



13160201020100100

# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2010  
OF THE CONDITION AND AFFAIRS OF THE

## Physicians Health Choice of AR, Inc

NAIC Group Code 4423 4423 NAIC Company Code 13160 Employer's ID Number 45-0571407  
(Current Period) (Prior Period)

Organized under the Laws of Arkansas, State of Domicile or Port of Entry AR  
Country of Domicile USA

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

Incorporated/Organized: August 7, 2007 Commenced Business: May 30, 2008

Statutory Home Office 900 South Shackleford, Ste. 205, Little Rock, AR 72211  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office: 8637 Fredericksburg Rd Ste 360  
(Street and Number)  
San Antonio, TX 78240 866-550-4736  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address: 8637 Fredericksburg Rd Ste 360, San Antonio, TX 78240  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records: 8637 Fredericksburg Rd Ste 360 San Antonio, TX 78240 210-949-4110  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address n/a

Statutory Statement Contact: Laura Ketterman 210-949-4110  
(Name) (Area Code) (Telephone Number) (Extension)  
lketterman@phyhc.com 210-694-4630  
(E-Mail Address) (Fax Number)

### OFFICERS

|    | Name                            | Title            |
|----|---------------------------------|------------------|
| 1. | <u>Daniel Joseph Comrie</u>     | <u>President</u> |
| 2. | <u>Bryan David Grundhoefer</u>  | <u>Secretary</u> |
| 3. | <u>Joseph Anthony Zimmerman</u> | <u>Treasurer</u> |

### VICE-PRESIDENTS

| Name  | Title | Name  | Title |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

### DIRECTORS OR TRUSTEES

|                             |                                |                           |                                 |
|-----------------------------|--------------------------------|---------------------------|---------------------------------|
| <u>Daniel Joseph Comrie</u> | <u>Bryan David Grundhoefer</u> | <u>Gary W. Piefer, MD</u> | <u>George M. Rapier III, MD</u> |
| _____                       | _____                          | _____                     | _____                           |
| _____                       | _____                          | _____                     | _____                           |
| _____                       | _____                          | _____                     | _____                           |
| _____                       | _____                          | _____                     | _____                           |
| _____                       | _____                          | _____                     | _____                           |
| _____                       | _____                          | _____                     | _____                           |
| _____                       | _____                          | _____                     | _____                           |

State of Texas  
County of Bexar ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

|   |  |   |
|---|--|---|
| _____<br>(Signature)<br><u>Daniel Joseph Comrie</u><br>(Printed Name)<br>1.<br>President<br>(Title) | _____<br>(Signature)<br><u>Bryan David Grundhoefer</u><br>(Printed Name)<br>2.<br>Secretary<br>(Title) | _____<br>(Signature)<br><u>Joseph Anthony Zimmerman</u><br>(Printed Name)<br>3.<br>Treasurer<br>(Title) |
|---|--|---|

Subscribed and sworn to before me this  
22 day of February, 2011

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



**NONE Exhibit 3 - Health Care Receivables**

**NONE Exhibit 4 - Claims Unpaid (Reported and Unreported)**

**NONE    Exhibit 5 - Amounts Due from Parent, Subsidiaries and Affiliates**

### EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Affiliate   | 2<br>Description   | 3<br>Amount      | 4<br>Current     | 5<br>Non-Current |
|--|--|------------------|------------------|------------------|
| WELLMED MEDICAL MANAGEMENT INC<br>PHC SUBSIDIARY HOLDINGS, LLC | Disbursements in connection of Operations<br>Disbursements in connection of Operations | 94,960<br>48,674 | 94,960<br>48,674 |                  |
| 0199999 Individually listed payable                            |  | 143,634          | 143,634          |                  |
| 0299999 Payables not individually listed                       |  |                  |                  |                  |
|  |  |                  |                  |                  |
| 0399999 Total gross payables                                   |  | 143,634          | 143,634          |                  |



**NONE Exhibit 8 - Furniture, Equipment, and Supplies Owned**



13160201043004100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation Physicians Health Choice of AR, Inc.

2. Little Rock, AR

(LOCATION)

NAIC Group Code 4423

**BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2010**

NAIC Company Code 13160

29,AR

|   | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare Supplement | 5<br>Vision Only | 6<br>Dental Only | 7<br>Federal Employees Health Benefit Plan | 8<br>Title XVIII Medicare | 9<br>Title XIX Medicaid | 10<br>Other |
|---|------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
|   |            | 2<br>Individual                    | 3<br>Group |                          |                  |                  |  |                           |                         |             |
| Total Members at end of:                                  |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 1. Prior Year   | 469        |                                    |            |                          |                  |                  |  | 469                       |                         |             |
| 2. First Quarter  | 1,204      |                                    |            |                          |                  |                  |  | 1,204                     |                         |             |
| 3. Second Quarter   | 1,332      |                                    |            |                          |                  |                  |  | 1,332                     |                         |             |
| 4. Third Quarter  | 1,348      |                                    |            |                          |                  |                  |  | 1,348                     |                         |             |
| 5. Current Year   | 1,283      |                                    |            |                          |                  |                  |  | 1,283                     |                         |             |
| 6. Current Year Member Months                             | 15,205     |                                    |            |                          |                  |                  |  | 15,205                    |                         |             |
| Total Member Ambulatory Encounters For Year:              |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 7. Physician  | 10,988     |                                    |            |                          |                  |                  |  | 10,988                    |                         |             |
| 8. Non-Physician  | 1,850      |                                    |            |                          |                  |                  |  | 1,850                     |                         |             |
| 9. Total  | 12,838     |                                    |            |                          |                  |                  |  | 12,838                    |                         |             |
| 10. Hospital Patient Days Incurred                        | 2,763      |                                    |            |                          |                  |                  |  | 2,763                     |                         |             |
| 11. Number of Inpatient Admissions                        | 385        |                                    |            |                          |                  |                  |  | 385                       |                         |             |
| 12. Health Premiums Written (b)                           | 12,794,480 |                                    |            |                          |                  |                  |  | 12,794,480                |                         |             |
| 13. Life Premiums Direct                                  |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 14. Property/Casualty Premiums Written                    |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 15. Health Premiums Earned                                | 12,794,480 |                                    |            |                          |                  |                  |  | 12,794,480                |                         |             |
| 16. Property/Casualty Premiums Earned                     |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 17. Amount Paid for Provision of Health Care Services     | 13,222,268 |                                    |            |                          |                  |                  |  | 13,222,268                |                         |             |
| 18. Amount Incurred for Provision of Health Care Services | 13,222,268 |                                    |            |                          |                  |                  |  | 13,222,268                |                         |             |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 12,593,812.



13160201043059100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation Physicians Health Choice of AR, Inc.

2. Little Rock, AR

(LOCATION)

NAIC Group Code 4423

**BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2010**

NAIC Company Code 13160

29,GT

|   | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare Supplement | 5<br>Vision Only | 6<br>Dental Only | 7<br>Federal Employees Health Benefit Plan | 8<br>Title XVIII Medicare | 9<br>Title XIX Medicaid | 10<br>Other |
|---|------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
|   |            | 2<br>Individual                    | 3<br>Group |                          |                  |                  |  |                           |                         |             |
| Total Members at end of:                                  |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 1. Prior Year   | 469        |                                    |            |                          |                  |                  |  | 469                       |                         |             |
| 2. First Quarter  | 1,204      |                                    |            |                          |                  |                  |  | 1,204                     |                         |             |
| 3. Second Quarter   | 1,332      |                                    |            |                          |                  |                  |  | 1,332                     |                         |             |
| 4. Third Quarter  | 1,348      |                                    |            |                          |                  |                  |  | 1,348                     |                         |             |
| 5. Current Year   | 1,283      |                                    |            |                          |                  |                  |  | 1,283                     |                         |             |
| 6. Current Year Member Months                             | 15,205     |                                    |            |                          |                  |                  |  | 15,205                    |                         |             |
| Total Member Ambulatory Encounters For Year:              |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 7. Physician  | 10,988     |                                    |            |                          |                  |                  |  | 10,988                    |                         |             |
| 8. Non-Physician  | 1,850      |                                    |            |                          |                  |                  |  | 1,850                     |                         |             |
| 9. Total  | 12,838     |                                    |            |                          |                  |                  |  | 12,838                    |                         |             |
| 10. Hospital Patient Days Incurred                        | 2,763      |                                    |            |                          |                  |                  |  | 2,763                     |                         |             |
| 11. Number of Inpatient Admissions                        | 385        |                                    |            |                          |                  |                  |  | 385                       |                         |             |
| 12. Health Premiums Written (b)                           | 12,794,480 |                                    |            |                          |                  |                  |  | 12,794,480                |                         |             |
| 13. Life Premiums Direct                                  |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 14. Property/Casualty Premiums Written                    |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 15. Health Premiums Earned                                | 12,794,480 |                                    |            |                          |                  |                  |  | 12,794,480                |                         |             |
| 16. Property/Casualty Premiums Earned                     |            |                                    |            |                          |                  |                  |  |                           |                         |             |
| 17. Amount Paid for Provision of Health Care Services     | 13,222,268 |                                    |            |                          |                  |                  |  | 13,222,268                |                         |             |
| 18. Amount Incurred for Provision of Health Care Services | 13,222,268 |                                    |            |                          |                  |                  |  | 13,222,268                |                         |             |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 12,593,812.

**NONE Schedule S - Part 1 - Section 2**

**NONE Schedule S - Part 2**

**NONE Schedule S - Part 3 - Section 2**

**NONE Schedule S - Part 4**

**NONE Schedule S - Part 5**

**NONE Schedule S - Part 6**

**NONE    Schedule T - Part 2**

## SCHEDULE Y

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

| 1                       | 2                        | 3  | 4                        | 5                        | 6  | 7   | 8   | 9   | 10  | 11  | 12                       | 13  |
|-------------------------|--------------------------|--|--------------------------|--------------------------|--|---|---|---|-----|---|--------------------------|---|
| NAIC<br>Company<br>Code | Federal<br>ID<br>Number  | Names of<br>Insurers<br>and<br>Parents,<br>Subsidiaries<br>or Affiliates | Shareholder<br>Dividends | Capital<br>Contributions | Purchases,<br>Sales or<br>Exchanges of<br>Loans,<br>Securities,<br>Real Estate,<br>Mortgage Loans<br>or Other<br>Investments | Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of<br>any Affiliate(s) | Management<br>Agreements<br>and<br>Service<br>Contracts | Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | *   | Any Other<br>Material<br>Activity Not<br>in the<br>Ordinary<br>Course of the<br>Insurer's<br>Business | Totals                   | Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/<br>(Liability) |
| 0<br>13160              | 35-2288416<br>45-0571407 | PHC Subsidiary Holdings LLC<br>Physicians Health Choice of Arkansas, Inc |                          | (2,000,000)<br>2,000,000 |  |   |   |   |     |   | (2,000,000)<br>2,000,000 |   |
| 9999999                 | Control Totals           |  |                          |                          |  |   |   |   | XXX |   |                          |   |

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

|  | Responses |
|--|-----------|
| <b>MARCH FILING</b>  |           |
| 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       |
| <b>APRIL FILING</b>  |           |
| 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       |
| <b>JUNE FILING</b>   |           |
| 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       |
| <b>AUGUST FILING</b>   |           |
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?   | WAIVED    |

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

|  |     |
|--|-----|
| <b>MARCH FILING</b>  |     |
| 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?   | YES |
| 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?  | YES |
| <b>APRIL FILING</b>  |     |
| 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 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 filed with the state of domicile and the NAIC by April 1?   | NO  |
| <b>AUGUST FILING</b>   |     |
| 23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?   | NO  |

**Explanation:**

**Bar Code:**



1316020102220000



1316020103600000

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



13160201020500000



13160201037100000



13160201033000000



13160201021300000



13160201021700000



13160201020700000



13160201037000000



13160201021100000



13160201021600000



13160201022300000

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**OVERFLOW PAGE FOR WRITE-INS**

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13160201036500100

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 4423

NAIC Company Code 13160

|  | Individual Coverage |                | Group Coverage |                | 5<br>Total<br>Cash |
|--|---------------------|----------------|----------------|----------------|--------------------|
|  | 1<br>Insured        | 2<br>Uninsured | 3<br>Insured   | 4<br>Uninsured |                    |
| 1. Premiums Collected                                |                     |                |                |                |                    |
| 1.1 Standard Coverage                                |                     |                |                |                |                    |
| 1.11 With Reinsurance Coverage                       |                     | X X X          |                | X X X          |                    |
| 1.12 Without Reinsurance Coverage                    | 2,803,594           | X X X          |                | X X X          | 2,803,594          |
| 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                    | 2,803,594           | 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                                    | 2,803,594           | X X X          |                | X X X          | 2,803,594          |
| 7. Claims Paid                                       |                     |                |                |                |                    |
| 7.1 Standard Coverage                                |                     |                |                |                |                    |
| 7.11 With Reinsurance Coverage                       |                     | X X X          |                | X X X          |                    |
| 7.12 Without Reinsurance Coverage                    | 2,529,996           | X X X          |                | X X X          | 2,529,996          |
| 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. Health Care 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                   | 2,529,996           | 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                                     | 2,529,996           | X X X          |                | X X X          | 2,529,996          |
| 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 Health Care 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                           | 273,598             | X X X          |                | X X X          | X X X              |
| 17. Cash Flow Result                                 | X X X               | X X X          | X X X          | X X X          | 273,598            |

## ALPHABETICAL INDEX TO HEALTH ANNUAL STATEMENT

|  |      |   |      |
|--|------|---|------|
| Exhibit of Nonadmitted Assets                                    | 16   | Schedule DA – Verification Between Years  | SI11 |
| Analysis of Operations By Lines of Business                      | 7    | Schedule DB – Part A – Section 1  | E18  |
| Assets   | 2    | Schedule DB – Part A – Section 2  | E18  |
| Cash Flow  | 6    | Schedule DB – Part A – Section 3  | E19  |
| Exhibit 1 – Enrollment By Product Type for Health Business Only  | 17   | Schedule DB – Part A – Verification Between Years   | SI12 |
| Exhibit 2 – Accident and Health Premiums Due and Unpaid          | 18   | Schedule DB – Part B – Section 1  | E19  |
| Exhibit 3 – Health Care Receivables                              | 19   | Schedule DB – Part B – Section 2  | E20  |
| Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus | 20   | Schedule DB – Part B – Section 3  | E20  |
| Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates | 21   | Schedule DB – Part B – Verification Between Years   | SI12 |
| Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates   | 22   | Schedule DB – Part C – Section 1  | E21  |
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