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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

American Dental Providers of Arkansas, Inc.

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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Website Address www.compbenefits.com

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

OFFICERS

Name	Title	Name	Title
Gerald Lawrence Ganoni	President	Joan Olliges Lenahan	Vice President and Secretary
James Harry Bloem	Sr VP, CFO & Treasurer	Frank Murray Amrine	Appointed Actuary

OTHER OFFICERS

George Grant Bauernfeind	Vice President	John Gregory Catron	Vice President
Jonathan Thomas Lord M.D.	Sr. Vice President	John Edward Lumpkins	Vice President
Heidi Suzanne Margulis	Sr. Vice President	Mark Matthew Matzke	Chief Operating Officer
Kathleen Stephenson Pellegrino	VP & Asst. Secretary	Gilbert Alan Stewart	Vice President
William Joseph Tait	Vice President	Gary Dean Thompson	Vice President
Tod James Zacharias	Vice President		

DIRECTORS OR TRUSTEES

Jonathan Thomas Lord M.D.	Michael Benedict McCallister	James Elmer Murray	

State of Kentucky
County of Jefferson
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.

Gerald Lawrence Ganoni	Joan Olliges Lenahan	James Harry Bloem
President	Vice President and Secretary	Sr VP, CFO & Treasurer

Subscribed and sworn to before me this 23rd day of February, 2009

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

Julia Basham
Notary Public
January 10, 2013

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						
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	4,691	1,645	691	1,138	1,138	7,027
0299999 Total group	4,691	1,645	691	1,138	1,138	7,027
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	4,691	1,645	691	1,138	1,138	7,027

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
Individually Listed Receivables:						
0799999 Gross health care receivables						

NONE

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
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	721	505	338	227	292	2,083
0499999 Subtotals	721	505	338	227	292	2,083
0599999 Unreported claims and other claim reserves						4,890
0699999 Total amounts withheld						
0799999 Total claims unpaid						6,973
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - 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
Individually Listed Receivables:							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana Inc	Reimbursements from expenditures made directly by Humana Inc. for the benefit of ADP-AR or for the services provided by Humana Inc. for the company. The direct expenditures include payments for medical related items, trade payables, and payroll related items. The services provided include but are not limited to actuarial claim administration, customer services, utilization managment, prior authorization, quality management, acconting, financial analysis, legal, tax, budgeting, data processing, and marketing.	36,902	36,902	
0199999 Individually listed payables		36,902	36,902	0
0299999 Payables not individually listed				
0399999 Total gross payables		36,902	36,902	0

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	414	100.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	13,512	27.4		0.0		13,512
4. Total capitation payments	13,512	27.4	414	100.0	0	13,512
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	35,762	72.6	XXX	XXX		35,762
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	35,762	72.6	XXX	XXX	0	35,762
13. Total (Line 4 plus Line 12)	49,274	100 %	XXX	XXX	0	49,274

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

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						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION American Dental Providers of Arkansas, Inc. 2. _____ (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2008 NAIC Company Code 11559

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	729					530	199			
2 First Quarter	712					471	241			
3 Second Quarter	698					450	248			
4. Third Quarter	679					432	247			
5. Current Year	414					161	253			
6 Current Year Member Months	7,862					4,908	2,954			
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	136,499					53,918	82,581			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	135,901					53,320	82,581			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	49,274					23,037	26,237			
18. Amount Incurred for Provision of Health Care Services	50,886					22,808	28,078			

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION American Dental Providers of Arkansas, Inc. 2. _____ (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2008 NAIC Company Code 11559

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	729	0	0	0	0	530	199	0	0	0
2 First Quarter	712	0	0	0	0	471	241	0	0	0
3 Second Quarter	698	0	0	0	0	450	248	0	0	0
4. Third Quarter	679	0	0	0	0	432	247	0	0	0
5. Current Year	414	0	0	0	0	161	253	0	0	0
6 Current Year Member Months	7,862	0	0	0	0	4,908	2,954	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	136,499	0	0	0	0	53,918	82,581	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	135,901	0	0	0	0	53,320	82,581	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	49,274	0	0	0	0	23,037	26,237	0	0	0
18. Amount Incurred for Provision of Health Care Services	50,886	0	0	0	0	22,808	28,078	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees $ 0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 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)	362,861		362,861
2. Accident and health premiums due and unpaid (Line 13)	7,027		7,027
3. Amounts recoverable from reinsurers (Line 14.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	5,834		5,834
6. Total assets (Line 26)	375,722	0	375,722
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	6,973	0	6,973
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	1,838		1,838
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11. Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	41,037		41,037
13. Total liabilities (Line 22)	49,848	0	49,848
14. Total capital and surplus (Line 31)	325,874	XXX	325,874
15. Total liabilities, capital and surplus (Line 32)	375,722	0	375,722
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

NONE

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
69671	61-1041514	Humana Health Ins Comp of Florida, Inc		15,000,000			(5,750,818)	99,750,004			108,999,186	
00000	61-1343508	Humana Marketpoint, Inc					303,366,458				303,366,458	
00000	61-1241225	Hum Military Healthcare Services, Inc					(42,273,435)				(42,273,435)	
95270	61-1103898	Humana Medical Plan, Inc	(145,000,000)	(2,000,000)			(383,692,657)	(99,750,004)			(630,442,661)	
95885	61-1013183	Humana Health Plan, Inc		225,000,000			(165,809,458)	(90,585,806)			(31,395,264)	
95348	31-1154200	Humana Health Plan of Ohio, Inc	(15,000,000)				(2,106,514)	(213,372,211)			(230,478,725)	
95024	61-0994632	Humana Health Plan of Texas, Inc	(40,000,000)				(44,097,659)	(208,668,875)			(292,766,534)	
54739	52-1157181	The Dental Concern, Inc	(1,000,000)				(639,543)				(1,639,543)	
00000	61-0647538	Humana Inc	296,000,000	(467,750,000)			1,817,205,744				1,645,455,744	
00000	61-1232669	Managed Care Indemnity, Inc	(15,000,000)				(9,474)				(15,009,474)	
00000	61-1223418	Health Value Management, Inc					(21,859,375)				(21,859,375)	
95342	39-1525003	Hum Wisconsin Health Org Ins Corp		20,000,000			(7,484,781)	(59,145,691)			(46,630,472)	
73288	39-1263473	Humana Insurance Company	70,000,000				(1,179,916,696)	657,861,402			(452,055,294)	
52028	39-3654697	The Dental Concern, Ltd	(1,000,000)				(62,700)				(1,062,700)	
95519	58-2209549	Hum Employers Health Plan of GA, Inc					(7,796,664)	(86,088,819)			(93,885,483)	
70580	39-0714280	HumanaDental Insurance Company	(25,000,000)				(22,385,055)				(47,385,055)	
88595	31-0935772	Emphesys Insurance Company		750,000			(267,241)				482,759	
60219	61-1311605	Humana Insurance Company of Kentucky					(3,151,413)				(3,151,413)	
00000	66-0291866	PCA Insurance Group of Puerto Rico, Inc					(414,967)				(414,967)	
00000	66-0406896	PCA Health Plans of Puerto Rico, Inc					(6,110,374)				(6,110,374)	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc	(70,000,000)				(100,487,268)				(170,487,268)	
95092	59-2598550	CarePlus Health Plans, Inc	(54,000,000)				(25,452,513)				(79,452,513)	
00000	20-2888723	Humana Insurance Company of New York					(9,319,698)				(9,319,698)	
95158	61-1279717	CHA HMO					(2,348,898)				(2,348,898)	
00000	61-1383567	HUM-e-FL, Inc									0	
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc					(1,672)				(1,672)	
00000	58-93028	Humana Health Enterprises UK Ltd									0	
00000	26-0010657	CAC-Florida Medical Centers, LLC					(12,621,776)				(12,621,776)	
00000	61-1316926	Humana Pharmacy, Inc									0	
00000	61-1343791	Humana Innovation Enterprises, Inc									0	
00000	20-2620891	Green Ribbon Health, LLC									0	
00000	75-2043865	Corphealth, Inc									0	
00000	20-1377270	KMG America Corporation		205,000,000							205,000,000	
65110	57-0380426	Kanawha Insurance Co					(1,819,161)				(1,819,161)	
00000	74-2352809	Texas Dental Plans, Inc									0	
12908	20-8411422	Humana Medical Plan of Utah		2,000,000			(500,049)				1,499,951	
95107	56-1796975	American Dental Plan of NC					(152,893)				(152,893)	
11559	58-2302163	American Dental Providers of AR					(42,257)				(42,257)	
12250	63-1063101	CompBenefits of Alabama					(120,749)				(120,749)	
52015	59-2531815	CompBenefits Company					(42,853,177)				(42,853,177)	
95161	76-0039628	DentiCare, Inc					(2,780,501)				(2,780,501)	
11228	36-3686002	CompBenefits Dental, Inc					(4,315,007)				(4,315,007)	
60052	37-1326199	Humana Benefit Plan of Il, Inc					(1,820,155)				(1,820,155)	
10126	65-1137990	Humana AdvantageCare Plan		2,000,000			(41,632)				1,958,368	
95754	62-1579044	Cariten Health Plan					(3,509,844)				(3,509,844)	
82740	62-0729865	Cariten Insurance Company					(282,469)				(282,469)	
95749	62-1546662	Preferred Health Partnership of TN, INC					215,354				215,354	
60984	74-2552026	CompBenefits Insurance Company					(18,489,013)				(18,489,013)	

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

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES

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

	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	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
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

EXPLANATION:

9. This type of business is not written

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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