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ANNUAL STATEMENT

For the Year Ended December 31, 2008

of the Condition and Affairs of the

HealthLink HMO, Inc.

NAIC Group Code.....671, 671 (Current Period) (Prior Period) NAIC Company Code..... 96475 Employer's ID Number..... 43-1616135

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

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [X]

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

Statutory Home Office	12443 Olive Boulevard….. St. Louis ..... MO ..... 63141 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	1831 Chestnut Street….. St. Louis ..... MO ..... 63103-2275 *(Street and Number) (City or Town, State and Zip Code)*	314-923-4444 *(Area Code) (Telephone Number)*
Mail Address	6775 W Washington Street….. Milwaukee ..... WI ..... 53214 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	6775 W Washington Street….. Milwaukee ..... WI ..... 53214 *(Street and Number) (City or Town, State and Zip Code)*	414-459-6833 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.healthlink.com	
Statutory Statement Contact	Brenda Buss *(Name)*	414-459-6833 *(Area Code) (Telephone Number) (Extension)*
	Brenda.Buss@Wellpoint.com *(E-Mail Address)*	414-459-5689 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Dennis William Casey	President	2. Nancy Louise Purcell	Secretary
3. Robert David Kretschmer	Treasurer	4. David Michael Henley	Assistant Secretary

OTHER

DIRECTORS OR TRUSTEES

Wayne Scott DeVeydt Dennis William Casey Catherine Irene Kelaghan #

State of.....
County of.....

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.

(Signature)	(Signature)	(Signature)
Dennis William Casey	Nancy Louise Purcell	Robert David Kretschmer
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 13th 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

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

NONE

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
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	12				12	0
0299999. Total Claim Overpayment Receivables	12	0	0	0	12	0
0799999. Total Health Care Receivables	12	0	0	0	12	0

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)						
0599999. Unreported claim and other claim reserves						7,823
0799999. Total claims unpaid						7,823

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
Amounts Due From Parent, Subsidiaries and Affiliates							
HealthLink, Inc.	1,583,438				560,443	1,022,995	
Anthem Insurance Companies, Inc.	432,944				153,236	279,707	
0199999. Individually listed receivables.	2,016,382	0	0	0	713,679	1,302,703	0
0299999. Receivables not individually listed.	17,016				6,023	10,993	
0399999. Total gross amounts receivable.	2,033,398	0	0	0	719,702	1,313,696	0

EXHIBIT 6 - 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				
HealthLink, Inc.	Accounts Receivable	511,584	511,584	
HealthLink, Inc.	Accounts Payable	29,663	29,663	
0199999. Individually listed payables		541,247	541,247	0
0299999. Payables not individually listed		64,690	64,690	
0399999. Total gross payables		605,937	605,937	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	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				
2. Intermediaries	0	0.0				
3. All other providers	0	0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
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	112,001	100.0	XXX	XXX		112,001
12. Total other payments	112,001	100.0	XXX	XXX	0	112,001
13. Total (Line 4 plus Line 12)	112,001	100.0	XXX	XXX	0	112,001

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

EXHIBIT 8 - 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 (a)

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

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

NAIC Group Code.....671

NAIC Company Code.....96475

	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	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....671

NAIC Company Code.....96475

	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	1,147	21	1,126							
2. First quarter	22	22								
3. Second quarter	22	22								
4. Third quarter	22	22								
5. Current year	22	22								
6. Current year member months	264	264								
Total Member Ambulatory Encounters for Year:										
7. Physician	5,894	5,894								
8. Non-physician	1,378	1,378								
9. Totals	7,272	7,272	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	271	271								
11. Number of inpatient admissions	79	79								
12. Health premiums written (b)	185,682	185,682								
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	185,682	185,682								
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	112,001	112,001								
18. Amount incurred for provision of health care services	112,737	112,737								

(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 heatlh premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....671

NAIC Company Code.....96475

	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	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....671

NAIC Company Code.....96475

	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	1,147	21	1,126							
2. First quarter	22	22								
3. Second quarter	22	22								
4. Third quarter	22	22								
5. Current year	22	22								
6. Current year member months	264	264								
Total Member Ambulatory Encounters for Year:										
7. Physician	5,894	5,894								
8. Non-physician	1,378	1,378								
9. Totals	7,272	7,272	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	271	271								
11. Number of inpatient admissions	79	79								
12. Health premiums written (b)	185,682	185,682								
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	185,682	185,682								
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	112,001	112,001								
18. Amount incurred for provision of health care services	112,737	112,737								

(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 heatlh premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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
Accident and Health - Affiliates						
80314	52-0913817	10/01/2007	UniCare Life and Health Insurance Company	Indianapolis, IN		7,823
0499999.	Total - Affiliates				0	7,823
0699999.	Total - Accident and Health				0	7,823
0799999.	Totals - Life, Annuity and Accident and Health				0	7,823

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 - Affiliates												
80314	52-0913817	.10/01/2007	UniCare Life and Health Insurance Company	Indianapolis, IN	I	79,665						
0199999.	Total - Authorized General Account - Affiliates					79,665	0	0	0	0	0	0
0399999.	Total - Authorized General Account					79,665	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					79,665	0	0	0	0	0	0
1599999.	Totals					79,665	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 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums	80	31			
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable	1	31			
7. Claims payable	8	11			
8. Reinsurance recoverable on paid losses					
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)	25,746,690		25,746,690
2.	Accident and health premiums due and unpaid (Line 13)		1,094	1,094
3.	Amounts recoverable from reinsurers (Line 14.1)			0
4.	Net credit for ceded reinsurance	XXX	7,065	7,065
5.	All other admitted assets (balance)	953,950		953,950
6.	Totals assets (Line 26)	26,700,640	8,160	26,708,800
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)		7,823	7,823
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	5,111		5,111
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			0
11.	Reinsurance in unauthorized companies (Line 18)			0
12.	All other liabilities (balance)	2,335,726	336	2,336,062
13.	Total liabilities (Line 22)	2,340,837	8,159	2,348,996
14.	Total capital and surplus (Line 31)	24,359,804	XXX	24,359,804
15.	Total liabilities, capital and surplus (Line 32)	26,700,640	8,159	26,708,800
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	7,823		
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	7,823		
22.	Premiums receivable	1,094		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	(336)		
26.	Total ceded reinsurance payables/offsets	758		
27.	Total net credit for ceded reinsurance	7,065		

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						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.	US 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

NONE

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)
Affiliated Transactions												
	76-0284205	Affiliated Healthcare, Inc.					(107,912)				(107,912)	
	36-4384128	American Imaging Management East, LLC					(3,582,862)				(3,582,862)	
	36-3692630	American Imaging Management, Inc.					(59,013,435)				(59,013,435)	
	26-1974650	Anthem Blue Cross and Blue Shield Plan Administrator, LLC.		2,500,000			(17,100,529)	4,656,942			(9,943,587)	
12624	20-3568984	Anthem Blue Cross Blue Shield Partnership Plan, Inc.					418,779				418,779	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(325,000,000)				(918,916,619)	(4,011,470)			(1,247,928,089)	4,667,639
	26-1498094	Anthem Health Insurance Company of Nevada, Inc.					296,304				296,304	
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(105,000,000)				(250,685,923)				(355,685,923)	
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(75,700,000)				(102,222,477)				(177,922,477)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(35,000,000)				(48,325,913)				(83,325,913)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(330,500,000)				(514,851,926)	1,339,061			(844,012,865)	(1,133,309)
60217	06-1475928	Anthem Health Plans, Inc.	(215,000,000)	(2,500,000)			(253,389,214)				(470,889,214)	
	26-1498020	Anthem HMO of Nevada, Inc.					326,972				326,972	
	61-1459939	Anthem Holding Corp.					7,152,506				7,152,506	
28207	35-0781558	Anthem Insurance Companies, Inc.	(250,000,000)				225,472,339				(24,527,661)	(7,043,851)
	20-5876774	Anthem Life and Disability Insurance Company		16,000,000			640				16,000,640	
61069	35-0980405	Anthem Life Insurance Company	(21,900,000)				(24,870,612)	3,801,741			(42,968,871)	2,956,835
	32-0031791	Anthem Southeast, Inc.					729,761				729,761	
	35-2129194	Anthem UM Services, Inc.					38,646,129				38,646,129	
	95-4640529	Arcus Enterprises, Inc.					320,195				320,195	
	26-3242737	Arcus Financial Bank					(335,968)				(335,968)	
	20-2858325	Arcus Financial Services, Inc.					(3,680,953)				(3,680,953)	
	20-2858384	Arcus HealthLiving Services, Inc.					(1,328,813)				(1,328,813)	
	61-1079399	Arison Insurance Services, Inc.					(765,482)				(765,482)	
	11-3713086	ATH Holding Company, LLC					(435,806)				(435,806)	
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(287,800,000)				(254,955,754)				(542,755,754)	
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(80,000,000)	20,000,000			(242,951,361)				(302,951,361)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin		20,000,000			(103,748,515)	(1,013,647)			(84,762,162)	7,494
	95-3760980	Blue Cross of California	(575,000,000)				40,981,564				(534,018,436)	
	20-2994048	Blue Cross of California Partnership Plan, Inc.					(67,828,147)				(67,828,147)	
	39-1413702	Claim Management Services, Inc.					(14,324,803)				(14,324,803)	
10345	31-1440175	Community Insurance Company	(470,100,000)				(360,261,442)	(4,656,942)			(835,018,384)	
95693	39-1462554	Compcare Health Services Insurance Corporation					(38,926,693)				(38,926,693)	
	94-2785058	Comprehensive Integrated Marketing Services, Inc.					6,713,479				6,713,479	
	20-0334650	Crossroads Acquisition Corp.					2,159,158				2,159,158	
	13-3934328	EHC Benefits Agency, Inc.					5,813,288				5,813,288	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(315,000,000)				(767,326,476)				(1,082,326,476)	
95433	13-3874803	Empire HealthChoice HMO, Inc.	(85,000,000)				(197,320,643)				(282,320,643)	
	43-1047923	Forty-Four Forty-Four Forest Park Redevelopment Corp.					(115,596)				(115,596)	
	95-2907752	Golden West Health Plan, Inc.					(2,686,944)				(2,686,944)	
97217	58-1473042	Greater Georgia Life Insurance Company	(2,200,000)				(5,050,416)				(7,250,416)	
	51-0365660	Health Core, Inc.					(9,237,667)				(9,237,667)	
	54-1237939	Health Management Corporation					53,412,618				53,412,618	
95169	54-1356687	HealthKeepers, Inc.	(54,300,000)				(85,356,164)	(699,453)			(140,355,617)	483,913
96475	43-1616135	HealthLink HMO, Inc.	(12,000,000)				11,888,732	27,793			(83,475)	(7,823)
	43-1364135	HealthLink, Inc.					(60,774,990)				(60,774,990)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(84,900,000)				(186,058,557)				(270,958,557)	
95473	84-1017384	HMO Colorado, Inc.	(3,001,440)	(1,998,560)			(22,029,067)				(27,029,067)	

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)
95358	37-1216698	HMO Missouri, Inc.	(3,200,000)				(31,540,476)				(34,740,476)	
	98-0408753	HTH Re, LTD.				-		4,011,470			4,011,470	(4,667,639)
	39-1582567	Imaging Management Holdings, LLC.					1,271,620				1,271,620	
	98-0408753	IMASIS, LLC.					193,086				193,086	
	95-4613835	Insurance4 Agency, Inc.					50,048				50,048	
	04-3371737	Landmark Solutions, Inc.					39,891				39,891	
	01-0316758	Machigonne, Inc.					120,418				120,418	
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(95,000,000)				(67,257,619)				(162,257,619)	
	39-2013971	Meridian Resource Company, LLC.					(12,616,099)				(12,616,099)	
	52-1519940	National Capital Preferred Provider Organization, Inc.					(4,698,962)				(4,698,962)	
	35-1840597	National Government Services, Inc.					(25,779,364)				(25,779,364)	
	74-2974964	NextRx, Inc.					(32,385,839)				(32,385,839)	
	31-1714795	NextRx, LLC.	(100,000,000)				(108,158,736)				(208,158,736)	
	16-1279199	NextRx Services, Inc.					(20,726,719)				(20,726,719)	
	31-1188944	OneNation Benefit Administrators, Inc.					104,717				104,717	
85286	75-1461960	OneNation Insurance Company.	(20,000,000)				(111,989)	(3,801,741)			(23,913,730)	4,087,016
95167	54-1650230	Peninsula Health Care, Inc.	(10,400,000)				(9,934,569)	(1,216,807)			(21,551,376)	5,530
96512	54-1239244	Priority Health Care, Inc.	(20,200,000)				(21,157,818)	577,199			(40,780,619)	643,866
	54-1619756	Priority, Inc.					1,989,840				1,989,840	
	56-2396739	Resolution Health, Inc.					(9,739,664)				(9,739,664)	
83640	36-3506910	RightCHOICE Insurance Company.					(130,219)				(130,219)	
	47-0851593	RightCHOICE Managed Care, Inc.					(9,944,508)				(9,944,508)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(38,897,120)	1,998,560			(163,258,952)				(200,157,512)	
	20-0473316	SellCore, Inc.					785,582				785,582	
	55-0712302	Southeast Services, Inc.					42,076,864				42,076,864	
	35-1835818	The WellPoint Companies, Inc.					3,233,389,780				3,233,389,780	
	43-1967924	TrustSolutions, LLC.					(925,855)				(925,855)	
10076	76-0646301	UNICARE Health Insurance Company of Texas.					(1,845,183)				(1,845,183)	
70700	36-3304416	UNICARE Health Insurance Company of the Midwest.	(12,400,000)				(40,141,440)				(52,541,440)	
	20-4842073	UNICARE Health Plan of Kansas, Inc.					(12,911,049)				(12,911,049)	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.					(13,519,449)				(13,519,449)	
95420	74-2151310	UNICARE Health Plans of Texas, Inc.					(6,156,319)				(6,156,319)	
95505	36-3897076	UNICARE Health Plans of the Midwest, Inc.	(16,600,000)				(28,867,747)				(45,467,747)	
80314	52-0913817	UNICARE Life & Health Insurance Company.					(169,554,643)	985,854			(168,568,789)	329
	95-4635507	UNICARE National Services, Inc.					2,384,489				2,384,489	
	95-4613835	WellPoint Behavioral Health, Inc.					(768,232)				(768,232)	
	95-4657170	WellPoint Dental Services, Inc.					7,588,140				7,588,140	
	95-4454589	WellPoint Development Company, Inc.					9,931,999				9,931,999	
	20-3620996	WellPoint Holding Corp.					345,439,607				345,439,607	
	36-3897080	WellPoint Partnership Plan, LLC.					(188,837)				(188,837)	
	35-2145715	WellPoint, Inc.	3,644,098,560	(56,000,000)			1,373,758,219				4,961,856,779	
	20-8672847	WPMI, LLC.					(2,568,798)				(2,568,798)	
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 being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	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 the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk 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 being 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?	SEE EXPLANATION
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
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 electronicaly with the NAIC by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed wtih the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
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?	SEE EXPLANATION

EXPLANATIONS:

1.

2.

3.

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5.

6.

7.

8.

9. This line of business is not written by the company.

10. This line of business is not written by the company.

11. This line of business is not written by the company.

12. This line of business is not written by the company.

13. This line of business is not written by the company.

14. This line of business is not written by the company.

15. This line of business is not written by the company.

16. This line of business is not written by the company.

17. This line of business is not written by the company.

18. This line of business is not written by the company.

BAR CODE:

9647520083600000

9647520082050000

9647520082070000

9647520084200000

9647520083710000

9647520083700000

9647520083650000

9647520083300000

9647520082110000

9647520082130000

Overflow Page
NONE

Overflow Page
NONE

96475200820700000

PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2008

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

ADDRESS .....St. Louis MO 63141

NAIC Group Code.....671 NAIC Company Code.....96475 Employer's ID Number.....43-1616135

Sch. F-Pt. 1
NONE

Sch. F-Pt. 3
NONE

Sch. P-Pt. 1-Summary
NONE

Sch. P-Pt. 1A
NONE

Sch. P-Pt. 1B
NONE

Sch. P-Pt. 1C
NONE

Sch. P-Pt. 1D
NONE

Sch. P-Pt. 1E
NONE

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

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

Sch. P-Pt. 1G
NONE

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

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

Sch. P-Pt. 1I
NONE

Sch. P-Pt. 1J
NONE

Sch. P-Pt. 1K
NONE

Sch. P-Pt. 1L
NONE

Sch. P-Pt. 1M
NONE

Sch. P-Pt. 1N
NONE

Sch. P-Pt. 1O
NONE

Sch. P-Pt. 1P
NONE

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

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

Sch. P-Pt. 1S
NONE

Sch. P-Pt. 1T
NONE

Sch. P-Pt. 2-Summary
NONE

Sch. P-Pt. 2A
NONE

Sch. P-Pt. 2B
NONE

Sch. P-Pt. 2C
NONE

Sch. P-Pt. 2D
NONE

Sch. P-Pt. 2E
NONE

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

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

Sch. P-Pt. 2G
NONE

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

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

Sch. P-Pt. 2I
NONE

Sch. P-Pt. 2J
NONE

Sch. P-Pt. 2K
NONE

Sch. P-Pt. 2L
NONE

Sch. P-Pt. 2M
NONE

Sch. P-Pt. 2N
NONE

Sch. P-Pt. 2O
NONE

Sch. P-Pt. 2P
NONE

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

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

Sch. P-Pt. 2S
NONE

Sch. P-Pt. 2T
NONE

Supplement for the year 2008 of the **HealthLink HMO, Inc.**

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

NAIC Group Code.....671 NAIC Company Code....96475

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 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 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability												
17.3 Excess workers' compensation												
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												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 $.....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

NONE

2008 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

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