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ANNUAL STATEMENT

For the Year Ended December 31, 2008

of the Condition and Affairs of the

UnitedHealthcare of Arkansas, Inc.

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

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

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

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

Statutory Home Office	1401 Capitol Ave. 3rd Floor, Ste 375….. Little Rock ..... AR ..... 72205 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	1401 Capitol Ave. 3rd Floor, Ste 375….. Little Rock ..... AR ..... 72205 *(Street and Number) (City or Town, State and Zip Code)*	501-664-7700 *(Area Code) (Telephone Number)*
Mail Address	10 Cadillac Drive, Suite 200….. Brentwood ..... TN ..... 37027 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	10 Cadillac Drive, Suite 200….. Brentwood ..... TN ..... 37027 *(Street and Number) (City or Town, State and Zip Code)*	615-372-3622 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.uhc.com	
Statutory Statement Contact	Shawne Marie Costello *(Name)*	952-936-1216 *(Area Code) (Telephone Number) (Extension)*
	Shawne_M_Costello@uhc.com *(E-Mail Address)*	952-936-1370 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Garland Greever Scott III	Chairman/President/CEO	2. Juanita Bolland Luis	Assistant Secretary
3. Nyle Brent Cottington	VP/Regulatory Controller/Assistant Treasurer		

OTHER

Robert Worth Oberrender	Treasurer	Mary Lynn Stanislav	Secretary
Timothy Gilbert Caron	Assistant Secretary		

DIRECTORS OR TRUSTEES

Garland Greever Scott III Daniel Laurence Ohman

State of Tennessee County of Williamson	State of Minnesota County of Hennepin	State of Minnesota County of Hennepin

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)
Garland Greever Scott III	Juanita Bolland Luis	Nyle Brent Cottington
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman/President/CEO	Assistant Secretary	VP/Regulatory Controller/Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me This _____ day of _____

Subscribed and sworn to before me This _____ day of _____

Subscribed and sworn to before me This _____ day of _____

(Signature) (Signature) (Signature)

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
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed	8,370	31				8,401
0299999. Total group	8,370	31	0	0	0	8,401
0399999. Premiums due and unpaid from Medicare entities	37,903	5,678	5,678	40,574		89,833
0599999. Accident and health premiums due and unpaid (Page 2, Line 13)	46,273	5,709	5,678	40,574	0	98,234

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medco Health Solutions, Inc.	4,720	41	263		5,024	0
Rx Solutions, Inc.	13,776	9,818	12,435		1,807	34,222
0199999. Total Pharmaceutical Rebate Receivables	18,496	9,859	12,698	0	6,831	34,222
0799999. Total Health Care Receivables	18,496	9,859	12,698	0	6,831	34,222

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)						
0399999. Aggregate accounts not individually listed - covered	556,625	10,129	(14)	190	13,132	580,062
0499999. Subtotals	556,625	10,129	(14)	190	13,132	580,062
0599999. Unreported claim and other claim reserves						1,774,001
0799999. Total claims unpaid						2,354,063

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							
UnitedHealth Group Incorporated	157,097					157,097	
0199999. Individually listed receivables	157,097	0	0	0	0	157,097	0
0399999. Total gross amounts receivable	157,097	0	0	0	0	157,097	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current

NONE

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	58,940	0.4				58,940
2. Intermediaries	387,596	2.5			387,596	
3. All other providers	0	0.0				
4. Total capitation payments	446,536	2.9	0		387,596	58,940
Other Payments:						
5. Fee-for-service	1,905,464	12.4	XXX	XXX		1,905,464
6. Contractual fee payments	12,957,751	84.6	XXX	XXX		12,957,751
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	14,863,215	97.1	XXX	XXX	0	14,863,215
13. Total (Line 4 plus Line 12)	15,309,751	100.0	XXX	XXX	387,596	14,922,155

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
Transactions with Intermediaries					
	Optum, a division of United HealthCare Services, Inc.	43,462	3,622		
	United Behavioral Health	316,301	26,358		
	United Resource Networks, a division of United HealthCare Services, Inc.	9,531	794		
	Spectera, Inc.	3,910	326		
	ACN Group, Inc.	14,392	1,199		
9999999. Totals		387,596	XXX	XXX	XXX

(a)Total is not meaningful because the same member may be covered by more than one capitation agreement.

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.....UnitedHealthcare of Arkansas, Inc. 2. Little Rock, AR

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

NAIC Group Code.....0707

NAIC Company Code.....95446

	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	4,910	11	4,423					476		
2. First quarter	4,425	13	3,931					481		
3. Second quarter	4,287	12	3,765					510		
4. Third quarter	4,060	9	3,505					546		
5. Current year	3,714	8	3,138					568		
6. Current year member months	49,974	127	43,598					6,249		
Total Member Ambulatory Encounters for Year:										
7. Physician	46,662	158	37,015					9,489		
8. Non-physician	6,071	12	2,757					3,302		
9. Totals	52,733	170	39,772	0	0	0	0	12,791	0	0
10. Hospital patient days incurred	2,703		902					1,801		
11. Number of inpatient admissions	554		281					273		
12. Health premiums written (b)	19,988,921	67,044	15,054,578					4,867,299		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	19,953,760	67,044	15,049,411					4,837,305		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	15,309,751	43,151	11,063,640					4,202,960		
18. Amount incurred for provision of health care services	15,350,597	41,936	10,755,967					4,552,694		

(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 $.....4,867,299

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....UnitedHealthcare of Arkansas, Inc. 2. Little Rock, AR

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

NAIC Group Code.....0707

NAIC Company Code.....95446

	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	4,910	11	4,423					476		
2. First quarter	4,425	13	3,931					481		
3. Second quarter	4,287	12	3,765					510		
4. Third quarter	4,060	9	3,505					546		
5. Current year	3,714	8	3,138					568		
6. Current year member months	49,974	127	43,598					6,249		
Total Member Ambulatory Encounters for Year:										
7. Physician	46,662	158	37,015					9,489		
8. Non-physician	6,071	12	2,757					3,302		
9. Totals	52,733	170	39,772	0	0	0	0	12,791	0	0
10. Hospital patient days incurred	2,703		902					1,801		
11. Number of inpatient admissions	554		281					273		
12. Health premiums written (b)	19,988,921	67,044	15,054,578					4,867,299		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	19,953,760	67,044	15,049,411					4,837,305		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	15,309,751	43,151	11,063,640					4,202,960		
18. Amount incurred for provision of health care services	15,350,597	41,936	10,755,967					4,552,694		

(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 $.....4,867,299

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

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

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

NONE

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Affiliates												
79413	36-2739571	01/01/2005	United HealthCare Insurance Company	Hartford, CT	OTH/AG	20,439						
0199999.	Total - Authorized General Account - Affiliates					20,439	0	0	0	0	0	0
0399999.	Total - Authorized General Account					20,439	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					20,439	0	0	0	0	0	0
1599999.	Totals					20,439	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	15	20	28	50	222
2. Title XVIII - Medicare	5	4	3		
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
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)	7,958,622		7,958,622
2.	Accident and health premiums due and unpaid (Line 13)	98,234		98,234
3.	Amounts recoverable from reinsurers (Line 14.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	762,057		762,057
6.	Totals assets (Line 26)	8,818,913	0	8,818,913
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	2,354,063		2,354,063
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	280,931		280,931
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)	1,379,263		1,379,263
13.	Total liabilities (Line 22)	4,014,257	0	4,014,257
14.	Total capital and surplus (Line 31)	4,804,656	XXX	4,804,656
15.	Total liabilities, capital and surplus (Line 32)	8,818,913	0	8,818,913
	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

		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												
	27-0015861	ACN Group of California, Inc.				(44,527)	1,640,194				1,595,667	
	41-4591944	ACN Group, Inc.				89,488	70,183,381				70,272,869	
82406	35-1665915	All Savers Insurance Company					(7,152)	16,575			9,423	(24,348)
73130	35-1744596	All Savers Life Insurance Company of California					(5,981)				(5,981)	
97179	86-0207231	American Medical Security Life Insurance Company	(140,000,000)				10,906,215	996,045			(128,097,740)	(108,593)
	54-1743141	AmeriChoice Health Services, Inc.					119,886,642				119,886,642	
13178	26-2481299	AmeriChoice of Connecticut, Inc.		1,500,000			(152,995)				1,347,005	
13168	26-2688274	AmeriChoice of Georgia, Inc.		3,000,000							3,000,000	
95497	22-3368602	AmeriChoice of New Jersey, Inc.	(16,000,000)				(60,844,614)				(76,844,614)	
95033	54-1495918	AmeriChoice of Pennsylvania, Inc.	(6,900,000)				(12,355,445)	(11,156,498)			(30,411,943)	29,183,573
	86-0813232	Arizona Physicians IPA, Inc.	(15,000,000)								(15,000,000)	
95440	35-1736982	Arnett HMO, Inc.				(645,792)	(2,107,943)	(36,553)			(2,790,288)	
	00-0000000	Arnett Practice Association, LLC				645,792					645,792	
	94-3111105	Behavioral Health Administrators					19,043				19,043	
	88-0267857	Behavioral Healthcare Options, Inc.					12,831,069				12,831,069	
	95-4188244	CII Financial, Inc.					(925,044)				(925,044)	
	52-1452809	Dental Benefit Providers of California, Inc.					(2,433,936)				(2,433,936)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(854,801)				(854,801)	
	41-2014834	Dental Benefit Providers, Inc.					98,133,866				98,133,866	
	00-0000000	Duncan Printing Services, LLC	(13,000,000)								(13,000,000)	
	84-1162764	Electronic Network Systems, Inc.					21,953				21,953	
13214	26-2697886	Evercare of New Mexico, Inc.		3,500,000							3,500,000	
11141	91-2008361	Evercare of Texas, L.L.C.	(50,000,000)				(97,581,138)				(147,581,138)	
	88-0223385	Family Health Care Services					27,923,146				27,923,146	
	88-0257036	Family Home Hospice, Inc.					681,661				681,661	
	37-0855360	Golden Rule Financial Corporation					4,957,128				4,957,128	
62286	37-6028756	Golden Rule Insurance Company	(147,374,000)				(40,560,561)	(16,575)			(187,951,136)	24,348
95467	38-3204052	Great Lakes Health Plan, Inc.					(47,589,381)	(1,047,998)			(48,637,379)	1,617,953
96342	88-0201035	Health Plan of Nevada, Inc.	(12,000,000)				(542,444,510)	(695,546)		9,920,257	(545,219,799)	
	95-4763349	HealthAllies, Inc.					907,367				907,367	
81450	38-2346432	IBA Health and Life Assurance Company	(5,000,000)				1,270,799				(3,729,201)	
	86-0477097	Information Network Corporation					11,645,293				11,645,293	
	41-1858498	Ingenix, Inc.					841,692				841,692	
	00-0000000	MAMSI Insurance Resources, LLC					13,304,747				13,304,747	
60321	52-1803283	MAMSI Life and Health Insurance Company	(14,351,600)				(38,815,693)				(53,167,293)	
96310	52-1169135	MD-Individual Practice Association, Inc.	(4,762,000)				(82,515,817)	(633,833)			(87,911,650)	
	22-3341467	Medical Network, Inc.					26,033				26,033	
	00-0000000	Mid Atlantic Medical Services, LLC					62,779,208				62,779,208	
	39-1653251	Midwest Security Administrators, Inc.					(3,170,712)				(3,170,712)	
	39-1624025	Midwest Security Care, Inc.					206,152				206,152	
79480	35-1279304	Midwest Security Life Insurance Company	(15,000,000)				(2,626,462)				(17,626,462)	
	41-1485369	National Benefit Resources, Inc.					21,913,473				21,913,473	
95251	76-0196559	National Pacific Dental, Inc.	(2,000,000)				(1,404,638)				(3,404,638)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(21,308,000)				(68,170,840)				(89,478,840)	
95758	88-0228572	Nevada Pacific Dental, Inc.					(5,628,868)				(5,628,868)	
	00-0000000	OneNet PPO, LLC	(3,500,000)				469,048				(3,030,952)	
96940	52-1518174	Optimum Choice, Inc.	(12,490,000)				(70,091,823)	(645,627)			(83,227,450)	
	47-0858534	OptumHealth Bank, Inc.					289,570				289,570	

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)
	41-1921983	OptumHealth, Inc.					10,983,009				10,983,009	
78026	22-2797560	Oxford Health Insurance, Inc.	(250,000,000)				(174,682,884)	(190,962,030)			(615,644,914)	245,791,014
96798	06-1181201	Oxford Health Plans (CT), Inc.	(13,700,000)				(5,705,669)	(177,125)			(19,582,794)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(45,000,000)				(22,016,598)	(2,489,070)			(69,505,668)	249,772
95479	06-1181200	Oxford Health Plans (NY), Inc.	(250,000,000)				(62,579,042)				(312,579,042)	
	00-0000000	Oxford Heath Plans LLC					174,682,884				174,682,884	
	94-2904953	Pacific Union Dental, Inc.	(2,500,000)				(2,217,434)				(4,717,434)	
	95-4166547	PacifiCare Behavioral Health of California, Inc.	(29,359,000)				120,073,297				90,714,297	
	33-0538634	PacifiCare Behavioral Health, Inc.	(25,000,000)				38,760,929			(1,471,520)	12,289,409	
	95-2797931	PacifiCare Dental	(3,600,000)				(5,327,805)			(249,741)	(9,177,546)	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.					(282,306)			(18,440)	(300,746)	
	35-1508167	PacifiCare Health Plan Administrators, Inc.	25,000,000			(44,961)	505,602,503			(26,402,835)	504,154,707	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(78,275,000)				(145,748,685)	(443,988)		121,843,159	(102,624,514)	179,200
84506	95-2829463	PacifiCare Life Assurance Company	(13,518,000)				(19,691,786)	85,986		(2,331,464)	(35,455,264)	
95617	94-3267522	PacifiCare of Arizona, Inc.	(66,309,000)				(160,015,583)	(1,170,930)			(227,495,513)	
	95-2931460	PacifiCare of California	(262,300,000)				106,688,889			(56,123,864)	(211,734,975)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(74,764,000)				(93,413,834)	(875,252)		(6,575,802)	(175,628,888)	
95685	86-0875231	PacifiCare of Nevada, Inc.	(120,250,000)				(88,965,549)	(81,349)		(1,636,712)	(210,933,610)	
96903	33-0115166	PacifiCare of Oklahoma, Inc.	(28,200,000)				(36,697,207)			(2,357,690)	(67,254,897)	
95893	93-0938819	PacifiCare of Oregon, Inc.	(30,000,000)				(78,473,032)	(75)		(2,055,404)	(110,528,511)	
95174	33-0115163	PacifiCare of Texas, Inc.	(137,900,000)				(200,023,165)	(1,744,309)			(339,667,474)	
48038	91-1312551	PacifiCare of Washington	(22,800,000)				(61,177,364)	1,359			(83,976,005)	
	94-3252033	PacificDental Benefits, Inc.					9,250,940				9,250,940	
	33-0441200	RxSolutions, Inc.					(2,067,016,016)			(16,259,177)	(2,083,275,193)	
	98-0361995	Salveo Insurance Company, Ltd.	(40,000,000)								(40,000,000)	
	98-0361580	Sheridan RE, Inc.		5,000,000							5,000,000	
71420	94-0734860	Sierra Health & Life Insurance Co., Inc.					(1,747,373)	281,982			(1,465,391)	
	88-0200415	Sierra Health Services, Inc.					140,982,767			(9,920,257)	131,062,510	
	88-0254322	Sierra Health-Care Options, Inc.					(475,496)				(475,496)	
	88-0385705	Sierra Home Medical Products, Inc.					29,722,477				29,722,477	
	88-0201420	Southwest Medical Associates, Inc.					314,717,260				314,717,260	
	52-1900090	Special Risk International, Inc.					1,676,918				1,676,918	
	52-1260282	Spectera, Inc.					69,527,943				69,527,943	
	25-1825549	Three Rivers Holdings, Inc.		(3,000,000)			3,464,551				464,551	
	94-3077084	U.S. Behavioral Health Plan, California	(4,500,000)				(6,073,493)				(10,573,493)	
91529	52-1996029	Unimerica Insurance Company		66,000,000			(35,137,709)				30,862,291	
11596	01-0637149	Unimerica Life Insurance Company of New York		10,000,000			(959,130)				9,040,870	
	25-1877716	Unison Administrative Services, LLC					160,760,475				160,760,475	
12012	55-0867089	Unison Family Health Plan of Pennsylvania, Inc.					(7,003,683)				(7,003,683)	
	51-0501506	Unison Health Holdings of Ohio, Inc.					3,273,623				3,273,623	
	20-5917714	Unison Health Plan of Delaware, Inc.		2,000,000			(10,152,817)				(8,152,817)	
12620	20-3330714	Unison Health Plan of New Jersey, Inc.					45,832				45,832	
12323	56-2451429	Unison Health Plan of Ohio, Inc.					(33,660,208)				(33,660,208)	
95220	25-1756858	Unison Health Plan of Pennsylvania, Inc.					(88,059,763)				(88,059,763)	
11775	32-0062883	Unison Health Plan of South Carolina, Inc.					(9,311,591)				(9,311,591)	
11139	62-1839257	Unison Health Plan of Tennessee, Inc.					(12,814,998)				(12,814,998)	
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.		3,000,000			(1,983,537)				1,016,463	
	94-2649097	United Behavioral Health					261,235,484				261,235,484	
79413	36-2739571	United HealthCare Insurance Company	(1,890,388,614)	(3,500,000)			(3,627,426,597)	267,084,318		(6,360,510)	(5,260,591,403)	(305,249,071)

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)
60318	36-3800349	United HealthCare Insurance Company of Illinois	(27,367,000)				(29,467,355)				(56,834,355)	
60093	11-3283886	United HealthCare Insurance Company of New York					(44,931,501)	(40,089,476)			(85,020,977)	
73518	31-1169935	United HealthCare Insurance Company of Ohio	(34,021,000)				(43,825,402)				(77,846,402)	
95784	63-0899562	United HealthCare of Alabama, Inc.	(57,935,000)				(30,936,281)	(411,568)			(89,282,849)	
96016	86-0507074	United HealthCare of Arizona, Inc.					(13,610,511)	(99,035)			(13,709,546)	
95446	63-1036819	United HealthCare of Arkansas, Inc.	(2,855,000)				(2,730,488)	(20,439)			(5,605,927)	
95090	84-1004639	United HealthCare of Colorado, Inc.					(390,108)	(4,562)			(394,670)	
95264	59-1293865	United HealthCare of Florida, Inc.	(23,000,000)				(196,681,249)	(1,388,942)			(221,070,191)	
95850	58-1653544	United HealthCare of Georgia, Inc.		8,900,000			(19,763,197)	(191,312)			(11,054,509)	
96644	62-1240316	United HealthCare of Kentucky, Ltd.	(1,089,000)				(7,085,481)	(47,754)			(8,222,235)	
95833	72-1074008	United HealthCare of Louisiana, Inc.	(1,600,000)				(1,203,671)	(7,723)			(2,811,394)	
95716	63-1036817	United HealthCare of Mississippi, Inc.					5,065				5,065	
95186	31-1142815	United HealthCare of Ohio, Inc.	(48,900,000)				(96,197,992)	(741,265)			(145,839,257)	
11147	63-1036814	United HealthCare of Tennessee, Inc.	(3,191,000)				(5,267,679)				(8,458,679)	
95765	95-3939697	United HealthCare of Texas, Inc.					(4,597,564)	(27,415)			(4,624,979)	
95591	47-0676824	United HealthCare of the Midlands, Inc.	(7,430,000)				(21,662,597)	(661,308)			(29,753,905)	
96385	43-1361841	United HealthCare of the Midwest, Inc.	(49,666,000)				(76,289,440)	(3,216,500)			(129,171,940)	8,239,274
95501	41-1488563	United HealthCare of Utah	(15,700,000)				(8,177,968)	(65,237)			(23,943,205)	
	41-2012479	United HealthCare Products, LLC					3,816,017				3,816,017	
	36-2739571	United HealthCare Service LLC	(115,000,000)								(115,000,000)	
	41-1289245	United HealthCare Services, Inc.	2,645,399,000	(91,400,000)			5,040,965,177				7,594,964,177	
	41-1940493	United Resource Networks, Inc.					10,556,537				10,556,537	
	41-1321939	UnitedHealth Group Incorporated	1,807,852,600	(6,500,000)			1,689,382,960				3,490,735,560	
	00-0000000	UnitedHealthcare Alliance LLC	(97,000,000)								(97,000,000)	
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley	(2,900,000)				(7,208,139)	(22,474)			(10,130,613)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(7,773,000)	1,500,000			(11,976,616)	(76,999)			(18,326,615)	
95149	05-0413469	UnitedHealthcare of New England, Inc.	(11,930,000)				(45,751,159)	(9,677,602)			(67,358,761)	17,443,936
95085	06-1172891	UnitedHealthcare of New York, Inc.	(5,723,386)				(67,038,081)				(72,761,467)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(55,417,000)				(96,416,028)	(2,761,954)			(154,594,982)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.					(88,164,378)	(577,007)			(88,741,385)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(42,705,000)				(110,599,803)	3,723,396			(149,581,407)	1,652,475
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.					(134,826,449)	75,669			(134,750,780)	1,000,466
	36-3355110	UnitedHealthcare Services Company of the River Valley, Inc.					146,914,630				146,914,630	
9999999.	Control Totals		0	0	0	0	2	0	XXX	0	2	(1)

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?	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 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 electronicaly with the NAIC by March 1?	NO
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?	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

EXPLANATIONS:

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BAR CODE:

9544620083600000

9544620082050000

9544620082070000

9544620084200000

9544620083710000

9544620083700000

9544620083650000

9544620083300000

9544620082110000

9544620082130000

Overflow Page for Write-Ins

NONE

Overflow Page for Write-Ins

NONE

95446200820700000

PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2008

Of the.....UnitedHealthcare of Arkansas, Inc.

ADDRESS .....Little Rock AR 72205

NAIC Group Code.....0707 NAIC Company Code.....95446 Employer's ID Number.....63-1036819

SCHEDULE F-PART 1

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

1	2	3	4	5	Reinsurance On		8	9	10	11	12	13	14	15
					6	7								
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held by or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust

NONE

SCHEDULE F - PART 3

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

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

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

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

Note B: Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
(1)			Yes [ ] No [ ]
(2)			Yes [ ] No [ ]
(3)			Yes [ ] No [ ]
(4)			Yes [ ] No [ ]
(5)			Yes [ ] No [ ]

NONE

Supplement for the year 2008 of the **UnitedHealthcare of Arkansas, Inc.**

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

($000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	XXX
3. 2000			0								0	XXX
4. 2001			0								0	XXX
5. 2002			0								0	XXX
6. 2003			0								0	XXX
7. 2004			0								0	XXX
8. 2005			0								0	XXX
9. 2006			0								0	XXX
10. 2007			0								0	XXX
11. 2008			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	XXX
2. 1999												0	XXX
3. 2000												0	XXX
4. 2001												0	XXX
5. 2002												0	XXX
6. 2003												0	XXX
7. 2004												0	XXX
8. 2005												0	XXX
9. 2006												0	XXX
10. 2007												0	XXX
11. 2008												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	XXX
3. 2000			0								0	XXX
4. 2001			0								0	XXX
5. 2002			0								0	XXX
6. 2003			0								0	XXX
7. 2004			0								0	XXX
8. 2005			0								0	XXX
9. 2006			0								0	XXX
10. 2007			0								0	XXX
11. 2008			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Supplement for the year 2008 of the **UnitedHealthcare of Arkansas, Inc.**

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2007			0								0	XXX
3. 2008			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007												0	
3. 2008												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2007	0	0	0	0.0	0.0	0.0				0	0
3. 2008	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2007			0								0	
3. 2008			0								0	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007												0	
3. 2008												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2007	0	0	0	0.0	0.0	0.0				0	0
3. 2008	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1K - FIDELITY/SURETY

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2007			0								0	XXX
3. 2008			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007												0	
3. 2008												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2007	0	0	0	0.0	0.0	0.0				0	0
3. 2008	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2007			0								0	XXX
3. 2008			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007												0	
3. 2008												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2007	0	0	0	0.0	0.0	0.0				0	0
3. 2008	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1M - INTERNATIONAL

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	XXX
3. 2000			0								0	XXX
4. 2001			0								0	XXX
5. 2002			0								0	XXX
6. 2003			0								0	XXX
7. 2004			0								0	XXX
8. 2005			0								0	XXX
9. 2006			0								0	XXX
10. 2007			0								0	XXX
11. 2008			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY ($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	XXX
3. 2000			0								0	XXX
4. 2001			0								0	XXX
5. 2002			0								0	XXX
6. 2003			0								0	XXX
7. 2004			0								0	XXX
8. 2005			0								0	XXX
9. 2006			0								0	XXX
10. 2007			0								0	XXX
11. 2008			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior												0	XXX
2. 1999												0	XXX
3. 2000												0	XXX
4. 2001												0	XXX
5. 2002												0	XXX
6. 2003												0	XXX
7. 2004												0	XXX
8. 2005												0	XXX
9. 2006												0	XXX
10. 2007												0	XXX
11. 2008												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY ($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	XXX
3. 2000			0								0	XXX
4. 2001			0								0	XXX
5. 2002			0								0	XXX
6. 2003			0								0	XXX
7. 2004			0								0	XXX
8. 2005			0								0	XXX
9. 2006			0								0	XXX
10. 2007			0								0	XXX
11. 2008			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior												0	XXX
2. 1999												0	XXX
3. 2000												0	XXX
4. 2001												0	XXX
5. 2002												0	XXX
6. 2003												0	XXX
7. 2004												0	XXX
8. 2005												0	XXX
9. 2006												0	XXX
10. 2007												0	XXX
11. 2008												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES ($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	XXX
3. 2000			0								0	XXX
4. 2001			0								0	XXX
5. 2002			0								0	XXX
6. 2003			0								0	XXX
7. 2004			0								0	XXX
8. 2005			0								0	XXX
9. 2006			0								0	XXX
10. 2007			0								0	XXX
11. 2008			0								0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior												0	XXX
2. 1999												0	XXX
3. 2000												0	XXX
4. 2001												0	XXX
5. 2002												0	XXX
6. 2003												0	XXX
7. 2004												0	XXX
8. 2005												0	XXX
9. 2006												0	XXX
10. 2007												0	XXX
11. 2008												0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported-Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	
3. 2000			0								0	
4. 2001			0								0	
5. 2002			0								0	
6. 2003			0								0	
7. 2004			0								0	
8. 2005			0								0	
9. 2006			0								0	
10. 2007			0								0	
11. 2008			0								0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior												0	
2. 1999												0	
3. 2000												0	
4. 2001												0	
5. 2002												0	
6. 2003												0	
7. 2004												0	
8. 2005												0	
9. 2006												0	
10. 2007												0	
11. 2008												0	
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2007			0								0	XXX
3. 2008			0								0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007												0	
3. 2008												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2007	0	0	0	0.0	0.0	0.0				0	0
3. 2008	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1T - WARRANTY

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported- Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2007			0								0	
3. 2008			0								0	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated		
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007												0	
3. 2008												0	
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2007	0	0	0	0.0	0.0	0.0				0	0
3. 2008	0	0	0	0.0	0.0	0.0				0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

SCHEDULE P - PART 2D - WORKERS' COMPENSATION

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

NONE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2K - FIDELITY/SURETY

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

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

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2M - INTERNATIONAL

NONE

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

NONE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

NONE

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

NONE

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted)										Development	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

NONE

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

NONE

Supplement for the year 2008 of the **UnitedHealthcare of Arkansas, Inc.**

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

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

NAIC Group Code.....0707 NAIC Company Code....95446

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A&H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 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

PS33.GT

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

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