138,443,506							138,443,506		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	138,443,506							138,443,506		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	94,808,184							94,808,184		
18. Amount Incurred for Provision of Health Care Services	95,020,185							95,020,185		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....138,443,506



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR

NAIC Group Code 4443

NAIC Company Code 12567

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	15,843							15,843		
2. First Quarter	19,124							19,124		
3. Second Quarter	20,649							20,649		
4. Third Quarter	23,150							23,150		
5. Current Year	25,486							25,486		
6. Current Year Member Months	257,719							257,719		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	786,919							786,919		
8. Non-Physician	365,299							365,299		
9. TOTAL	1,152,218							1,152,218		
10. Hospital Patient Days Incurred	27,497							27,497		
11. Number of Inpatient Admissions	10,170							10,170		
12. Health Premiums Written (b)	341,659,695							341,659,695		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	341,659,695							341,659,695		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	306,369,031							306,369,031		
18. Amount Incurred for Provision of Health Care Services	307,054,104							307,054,104		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....341,659,695



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4443

BUSINESS IN THE STATE OF **MISSOURI** DURING THE YEAR

NAIC Company Code 12567

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	3,379							3,379		
2. First Quarter	6,285							6,285		
3. Second Quarter	7,735							7,735		
4. Third Quarter	9,144							9,144		
5. Current Year	9,622							9,622		
6. Current Year Member Months	93,513							93,513		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	358,078							358,078		
8. Non-Physician	126,650							126,650		
9. TOTAL	484,728							484,728		
10. Hospital Patient Days Incurred	29,258							29,258		
11. Number of Inpatient Admissions	3,792							3,792		
12. Health Premiums Written (b)	123,970,771							123,970,771		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	123,970,771							123,970,771		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	91,464,711							91,464,711		
18. Amount Incurred for Provision of Health Care Services	91,669,235							91,669,235		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....123,970,771



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4443

BUSINESS IN THE STATE OF **SOUTH CAROLINA** DURING THE YEAR

NAIC Company Code 12567

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	17,800							17,800		
2. First Quarter	18,726							18,726		
3. Second Quarter	19,698							19,698		
4. Third Quarter	21,693							21,693		
5. Current Year	23,537							23,537		
6. Current Year Member Months	245,148							245,148		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	757,178							757,178		
8. Non-Physician	363,398							363,398		
9. TOTAL	1,120,576							1,120,576		
10. Hospital Patient Days Incurred	76,833							76,833		
11. Number of Inpatient Admissions	9,506							9,506		
12. Health Premiums Written (b)	324,994,242							324,994,242		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	324,994,242							324,994,242		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	280,266,969							280,266,969		
18. Amount Incurred for Provision of Health Care Services	280,893,675							280,893,675		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....324,994,242



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4443

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 12567

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	43,384							43,384		
2. First Quarter	51,855							51,855		
3. Second Quarter	56,654							56,654		
4. Third Quarter	63,323							63,323		
5. Current Year	68,544							68,544		
6. Current Year Member Months	700,810							700,810		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	2,150,822							2,150,822		
8. Non-Physician	922,991							922,991		
9. TOTAL	3,073,813							3,073,813		
10. Hospital Patient Days Incurred	162,043							162,043		
11. Number of Inpatient Admissions	27,309							27,309		
12. Health Premiums Written (b)	929,068,214							929,068,214		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	929,068,214							929,068,214		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	772,908,895							772,908,895		
18. Amount Incurred for Provision of Health Care Services	774,637,199							774,637,199		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....929,068,214

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>											
0399999 Totals											

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
Accident and Health, Non-Affiliates						
21970	23-1502700	01/01/2010	ONEBEACON INS CO	Minnetonka, MN	512,368	1,547,702
0599999 Total - Accident and Health, Non-Affiliates					512,368	1,547,702
0699999 Totals - Accident and Health					512,368	1,547,702
0799999 Totals - Life, Annuity and Accident and Health					512,368	1,547,702

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
Authorized General Account - Non-Affiliates												
21970	23-1502700	01/01/2010	ONEBEACON INS CO	Minnetonka, MN	SSL/A/I	5,031,532						
0299999 Subtotal - Authorized General Account - Non-Affiliates						5,031,532						
0399999 Total - Authorized General Account						5,031,532						
0799999 Total - Authorized and Unauthorized General Account						5,031,532						
1599999 Totals						5,031,532						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8	
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>														
1199999 Totals (General Account and Separate Accounts combined)														

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	5,032	3,471	5,815	3,678	
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	1,352	742	2,182	171	
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	1,548	897	785		
8. Reinsurance recoverable on paid losses	512	772	632	171	
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 12)	144,003,868		144,003,868
2. Accident and health premiums due and unpaid (Line 15)	30,444,144		30,444,144
3. Amounts recoverable from reinsurers (Line 16.1)	512,368	(512,368)	
4. Net credit for ceded reinsurance	X X X	2,060,070	2,060,070
5. All other admitted assets (Balance)	56,232,042		56,232,042
6. TOTAL Assets (Line 28)	231,192,422	1,547,702	232,740,124
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	121,548,845	1,547,702	123,096,547
8. Accrued medical incentive pool and bonus payments (Line 2)	288,866		288,866
9. Premiums received in advance (Line 8)	1,661		1,661
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	7,343,687		7,343,687
13. TOTAL Liabilities (Line 24)	129,183,059	1,547,702	130,730,761
14. TOTAL Capital and Surplus (Line 33)	102,009,362	X X X	102,009,362
15. TOTAL Liabilities, Capital and Surplus (Line 34)	231,192,421	1,547,702	232,740,123
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	1,547,702		
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses	512,368		
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables	2,060,070		
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance	2,060,070		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 00000 ..	.. 52-2102846 ..	XLHEALTH CORPORATION .....	.....	.. (28,484,800) ..	.....	.....	.. 219,789,819 ..	.....	.....	.....	.. 191,305,019 ..	.....
.. 12567 ..	.. 20-3888112 ..	CARE IMPROVEMENT PLUS S CENTRAL INS .....	.....	.. 33,700,000 ..	.....	.....	.. (154,333,896) ..	.....	.....	.....	.. (120,633,896) ..	.....
.. 12313 ..	.. 20-2412936 ..	CARE IMPROVEMENT PLUS OF MD INC .....	.....	.. (5,715,200) ..	.....	.....	.. (1,194,305) ..	.....	.....	.....	.. (6,909,505) ..	.....
.. 12558 ..	.. 20-2576806 ..	CARE IMPROVEMENT PLUS OF TX INS CO .....	.....	.. 500,000 ..	.....	.....	.. (64,261,618) ..	.....	.....	.....	.. (63,761,618) ..	.....
9999999 Totals .....		.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|--|-----|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | Yes |
|--|-----|

The following supplemental reports are required to be filed as part of your 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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | No |
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |

APRIL FILING

- | | |
|---|----|
| 18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | No |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be file with the state of domicile and the NAIC by April 1? | No |

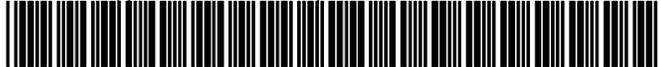
AUGUST FILING

- | | |
|--|-----|
| 23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



1256720103600000 2010 Document Code: 360

Health Life Supplement



1256720102050000 2010 Document Code: 205

Health Property / Casualty Supplement



1256720102070000 2010 Document Code: 207

Schedule SIS



1256720104200000 2010 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



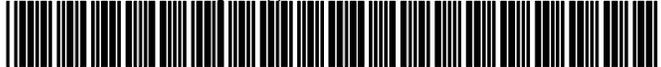
1256720103710000 2010 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1256720103700000 2010 Document Code: 370

Medicare Part D Coverage Supplement



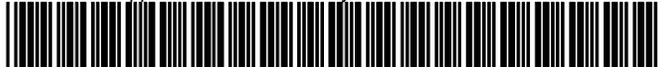
1256720103650000 2010 Document Code: 365

LTC Supplemental Interrogatories



1256720103060000 2010 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



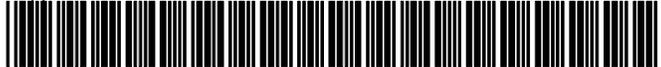
1256720102110000 2010 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



1256720102130000 2010 Document Code: 213

Supplemental Health Care Exhibit



1256720102160000 2010 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



1256720102170000 2010 Document Code: 217

OVERFLOW PAGE FOR WRITE-INS



Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 4443

(To be Filed By March 1)

NAIC Company Code: 12567

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

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