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HEALTH QUARTERLY STATEMENT

As of March 31, 2008

of the Condition and Affairs of the

United HealthCare 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 Website Address	www.uhc.com	
Statutory Statement Contact	Stephen Lewis Wilson *(Name)*	615-372-3488 *(Area Code) (Telephone Number) (Extension)*
	Stephen_L_Wilson@uhc.com *(E-Mail Address)*	615-372-3640 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Garland Greever Scott III	Chairman/President/CEO	2. Juanita Valarae Bolland Luis	Assistant Secretary
3. Donald Alan Powers	VP-Finance/Assistant Treasurer		

OTHER

Robert Worth Oberrender	Treasurer	Victoria Jane Graves #	Secretary
Timothy Gilbert Caron	Assistant Secretary	Mary Lynn Stanislav	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 Valarae Bolland Luis	Donald Alan Powers
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman/President/CEO	Assistant Secretary	VP-Finance/Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	Subscribed and sworn to before me	Subscribed and sworn to before me
This _____ day of _____	This _____ day of _____	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

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	301,268		301,268	301,336
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....(54,800)), cash equivalents ($.....4,998,023) and short-term investments ($.....4,889,177)	9,832,400		9,832,400	9,683,764
6. Contract loans (including $.....0 premium notes)			0	
7. Other invested assets			0	
8. Receivables for securities			0	
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	10,133,668	0	10,133,668	9,985,100
11. Title plants less $.....0 charged off (for Title insurers only)			0	
12. Investment income due and accrued	4,789		4,789	1,246
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	70,810		70,810	56,034
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
13.3 Accrued retrospective premiums	9,911		9,911	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	
14.2 Funds held by or deposited with reinsured companies			0	
14.3 Other amounts receivable under reinsurance contracts			0	
15. Amounts receivable relating to uninsured plans			0	
16.1 Current federal and foreign income tax recoverable and interest thereon			0	129,582
16.2 Net deferred tax asset	63,674		63,674	63,394
17. Guaranty funds receivable or on deposit			0	
18. Electronic data processing equipment and software			0	
19. Furniture and equipment, including health care delivery assets ($.....0)			0	
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	
21. Receivables from parent, subsidiaries and affiliates			0	
22. Health care ($.....27,783) and other amounts receivable	35,291	7,508	27,783	
23. Aggregate write-ins for other than invested assets	280,150	27,588	252,562	233,281
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	10,598,293	35,096	10,563,197	10,468,637
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
26. TOTALS (Lines 24 and 25)	10,598,293	35,096	10,563,197	10,468,637

DETAILS OF WRITE-INS

0901.			0	
0902.			0	
0903.			0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0
2301. Prepaid Taxes	252,562		252,562	233,281
2302. Prepaid Expenses	27,588	27,588	0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	280,150	27,588	252,562	233,281

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	2,290,817		2,290,817	2,284,842
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	38,143		38,143	36,738
4. Aggregate health policy reserves	153,782		153,782	175,122
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves	82,156		82,156	74,745
8. Premiums received in advance	316,298		316,298	411,958
9. General expenses due or accrued	64,318		64,318	139,808
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	195,426		195,426	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	11,865
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	34,093		34,093	277,785
16. Payable for securities			0	
17. Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)			0	
18. Reinsurance in unauthorized companies			0	
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	
20. Liability for amounts held under uninsured plans	234,406		234,406	205,226
21. Aggregate write-ins for other liabilities (including $.....0 current)	13,998	0	13,998	0
22. Total liabilities (Lines 1 to 21)	3,423,437	0	3,423,437	3,618,089
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX	100,000	100,000
25. Preferred capital stock	XXX	XXX		
26. Gross paid in and contributed surplus	XXX	XXX	5,470,954	5,470,954
27. Surplus notes	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	1,568,806	1,279,594
30. Less treasury stock, at cost:				
30.1 .....0.000 shares common (value included in Line 24 $.....0)	XXX	XXX		
30.2 .....0.000 shares preferred (value included in Line 25 $.....0)	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	7,139,760	6,850,548
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	10,563,197	10,468,637

DETAILS OF WRITE-INS

2101. Unclaimed Property	13,998		13,998	
2102.			0	
2103.			0	
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	13,998	0	13,998	0
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.				
2802.				
2803.				
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months	XXX	13,385	19,038	67,679
2. Net premium income (including $.....0 non-health premium income)	XXX	5,176,758	6,355,641	23,898,283
3. Change in unearned premium reserves and reserve for rate credits	XXX	31,252	6,913	(47,047)
4. Fee-for-service (net of $.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	5,208,010	6,362,554	23,851,236
Hospital and Medical:				
9. Hospital/medical benefits		3,374,750	3,284,822	12,877,535
10. Other professional services		5,109	10,660	15,182
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		579,677	759,789	2,591,143
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	3,959,536	4,055,271	15,483,860
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	3,959,536	4,055,271	15,483,860
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....6,403 cost containment expenses		118,974	143,763	585,250
21. General administrative expenses		761,273	937,103	3,744,795
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				62,100
23. Total underwriting deductions (Lines 18 through 22)	0	4,839,783	5,136,137	19,876,005
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	368,227	1,226,417	3,975,231
25. Net investment income earned		77,511	150,956	579,980
26. Net realized capital gains (losses) less capital gains tax of $.....0				7,581
27. Net investment gains or (losses) (Lines 25 plus 26)	0	77,511	150,956	587,561
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	445,738	1,377,373	4,562,792
31. Federal and foreign income taxes incurred	XXX	156,008	475,056	1,699,965
32. Net income (loss) (Lines 30 minus 31)	XXX	289,730	902,317	2,862,827

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	6,850,548	7,891,662	7,891,662
34. Net income or (loss) from Line 32	289,730	902,317	2,862,827
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	280	16,856	106,950
39. Change in nonadmitted assets	(798)	(48,161)	(10,891)
40. Change in unauthorized reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			(4,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	289,212	871,012	(1,041,114)
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,139,760	8,762,674	6,850,548

DETAILS OF WRITE-INS

4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

		1 Current Year to Date	2 Prior Year Ended December 31
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	5,066,323	23,680,159
2.	Net investment income	74,036	599,384
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	5,140,359	24,279,543
5.	Benefit and loss related payments	3,949,758	16,079,014
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	969,406	4,467,538
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	(169,000)	1,749,051
10.	Total (Lines 5 through 9)	4,750,164	22,295,603
11.	Net cash from operations (Line 4 minus Line 10)	390,195	1,983,940
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		300,000
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	300,000
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		301,430
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	301,430
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	(1,430)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		4,000,000
	16.6 Other cash provided (applied)	(241,559)	357,914
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(241,559)	(3,642,086)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	148,636	(1,659,576)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	9,683,764	11,343,340
	19.2 End of period (Line 18 plus Line 19.1)	9,832,400	9,683,764

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 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	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	13,385	36	11,895					1,454		
Total Member Ambulatory Encounters for Period:										
7. Physician	11,971	30	10,553					1,388		
8. Non-Physician	1,362	2	808					552		
9. Total	13,333	32	11,361	0	0	0	0	1,940	0	0
10. Hospital Patient Days Incurred	576		442					134		
11. Number of Inpatient Admissions	137		107					30		
12. Health Premiums Written (a)	5,182,206	17,651	4,070,737					1,093,818		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,213,459	17,651	4,071,457					1,124,351		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,949,759	6,428	3,029,747					913,584		
18. Amount Incurred for Provision of Health Care Services	3,959,536	6,107	2,879,853					1,073,576		

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....1,093,818.

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	597,617	5,986	(11,191)	378	28,077	620,867
0499999. Subtotals	597,617	5,986	(11,191)	378	28,077	620,867
0599999. Unreported Claims and Other Claim Reserves						1,669,950
0799999. Total Claims Unpaid						2,290,817

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	1,114,037	1,922,138	248,188	1,256,792	1,362,225	1,656,656
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan Premiums					0	
6. Title XVIII - Medicare	434,346	479,238	188,219	679,774	622,565	702,931
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	1,548,383	2,401,376	436,407	1,936,566	1,984,790	2,359,587
10. Healthcare receivables (a)	21,488	8,819		4,985	21,488	31,684
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals	1,526,895	2,392,557	436,407	1,931,581	1,963,302	2,327,903

(a) Excludes $.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

No significant change.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

The Company did not participate in any transfer of receivables, financial assets, or wash sales.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - Other Items

No significant change.

Note 21 - Events Subsequent

No significant change.

Note 22 - Reinsurance

No significant change.

Note 23 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

United HealthCare of Arkansas, Inc. (the "Company") has Medicare business which is subject to a retrospective rating feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to Part D premiums based on guidelines determined by the Centers for Medicare and Medicaid Services (CMS). The formula is tiered and based on bid medical loss ratio. As of March 31, 2008, the amount of Part D premium subject to retrospective rating was $83,000 representing 1.61% of total net premiums written.

Note 24 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

Note 25 - Intercompany Pooling Arrangements

No significant change.

Note 26 - Structured Settlements

No significant change.

Note 27 - Health Care Receivables

No significant change.

Note 28 - Participating Policies

No significant change.

Note 29 - Premium Deficiency Reserves

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 30 - Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change: .....

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]
If yes, complete the Schedule Y-Part 1 - Organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] N/A [ ]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2005.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/22/2007.....

6.4 By what department or departments?
Arkansas Insurance Department

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No [ ]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
OptumHealth Bank Inc.	Salt Lake City, Utah	NO	NO	NO	YES	NO

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $.....0

13. Amount of real estate and mortgages held in short-term investments: $.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	$.....0	$.....0
14.22 Preferred Stock	$.....0	$.....0
14.23 Common Stock	$.....0	$.....0
14.24 Short-Term Investments	$.....0	$.....0
14.25 Mortgage Loans on Real Estate	$.....0	$.....0
14.26 All Other	$.....0	$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$.....0	$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$.....0	$.....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]
If no, attach a description with this statement.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III. Conducting Examinations, G-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Street Bank	801 Pennsylvania, Kansas City, MO 64105

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [ ] No [X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
0	Internally Managed	0

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

17.2 If no, list exceptions:

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (YES or NO)

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

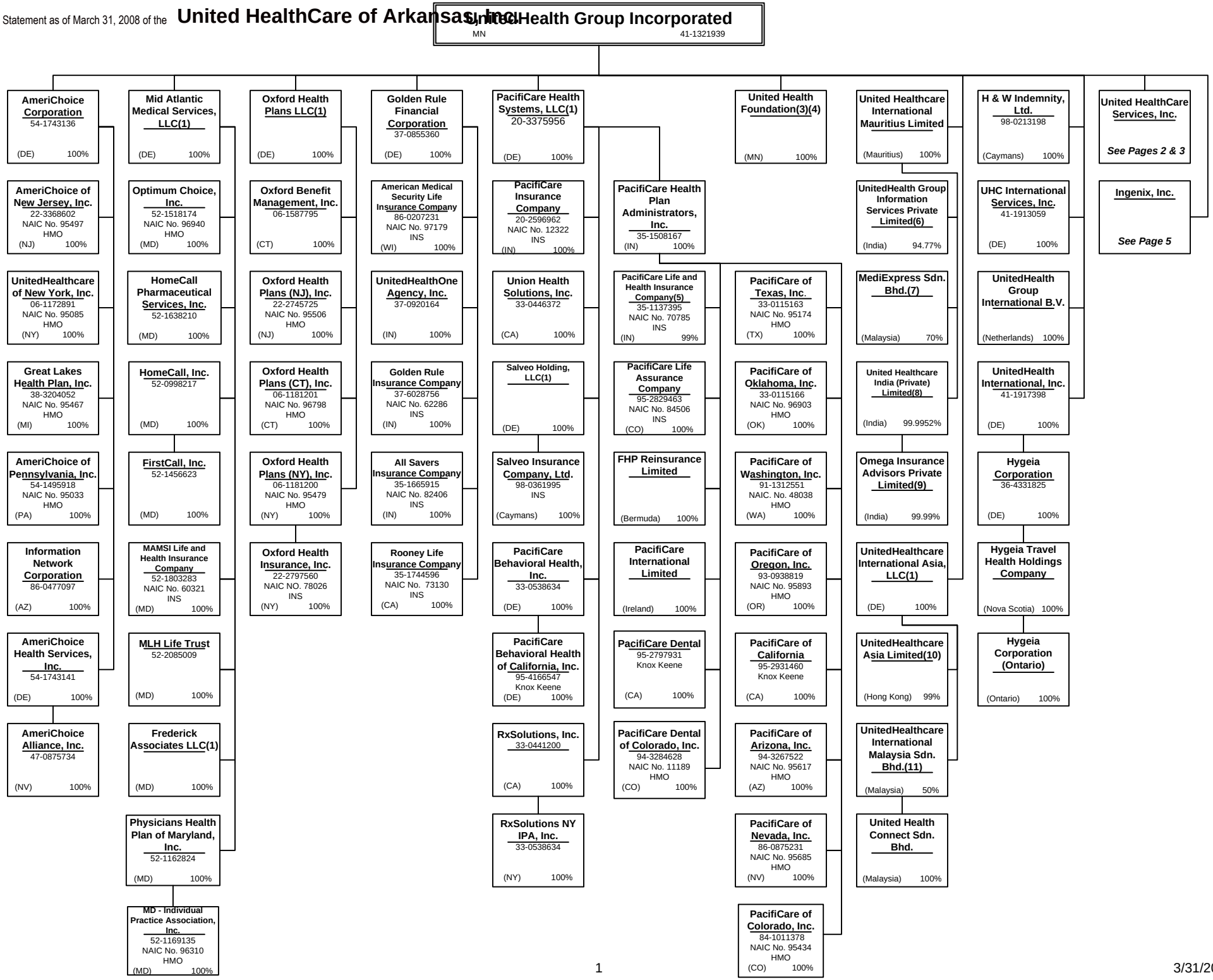
Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	L	4,088,388	1,093,818					5,182,206	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	4,088,388	1,093,818	0	0	0	0	5,182,206	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	4,088,388	1,093,818	0	0	0	0	5,182,206	0

DETAILS OF WRITE-INS

5801.							0	
5802.							0	
5803.							0	
5898. Summary of remaining write-ins for line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0

(a) Insert the number of L responses except for Canada and Other Alien.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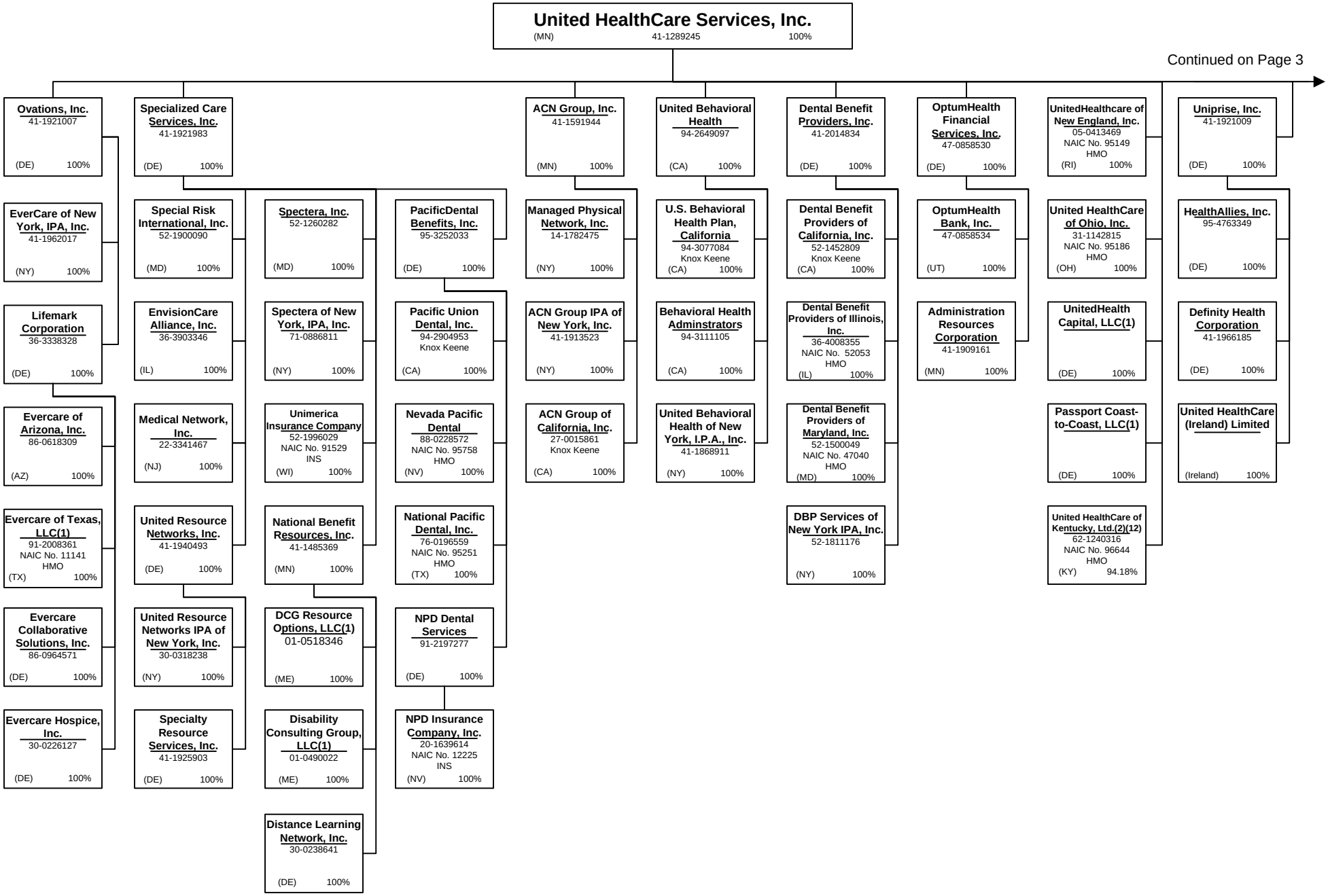
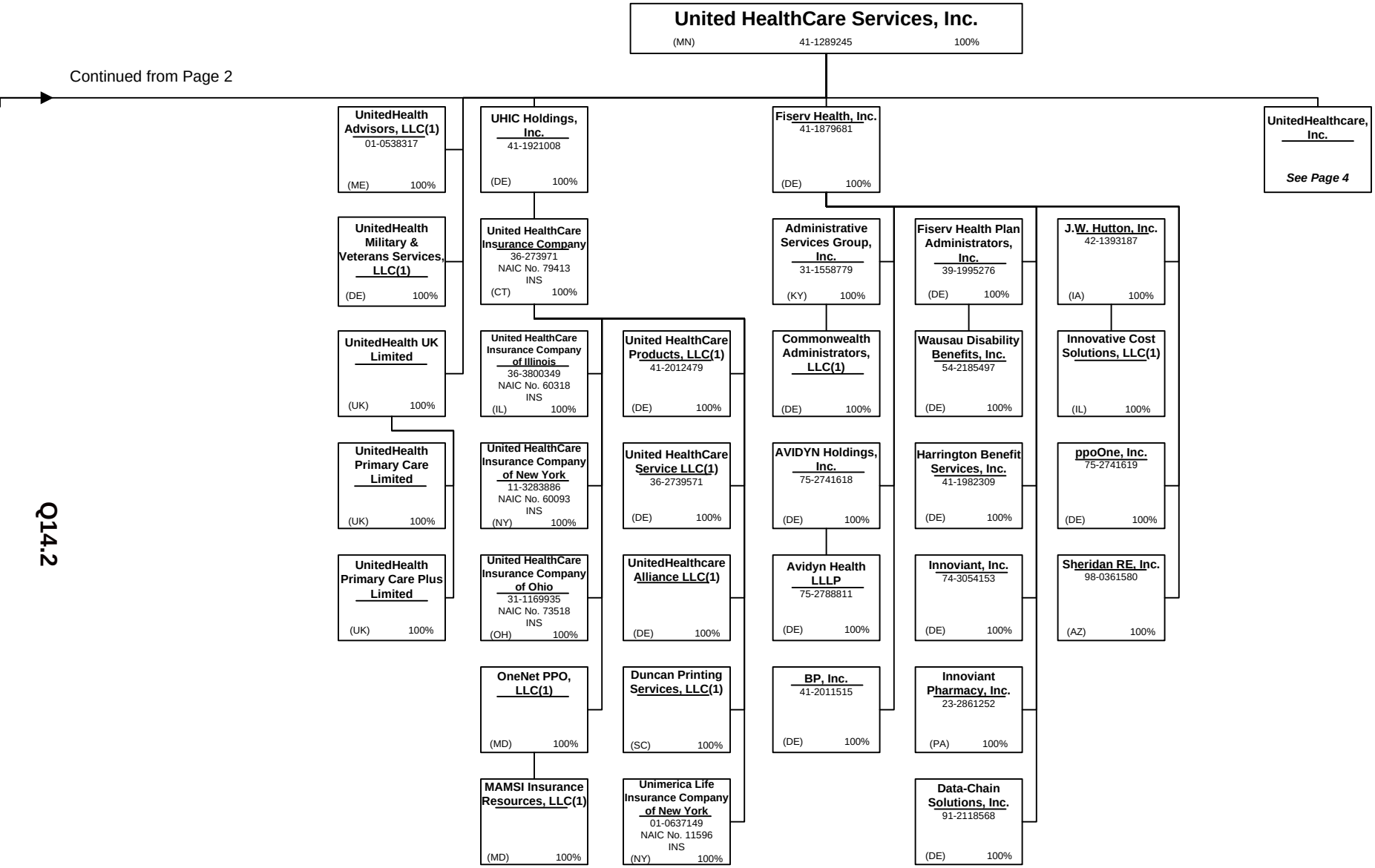
MN 41-1321939
AmeriChoice Corporation 54-1743136 (DE) 100%
AmeriChoice of New Jersey, Inc. 22-3368602 NAIC No. 95497 HMO (NJ) 100%
UnitedHealthcare of New York, Inc. 06-1172891 NAIC No. 95085 HMO (NY) 100%
Great Lakes Health Plan, Inc. 38-3204052 NAIC No. 95467 HMO (MI) 100%
AmeriChoice of Pennsylvania, Inc. 54-1495918 NAIC No. 95033 HMO (PA) 100%
Information Network Corporation 86-0477097 (AZ) 100%
AmeriChoice Health Services, Inc. 54-1743141 (DE) 100%
AmeriChoice Alliance, Inc. 47-0875734 (NV) 100%
Mid Atlantic Medical Services, LLC(1) (DE) 100%
Optimum Choice, Inc. 52-1518174 NAIC No. 96940 HMO (MD) 100%
HomeCall Pharmaceutical Services, Inc. 52-1638210 (MD) 100%
HomeCall, Inc. 52-0998217 (MD) 100%
FirstCall, Inc. 52-1456623 (MD) 100%
MAMSI Life and Health Insurance Company 52-1803283 NAIC No. 60321 INS (MD) 100%
MLH Life Trust 52-2085009 (MD) 100%
Frederick Associates LLC(1) (MD) 100%
Physicians Health Plan of Maryland, Inc. 52-1162824 (MD) 100%
MD - Individual Practice Association, Inc. 52-1169135 NAIC No. 96310 HMO (MD) 100%
Oxford Health Plans LLC(1) (DE) 100%
Oxford Benefit Management, Inc. 06-1587795 (CT) 100%
Oxford Health Plans (NJ), Inc. 22-2745725 NAIC No. 95506 HMO (NJ) 100%
Oxford Health Plans (CT), Inc. 06-1181201 NAIC No. 96798 HMO (CT) 100%
Oxford Health Plans (NY), Inc. 06-1181200 NAIC No. 95479 HMO (NY) 100%
Oxford Health Insurance, Inc. 22-2797560 NAIC NO. 78026 INS (NY) 100%
Golden Rule Financial Corporation 37-0855360 (DE) 100%
American Medical Security Life Insurance Company 86-0207231 NAIC No. 97179 INS (WI) 100%
UnitedHealthOne Agency, Inc. 37-0920164 (IN) 100%
Golden Rule Insurance Company 37-6028756 NAIC No. 62286 INS (IN) 100%
All Savers Insurance Company 35-1665915 NAIC No. 82406 INS (IN) 100%
Rooney Life Insurance Company 35-1744596 NAIC No. 73130 INS (CA) 100%
PacifiCare Health Systems, LLC(1) 20-3375956 (DE) 100%
PacifiCare Insurance Company 20-2596962 NAIC No. 12322 INS (IN) 100%
Union Health Solutions, Inc. 33-0446372 (CA) 100%
Salveo Holding, LLC(1) (DE) 100%
Salveo Insurance Company, Ltd. 98-0361995 INS (Caymans) 100%
PacifiCare Behavioral Health, Inc. 33-0538634 (DE) 100%
PacifiCare Behavioral Health of California, Inc. 95-4166547 Knox Keene (DE) 100%
RxSolutions, Inc. 33-0441200 (CA) 100%
RxSolutions NY IPA, Inc. 33-0538634 (NY) 100%
PacifiCare Health Plan Administrators, Inc. 35-1508167 (IN) 100%
PacifiCare Life and Health Insurance Company(5) 35-1137395 NAIC No. 70785 INS (IN) 99%
PacifiCare Life Assurance Company 95-2829463 NAIC No. 84506 INS (CO) 100%
FHP Reinsurance Limited (Bermuda) 100%
PacifiCare International Limited (Ireland) 100%
PacifiCare Dental 95-2797931 Knox Keene (CA) 100%
PacifiCare Dental of Colorado, Inc. 94-3284628 NAIC No. 11189 HMO (CO) 100%
United Health Foundation(3)(4) (MN) 100%
PacifiCare of Texas, Inc. 33-0115163 NAIC No. 95174 HMO (TX) 100%
PacifiCare of Oklahoma, Inc. 33-0115166 NAIC No. 96903 HMO (OK) 100%
PacifiCare of Washington, Inc. 91-1312551 NAIC. No. 48038 HMO (WA) 100%
PacifiCare of Oregon, Inc. 93-0938819 NAIC No. 95893 HMO (OR) 100%
PacifiCare of California 95-2931460 Knox Keene (CA) 100%
PacifiCare of Arizona, Inc. 94-3267522 NAIC No. 95617 HMO (AZ) 100%
PacifiCare of Nevada, Inc. 86-0875231 NAIC No. 95685 HMO (NV) 100%
PacifiCare of Colorado, Inc. 84-1011378 NAIC No. 95434 HMO (CO) 100%
United Healthcare International Mauritius Limited (Mauritius) 100%
UnitedHealth Group Information Services Private Limited(6) (India) 94.77%
MediExpress Sdn. Bhd.(7) (Malaysia) 70%
United Healthcare India (Private) Limited(8) (India) 99.9952%
Omega Insurance Advisors Private Limited(9) (India) 99.99%
UnitedHealthcare International Asia, LLC(1) (DE) 100%
UnitedHealthcare Asia Limited(10) (Hong Kong) 99%
UnitedHealthcare International Malaysia Sdn. Bhd.(11) (Malaysia) 50%
United Health Connect Sdn. Bhd. (Malaysia) 100%
H & W Indemnity, Ltd. 98-0213198 (Caymans) 100%
UHC International Services, Inc. 41-1913059 (DE) 100%
UnitedHealth Group International B.V. (Netherlands) 100%
UnitedHealth International, Inc. 41-1917398 (DE) 100%
Hygeia Corporation 36-4331825 (DE) 100%
Hygeia Travel Health Holdings Company (Nova Scotia) 100%
Hygeia Corporation (Ontario) (Ontario) 100%
United HealthCare Services, Inc.
See Pages 2 & 3
Ingenix, Inc.
See Page 5

Q14

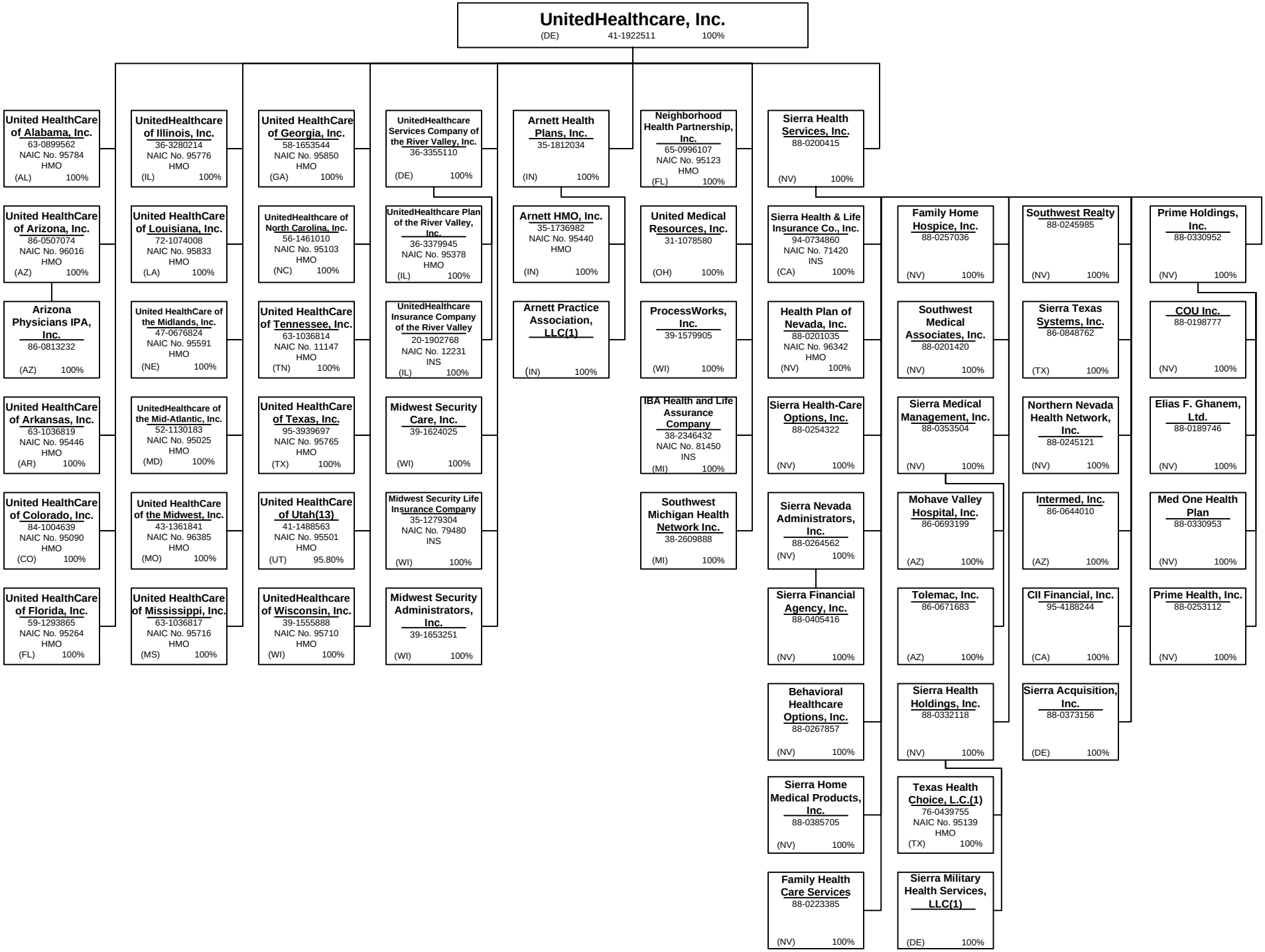

United HealthCare Services, Inc.
(MN) 41-1289245 100%
Continued on Page 3
Ovations, Inc. 41-1921007 (DE) 100%
EverCare of New York, IPA, Inc. 41-1962017 (NY) 100%
Lifemark Corporation 36-3338328 (DE) 100%
Evercare of Arizona, Inc. 86-0618309 (AZ) 100%
Evercare of Texas, LLC(1) 91-2008361 NAIC No. 11141 HMO (TX) 100%
Evercare Collaborative Solutions, Inc. 86-0964571 (DE) 100%
Evercare Hospice, Inc. 30-0226127 (DE) 100%
Specialized Care Services, Inc. 41-1921983 (DE) 100%
Special Risk International, Inc. 52-1900090 (MD) 100%
EnvisionCare Alliance, Inc. 36-3903346 (IL) 100%
Medical Network, Inc. 22-3341467 (NJ) 100%
United Resource Networks, Inc. 41-1940493 (DE) 100%
United Resource Networks IPA of New York, Inc. 30-0318238 (NY) 100%
Specialty Resource Services, Inc. 41-1925903 (DE) 100%
Spectera, Inc. 52-1260282 (MD) 100%
Spectera of New York, IPA, Inc. 71-0886811 (NY) 100%
Unimerica Insurance Company 52-1996029 NAIC No. 91529 INS (WI) 100%
National Benefit Resources, Inc. 41-1485369 (MN) 100%
DCG Resource Options, LLC(1) 01-0518346 (ME) 100%
Disability Consulting Group, LLC(1) 01-0490022 (ME) 100%
Distance Learning Network, Inc. 30-0238641 (DE) 100%
PacificDental Benefits, Inc. 95-3252033 (DE) 100%
Pacific Union Dental, Inc. 94-2904953 Knox Keene (CA) 100%
Nevada Pacific Dental 88-0228572 NAIC No. 95758 HMO (NV) 100%
National Pacific Dental, Inc. 76-0196559 NAIC No. 95251 HMO (TX) 100%
NPD Dental Services 91-2197277 (DE) 100%
NPD Insurance Company, Inc. 20-1639614 NAIC No. 12225 INS (NV) 100%
ACN Group, Inc. 41-1591944 (MN) 100%
Managed Physical Network, Inc. 14-1782475 (NY) 100%
ACN Group IPA of New York, Inc. 41-1913523 (NY) 100%
ACN Group of California, Inc. 27-0015861 Knox Keene (CA) 100%
United Behavioral Health 94-2649097 (CA) 100%
U.S. Behavioral Health Plan, California 94-3077084 Knox Keene (CA) 100%
Behavioral Health Adminstrators 94-3111105 (CA) 100%
United Behavioral Health of New York, I.P.A., Inc. 41-1868911 (NY) 100%
Dental Benefit Providers, Inc. 41-2014834 (DE) 100%
Dental Benefit Providers of California, Inc. 52-1452809 Knox Keene (CA) 100%
Dental Benefit Providers of Illinois, Inc. 36-4008355 NAIC No. 52053 HMO (IL) 100%
Dental Benefit Providers of Maryland, Inc. 52-1500049 NAIC No. 47040 HMO (MD) 100%
DBP Services of New York IPA, Inc. 52-1811176 (NY) 100%
OptumHealth Financial Services, Inc. 47-0858530 (DE) 100%
OptumHealth Bank, Inc. 47-0858534 (UT) 100%
Administration Resources Corporation 41-1909161 (MN) 100%
UnitedHealthcare of New England, Inc. 05-0413469 NAIC No. 95149 HMO (RI) 100%
United HealthCare of Ohio, Inc. 31-1142815 NAIC No. 95186 HMO (OH) 100%
UnitedHealth Capital, LLC(1) (DE) 100%
Passport Coast-to-Coast, LLC(1) (DE) 100%
United HealthCare of Kentucky, Ltd.(2)(12) 62-1240316 NAIC No. 96644 HMO (KY) 94.18%
Uniprise, Inc. 41-1921009 (DE) 100%
HealthAllies, Inc. 95-4763349 (DE) 100%
Definity Health Corporation 41-1966185 (DE) 100%
United HealthCare (Ireland) Limited (Ireland) 100%

Q14.1

Continued from Page 2

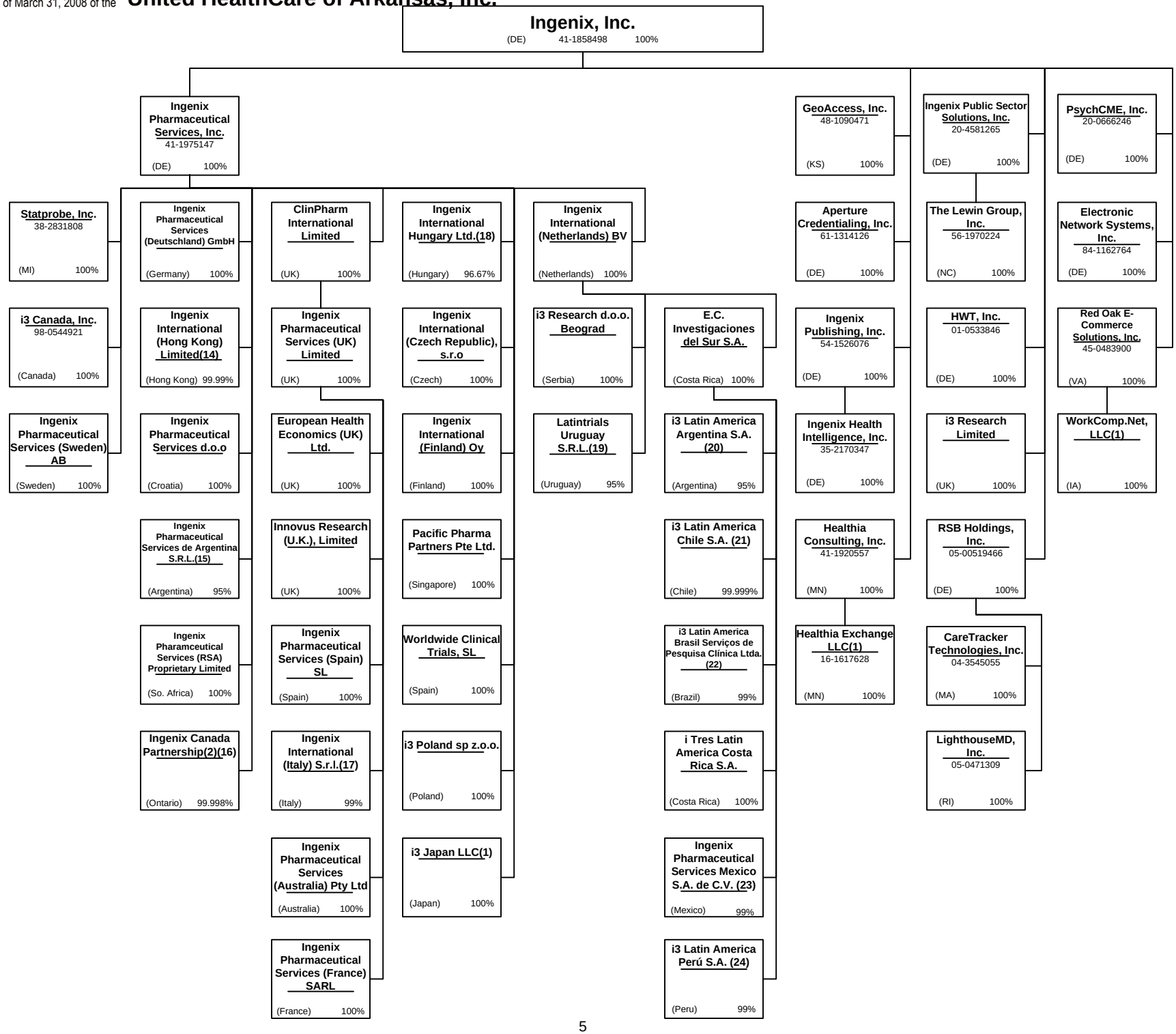


Q14.2


UnitedHealthcare, Inc.
(DE) 41-1922511 100%
United HealthCare of Alabama, Inc. 63-0899562 NAIC No. 95784 HMO (AL) 100%
United HealthCare of Arizona, Inc. 86-0507074 NAIC No. 96016 HMO (AZ) 100%
Arizona Physicians IPA, Inc. 86-0813232 (AZ) 100%
United HealthCare of Arkansas, Inc. 63-1036819 NAIC No. 95446 HMO (AR) 100%
United HealthCare of Colorado, Inc. 84-1004639 NAIC No. 95090 HMO (CO) 100%
United HealthCare of Florida, Inc. 59-1293865 NAIC No. 95264 HMO (FL) 100%
UnitedHealthcare of Illinois, Inc. 36-3280214 NAIC No. 95776 HMO (IL) 100%
United HealthCare of Louisiana, Inc. 72-1074008 NAIC No. 95833 HMO (LA) 100%
United HealthCare of the Midlands, Inc. 47-0676824 NAIC No. 95591 HMO (NE) 100%
UnitedHealthcare of the Mid-Atlantic, Inc. 52-1130183 NAIC No. 95025 HMO (MD) 100%
United HealthCare of the Midwest, Inc. 43-1361841 NAIC No. 96385 HMO (MO) 100%
United HealthCare of Mississippi, Inc. 63-1036817 NAIC No. 95716 HMO (MS) 100%
United HealthCare of Georgia, Inc. 58-1653544 NAIC No. 95850 HMO (GA) 100%
UnitedHealthcare of North Carolina, Inc. 56-1461010 NAIC No. 95103 HMO (NC) 100%
United HealthCare of Tennessee, Inc. 63-1036814 NAIC No. 11147 HMO (TN) 100%
United HealthCare of Texas, Inc. 95-3939697 NAIC No. 95765 HMO (TX) 100%
United HealthCare of Utah(13) 41-1488563 NAIC No. 95501 HMO (UT) 95.80%
UnitedHealthcare of Wisconsin, Inc. 39-1555888 NAIC No. 95710 HMO (WI) 100%
UnitedHealthcare Services Company of the River Valley, Inc. 36-3355110 (DE) 100%
UnitedHealthcare Plan of the River Valley, Inc. 36-3379945 NAIC No. 95378 HMO (IL) 100%
UnitedHealthcare Insurance Company of the River Valley 20-1902768 NAIC No. 12231 INS (IL) 100%
Midwest Security Care, Inc. 39-1624025 (WI) 100%
Midwest Security Life Insurance Company 35-1279304 NAIC No. 79480 INS (WI) 100%
Midwest Security Administrators, Inc. 39-1653251 (WI) 100%
Arnett Health Plans, Inc. 35-1812034 (IN) 100%
Arnett HMO, Inc. 35-1736982 NAIC No. 95440 HMO (IN) 100%
Arnett Practice Association, LLC(1) (IN) 100%
Neighborhood Health Partnership, Inc. 65-0996107 NAIC No. 95123 HMO (FL) 100%
United Medical Resources, Inc. 31-1078580 (OH) 100%
ProcessWorks, Inc. 39-1579905 (WI) 100%
IBA Health and Life Assurance Company 38-2346432 NAIC No. 81450 INS (MI) 100%
Southwest Michigan Health Network Inc. 38-2609888 (MI) 100%
Sierra Health Services, Inc. 88-0200415 (NV) 100%
Sierra Health & Life Insurance Co., Inc. 94-0734860 NAIC No. 71420 INS (CA) 100%
Health Plan of Nevada, Inc. 88-0201035 NAIC No. 96342 HMO (NV) 100%
Sierra Health-Care Options, Inc. 88-0254322 (NV) 100%
Sierra Nevada Administrators, Inc. 88-0264562 (NV) 100%
Sierra Financial Agency, Inc. 88-0405416 (NV) 100%
Behavioral Healthcare Options, Inc. 88-0267857 (NV) 100%
Sierra Home Medical Products, Inc. 88-0385705 (NV) 100%
Family Health Care Services 88-0223385 (NV) 100%
Family Home Hospice, Inc. 88-0257036 (NV) 100%
Southwest Medical Associates, Inc. 88-0201420 (NV) 100%
Sierra Medical Management, Inc. 88-0353504 (NV) 100%
Mohave Valley Hospital, Inc. 86-0693199 (AZ) 100%
Tolemac, Inc. 86-0671683 (AZ) 100%
Sierra Health Holdings, Inc. 88-0332118 (NV) 100%
Texas Health Choice, L.C.(1) 76-0439755 NAIC No. 95139 HMO (TX) 100%
Sierra Military Health Services, LLC(1) (DE) 100%
Southwest Realty 88-0245985 (NV) 100%
Sierra Texas Systems, Inc. 86-0848762 (TX) 100%
Northern Nevada Health Network, Inc. 88-0245121 (NV) 100%
Intermed, Inc. 86-0644010 (AZ) 100%
CII Financial, Inc. 95-4188244 (CA) 100%
Sierra Acquisition, Inc. 88-0373156 (DE) 100%
Prime Holdings, Inc. 88-0330952 (NV) 100%
COU Inc. 88-0198777 (NV) 100%
Elias F. Ghanem, Ltd. 88-0189746 (NV) 100%
Med One Health Plan 88-0330953 (NV) 100%
Prime Health, Inc. 88-0253112 (NV) 100%

Q14.3

Q14.4


Ingenix, Inc.
(DE) 41-1858498 100%
Ingenix Pharmaceutical Services, Inc.
41-1975147
(DE) 100%
GeoAccess, Inc.
48-1090471
(KS) 100%
Ingenix Public Sector Solutions, Inc.
20-4581265
(DE) 100%
PsychCME, Inc.
20-0666246
(DE) 100%
Statprobe, Inc.
38-2831808
(MI) 100%
Ingenix Pharmaceutical Services (Deutschland) GmbH
(Germany) 100%
ClinPharm International Limited
(UK) 100%
Ingenix International Hungary Ltd.(18)
(Hungary) 96.67%
Ingenix International (Netherlands) BV
(Netherlands) 100%
Aperture Credentialing, Inc.
61-1314126
(DE) 100%
The Lewin Group, Inc.
56-1970224
(NC) 100%
Electronic Network Systems, Inc.
84-1162764
(DE) 100%
i3 Canada, Inc.
98-0544921
(Canada) 100%
Ingenix International (Hong Kong) Limited(14)
(Hong Kong) 99.99%
Ingenix Pharmaceutical Services (UK) Limited
(UK) 100%
Ingenix International (Czech Republic), s.r.o
(Czech) 100%
i3 Research d.o.o. Beograd
(Serbia) 100%
E.C. Investigaciones del Sur S.A.
(Costa Rica) 100%
Ingenix Publishing, Inc.
54-1526076
(DE) 100%
HWT, Inc.
01-0533846
(DE) 100%
Red Oak E-Commerce Solutions, Inc.
45-0483900
(VA) 100%
Ingenix Pharmaceutical Services (Sweden) AB
(Sweden) 100%
Ingenix Pharmaceutical Services d.o.o
(Croatia) 100%
European Health Economics (UK) Ltd.
(UK) 100%
Ingenix International (Finland) Oy
(Finland) 100%
Latintrials Uruguay S.R.L.(19)
(Uruguay) 95%
i3 Latin America Argentina S.A. (20)
(Argentina) 95%
Ingenix Health Intelligence, Inc.
35-2170347
(DE) 100%
i3 Research Limited
(UK) 100%
WorkComp.Net, LLC(1)
(IA) 100%
Ingenix Pharmaceutical Services de Argentina S.R.L.(15)
(Argentina) 95%
Innovus Research (U.K.), Limited
(UK) 100%
Pacific Pharma Partners Pte Ltd.
(Singapore) 100%
i3 Latin America Chile S.A. (21)
(Chile) 99.999%
Healthia Consulting, Inc.
41-1920557
(MN) 100%
RSB Holdings, Inc.
05-00519466
(DE) 100%
Ingenix Pharamceutical Services (RSA) Proprietary Limited
(So. Africa) 100%
Ingenix Pharmaceutical Services (Spain) SL
(Spain) 100%
Worldwide Clinical Trials, SL
(Spain) 100%
i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. (22)
(Brazil) 99%
Healthia Exchange LLC(1)
16-1617628
(MN) 100%
CareTracker Technologies, Inc.
04-3545055
(MA) 100%
Ingenix Canada Partnership(2)(16)
(Ontario) 99.998%
Ingenix International (Italy) S.r.l.(17)
(Italy) 99%
i3 Poland sp z.o.o.
(Poland) 100%
i Tres Latin America Costa Rica S.A.
(Costa Rica) 100%
LighthouseMD, Inc.
05-0471309
(RI) 100%
Ingenix Pharmaceutical Services (Australia) Pty Ltd
(Australia) 100%
i3 Japan LLC(1)
(Japan) 100%
Ingenix Pharmaceutical Services Mexico S.A. de C.V. (23)
(Mexico) 99%
Ingenix Pharmaceutical Services (France) SARL
(France) 100%
i3 Latin America Perú S.A. (24)
(Peru) 99%

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

(1) Entity is a Limited Liability Company

(2) Entity is a Partnership

(3) Entity is a Non-Profit Corporation

(4) Control of the Foundation is based on sole membership, not the ownership of voting securities

(5) PacifiCare Life and Health Insurance Company is 99% owned by PacifiCare Health Plan Administrators, Inc. and 1% owned by PacifiCare Health Systems, LLC

(6) UnitedHealth Group Information Services Private Limited is 94.77% owned by United Healthcare International Mauritius Limited and 5.15% owned by United HealthCare Services, Inc.. The remaining 0.09% is owned by UnitedHealth International, Inc.

(7) MediExpress Sdn. Bhd.is 70% owned United Healthcare International Mauritius Limited and 30% owned by individual shareholders

(8) United Healthcare India (Private) Limited is 99.9952% owned by United Healthcare International Mauritius Limited and 0.0048% owned by UnitedHealth International, Inc.

(9) Omega Insurance Advisors Private Limited is 99.99% owned by United Healthcare India (Private) Limited and 0.01% owned by an individual shareholder

(10) UnitedHealthcare Asia Limited is 99% owned by UnitedHealthcare International Asia, LLC and 1% owned by UnitedHealth International, Inc.

(11) UnitedHealthcare International Malaysia Sdn. Bhd. Is 50% owned by UnitedHealthcare International Asia, LLC and 50% owned by UnitedHealthcare Asia Limited

(12) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%

(13) United HealthCare of Utah is 95.80% owned by UnitedHealthcare, Inc. and 4.20% owned by 34 physicians / physician groups

(14) Ingenix International (Hong Kong) Limited is 99.99% owned by Ingenix Pharmaceutical Services, Inc. and 0.01% owned by Ingenix, Inc.

(15) Ingenix Pharmaceutical Services de Argentina S.R.L is 95% owned by Ingenix Pharmaceutical Services, Inc. and 5% owned by Ingenix, Inc.

(16) Ingenix Canada Partnership is 99.998% owned by Ingenix Pharmaceutical Services, Inc. and 0.002% owned by Ingenix, Inc.

(17) Ingenix International (Italy) S.r.l. is 99% owned by Ingenix Pharmaceutical Services (UK) Limited and 1% owned by ClinPharm International Limited

(18) Ingenix International Hungary Ltd.is 96.67% owned by Ingenix Pharmaceutical Services, Inc. and 3.33% owned by Ingenix, Inc.

(19) Latintrials Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) BV and 5% owned by Ingenix Pharmaceutical Services, Inc.

(20) i3 Latin America Argentina S.A. is 95% owned by E.C. Investigaciones del Sur S.A. and 5% owned by i Tres Latin America Costa Rica S.A.

(21) i3 Latin America Chile S.A. is 99.999% owned by E.C. Investigaciones del Sur S.A. and 0.001% owned by i Tres Latin America Costa Rica S.A.

(22) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. Is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by i Tres Latin America Costa Rica S.A.

(23) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by i3 Latin America Argentina S.A.

(24) i3 Latin America Perú S.A. is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by i3 Latin America Argentina S.A.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

Bar Code:

* 9 5 4 4 6 2 0 0 8 3 6 5 0 0 0 0 1 *

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	301,336	306,034
2. Cost of bonds and stocks acquired		301,430
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		300,000
7. Deduct amortization of premium	68	6,128
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	301,268	301,336
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	301,268	301,336

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	10,030,711	18,534,202	18,406,932	30,486	10,188,467			10,030,711
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	10,030,711	18,534,202	18,406,932	30,486	10,188,467	0	0	10,030,711
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	10,030,711	18,534,202	18,406,932	30,486	10,188,467	0	0	10,030,711

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 $.....9,887,200; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
8299999. Totals	4,889,176	XXX	4,889,176	35,413	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	4,734,334	4,382,826
2. Cost of short-term investments acquired	3,561,774	14,667,631
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	3,406,932	14,316,123
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	4,889,176	4,734,334
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	4,889,176	4,734,334

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory			0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions									0	0
3. Add: Increases in Replicated Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions									0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria									0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending inventory	0	0	0	0	0	0	0	0	0	0

NONE

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	4,995,041	6,997,217
2. Cost of cash equivalents acquired	14,972,428	122,655,175
3. Accrual of discount	30,555	342,649
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	15,000,000	125,000,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/ adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	4,998,024	4,995,041
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	4,998,024	4,995,041

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition

NONE

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract "

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred

NONE

SCHEDULE B - PART 2

Showing all Mortgage Loans ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings

NONE

QE02

SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1	Location		4	5	6	7	Change in Book Value/Recorded Investment						14	15	16	17	18
	2	3					8	9	10	11	12	13					
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13
		3	4									
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Desig-nation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership

NONE

QE03

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2	Location		5	6	7	8	Changes in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

NONE

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

NONE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

NONE

SCHEDULE DB - PART A - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART C - SECTION 1

Showing All Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing All Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
									10	11	12	
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Potential Exposure

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
JPMorgan Chase	New York, NY					(37,619)	(90,029)	(69,822)	XXX
Bank of America	Scranton, Pa					15,823	15,432	15,023	XXX
0199999. Total Open Depositories		XXX	XXX	0	0	(21,796)	(74,597)	(54,800)	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	(21,796)	(74,597)	(54,800)	XXX
0599999. Total Cash		XXX	XXX	0	0	(21,796)	(74,597)	(54,800)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. Government Bonds - Issuer Obligations							
US Treasury Bill		03/13/2008	1.580	04/10/2008	4,998,023		4,168
0199999. U.S. Government Bonds - Issuer Obligations					4,998,023	0	4,168
0399999. Total - U.S. Government Bonds					4,998,023	0	4,168
Total Bonds							
5499999. Subtotals - Issuer Obligations					4,998,023	0	4,168
6099999. Subtotals - Bonds					4,998,023	0	4,168
8799999. Total - Cash Equivalents					4,998,023	0	4,168