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ANNUAL STATEMENT

For the Year Ended December 31, 2012

of the Condition and Affairs of the

Express Scripts Insurance Company

NAIC Group Code..... , (Current Period) (Prior Period) NAIC Company Code..... 60025 Employer's ID Number..... 86-0754726

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

Licensed as Business Type.....Life, Accident & Health Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized..... February 23, 1994 Commenced Business..... February 23, 1994

Statutory Home Office 7909 South Hardy Drive….. Tempe ..... AZ ..... United States of America …. 85284
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 7909 South Hardy Drive….. Tempe ..... AZ ..... United States of America …. 85284866-332-5455-345966
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address One Express Way, Mailstop HQ2E04….. Saint Louis ..... MO ..... United States of America …. 63121
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records One Express Way; Mailstop: HQ2E04….. St. Louis ..... MO ..... United States of America …. 63121
800-332-5455-345966
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.express-scripts.com

Statutory Statement Contact Kelia D Clements 800-332-5455-345966
(Name) (Area Code) (Telephone Number) (Extension)
kdclements@express-scripts.com 866-276-7055
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Britton Pim	President & Chief Executive Officer	2. Jeffrey Hall	Chief Financial Officer
3. Matthew Harper	Treasurer	4. Keith Ebling	Secretary

OTHER

Marty P. Akins Assistant Secretary

DIRECTORS OR TRUSTEES

Pat McNamee Jeffrey Hall Ed Ignaczak Keith Ebling

State of..... Missouri
County of..... Saint Louis

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)
Britton Pim	Jeffrey Hall	Matthew Harper
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Chief Financial Officer	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 25th day of February 2013

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

Robert B. Fuller, Notary Public
St. Louis County, State of Missouri
My Commission Expires 08/03/2015
Commission Number 11423992

Ex. 2
NONE

Ex. 3
NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						151,000
0799999. Total claims unpaid						151,000

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							
Express Scripts Senior Care Holdings, Inc.	33,895,469					33,895,469	
0199999. Individually listed receivables	33,895,469	0	0	0	0	33,895,469	0
0399999. Total gross amounts receivable	33,895,469	0	0	0	0	33,895,469	0

Ex. 6
NONE

Ex. 7-Pt.1
NONE

Ex. 7-Pt.2
NONE

Ex. 8
NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	141									141
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	94									94
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	941									941
2. First quarter	5,977									5,977
3. Second quarter	6,049									6,049
4. Third quarter	6,160									6,160
5. Current year	6,275									6,275
6. Current year member months	24,461									24,461
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	3,436,440									3,436,440
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,436,440									3,436,440
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	4,187,943									4,187,943
18. Amount incurred for provision of health care services	4,181,191									4,181,191

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....3,436,440

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	94									94
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	706									706
2. First quarter	4,781									4,781
3. Second quarter	4,840									4,840
4. Third quarter	4,928									4,928
5. Current year	5,020									5,020
6. Current year member months	19,569									19,569
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,749,152									2,749,152
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,749,152									2,749,152
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,350,355									3,350,355
18. Amount incurred for provision of health care services	3,344,953									3,344,953

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,749,152

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	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	329									329
2. First quarter	1,992									1,992
3. Second quarter	2,016									2,016
4. Third quarter	2,053									2,053
5. Current year	2,092									2,092
6. Current year member months	8,153									8,153
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,145,480									1,145,480
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,145,480									1,145,480
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,395,981									1,395,981
18. Amount incurred for provision of health care services	1,393,730									1,393,730

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,145,480

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	797									797
3. Second quarter	807									807
4. Third quarter	821									821
5. Current year	837									837
6. Current year member months	3,262									3,262
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	458,192									458,192
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	458,192									458,192
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	558,392									558,392
18. Amount incurred for provision of health care services	557,492									557,492

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....458,192

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	659									659
2. First quarter	1,195									1,195
3. Second quarter	1,210									1,210
4. Third quarter	1,232									1,232
5. Current year	1,255									1,255
6. Current year member months	4,892									4,892
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	687,288									687,288
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	687,288									687,288
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	837,589									837,589
18. Amount incurred for provision of health care services	836,238									836,238

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....687,288

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	470									470
2. First quarter	2,789									2,789
3. Second quarter	2,823									2,823
4. Third quarter	2,875									2,875
5. Current year	2,928									2,928
6. Current year member months	11,415									11,415
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,603,672									1,603,672
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,603,672									1,603,672
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,954,374									1,954,374
18. Amount incurred for provision of health care services	1,951,223									1,951,223

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,603,672

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	21,359									21,359
2. First quarter	146,232									146,232
3. Second quarter	148,009									148,009
4. Third quarter	150,721									150,721
5. Current year	153,524									153,524
6. Current year member months	598,486									598,486
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	84,078,224									84,078,224
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	84,078,224									84,078,224
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	102,465,014									102,465,014
18. Amount incurred for provision of health care services	102,299,814									102,299,814

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....84,078,224

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	282									282
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	2,493									2,493
2. First quarter	21,919									21,919
3. Second quarter	22,181									22,181
4. Third quarter	22,587									22,587
5. Current year	23,007									23,007
6. Current year member months	89,694									89,694
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	12,600,277									12,600,277
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	12,600,277									12,600,277
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	15,355,796									15,355,796
18. Amount incurred for provision of health care services	15,331,038									15,331,038

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....12,600,277

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,270									1,270
2. First quarter	4,383									4,383
3. Second quarter	4,436									4,436
4. Third quarter	4,518									4,518
5. Current year	4,602									4,602
6. Current year member months	17,939									17,939
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,520,056									2,520,056
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,520,056									2,520,056
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,071,158									3,071,158
18. Amount incurred for provision of health care services	3,066,207									3,066,207

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,520,056

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.KS

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	94									94
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	282									282
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	659									659
2. First quarter	3,985									3,985
3. Second quarter	4,033									4,033
4. Third quarter	4,107									4,107
5. Current year	4,183									4,183
6. Current year member months	16,308									16,308
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,290,960									2,290,960
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,290,960									2,290,960
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,791,962									2,791,962
18. Amount incurred for provision of health care services	2,787,461									2,787,461

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,290,960

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	659									659
2. First quarter	1,195									1,195
3. Second quarter	1,210									1,210
4. Third quarter	1,232									1,232
5. Current year	1,255									1,255
6. Current year member months	4,892									4,892
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	687,288									687,288
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	687,288									687,288
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	837,589									837,589
18. Amount incurred for provision of health care services	836,238									836,238

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....687,288

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	2,635									2,635
2. First quarter	33,470									33,470
3. Second quarter	33,877									33,877
4. Third quarter	34,497									34,497
5. Current year	35,139									35,139
6. Current year member months	136,983									136,983
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	19,244,062									19,244,062
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	19,244,062									19,244,062
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	23,452,483									23,452,483
18. Amount incurred for provision of health care services	23,414,671									23,414,671

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....19,244,062

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	141									141
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	659									659
2. First quarter	3,586									3,586
3. Second quarter	3,630									3,630
4. Third quarter	3,696									3,696
5. Current year	3,765									3,765
6. Current year member months	14,677									14,677
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,061,864									2,061,864
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,061,864									2,061,864
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,512,766									2,512,766
18. Amount incurred for provision of health care services	2,508,715									2,508,715

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,061,864

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	94									94
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	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	518									518
2. First quarter	3,985									3,985
3. Second quarter	4,033									4,033
4. Third quarter	4,107									4,107
5. Current year	4,183									4,183
6. Current year member months	16,308									16,308
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,290,960									2,290,960
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,290,960									2,290,960
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,791,962									2,791,962
18. Amount incurred for provision of health care services	2,787,461									2,787,461

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,290,960

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	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	376									376
2. First quarter	1,992									1,992
3. Second quarter	2,016									2,016
4. Third quarter	2,053									2,053
5. Current year	2,092									2,092
6. Current year member months	8,153									8,153
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,145,480									1,145,480
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,145,480									1,145,480
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,395,981									1,395,981
18. Amount incurred for provision of health care services	1,393,730									1,393,730

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,145,480

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,741									1,741
2. First quarter	14,344									14,344
3. Second quarter	14,519									14,519
4. Third quarter	14,785									14,785
5. Current year	15,060									15,060
6. Current year member months	58,708									58,708
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	8,247,455									8,247,455
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	8,247,455									8,247,455
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	10,051,064									10,051,064
18. Amount incurred for provision of health care services	10,034,859									10,034,859

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....8,247,455

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	941									941
2. First quarter	4,383									4,383
3. Second quarter	4,436									4,436
4. Third quarter	4,518									4,518
5. Current year	4,602									4,602
6. Current year member months	17,939									17,939
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,520,056									2,520,056
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,520,056									2,520,056
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,071,158									3,071,158
18. Amount incurred for provision of health care services	3,066,207									3,066,207

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,520,056

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	141									141
2. First quarter	797									797
3. Second quarter	807									807
4. Third quarter	821									821
5. Current year	837									837
6. Current year member months	3,262									3,262
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	458,192									458,192
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	458,192									458,192
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	558,392									558,392
18. Amount incurred for provision of health care services	557,492									557,492

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....458,192

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	800									800
2. First quarter	3,586									3,586
3. Second quarter	3,630									3,630
4. Third quarter	3,696									3,696
5. Current year	3,765									3,765
6. Current year member months	14,677									14,677
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,061,864									2,061,864
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,061,864									2,061,864
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,512,766									2,512,766
18. Amount incurred for provision of health care services	2,508,715									2,508,715

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,061,864

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	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	94									94
2. First quarter	797									797
3. Second quarter	807									807
4. Third quarter	821									821
5. Current year	837									837
6. Current year member months	3,262									3,262
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	458,192									458,192
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	458,192									458,192
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	558,392									558,392
18. Amount incurred for provision of health care services	557,492									557,492

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....458,192

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	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	188									188
2. First quarter	1,195									1,195
3. Second quarter	1,210									1,210
4. Third quarter	1,232									1,232
5. Current year	1,255									1,255
6. Current year member months	4,892									4,892
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	687,288									687,288
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	687,288									687,288
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	837,589									837,589
18. Amount incurred for provision of health care services	836,238									836,238

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....687,288

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

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

NONE

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	376									376
2. First quarter	797									797
3. Second quarter	807									807
4. Third quarter	821									821
5. Current year	837									837
6. Current year member months	3,262									3,262
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	458,192									458,192
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	458,192									458,192
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	558,392									558,392
18. Amount incurred for provision of health care services	557,492									557,492

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....458,192

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,223									1,223
2. First quarter	10,360									10,360
3. Second quarter	10,486									10,486
4. Third quarter	10,678									10,678
5. Current year	10,876									10,876
6. Current year member months	42,400									42,400
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	5,956,495									5,956,495
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	5,956,495									5,956,495
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	7,259,102									7,259,102
18. Amount incurred for provision of health care services	7,247,398									7,247,398

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....5,956,495

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	376									376
2. First quarter	3,188									3,188
3. Second quarter	3,226									3,226
4. Third quarter	3,285									3,285
5. Current year	3,347									3,347
6. Current year member months	13,046									13,046
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,832,768									1,832,768
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,832,768									1,832,768
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,233,570									2,233,570
18. Amount incurred for provision of health care services	2,229,969									2,229,969

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,832,768

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	94									94
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	94									94
2. First quarter	797									797
3. Second quarter	807									807
4. Third quarter	821									821
5. Current year	837									837
6. Current year member months	3,262									3,262
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	458,192									458,192
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	458,192									458,192
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	558,392									558,392
18. Amount incurred for provision of health care services	557,492									557,492

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....458,192

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,317									1,317
2. First quarter	10,360									10,360
3. Second quarter	10,486									10,486
4. Third quarter	10,678									10,678
5. Current year	10,876									10,876
6. Current year member months	42,400									42,400
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	5,956,495									5,956,495
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	5,956,495									5,956,495
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	7,259,102									7,259,102
18. Amount incurred for provision of health care services	7,247,398									7,247,398

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....5,956,495

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.WV

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....0

NAIC Company Code.....60025

	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	47									47
2. First quarter	398									398
3. Second quarter	403									403
4. Third quarter	411									411
5. Current year	418									418
6. Current year member months	1,630									1,630
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	229,096									229,096
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	229,096									229,096
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	279,196									279,196
18. Amount incurred for provision of health care services	278,746									278,746

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....229,096

Sch. S-Pt. 1-Sn. 2
NONE

Sch. S-Pt. 2
NONE

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

Sch. S-Pt. 5
NONE

Sch. S-Pt. 6
NONE

SCHEDULE S - PART 7

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 12)	26,365,808		26,365,808
2.	Accident and health premiums due and unpaid (Line 15)			0
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	54,223,704		54,223,704
6.	Totals assets (Line 28)	80,589,512	0	80,589,512
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	151,000		151,000
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)			0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	62,456,359		62,456,359
15.	Total liabilities (Line 24)	62,607,359	0	62,607,359
16.	Total capital and surplus (Line 33)	17,982,153	XXX	17,982,153
17.	Total liabilities, capital and surplus (Line 34)	80,589,512	0	80,589,512
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	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 CAN						0
58.	Aggregate Other Alien OT						0
59.	Totals	0	0	0	0	0	0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
			45-2884094		0001532063	Nasdaq Stock Exchange	Express Scripts Holding Company	DE	UIP					
			43-1420563				Express Scripts, Inc.	DE	UIP	Express Scripts Holding Company	Ownership	100.000		
			20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	UDP	Express Scripts, Inc.	Ownership	100.000		
		60025	86-0754726				Express Scripts Insurance Company	AZ		Express Scripts Senior Care Holdings, Inc.	Ownership	100.000		
		13918	27-3175443				Express Scripts Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000		
			22-3461740				Medco Health Solutions, Inc.	DE	NIA	Express Scripts Holding Company	Ownership	100.000		
0433	Medco Containment Svces.	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000		
0433	Medco Containment Svces.	34720	13-3506395				Medco Containment Insurance Co. of New York	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000		
			26-3591774				Acredo Care Network, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			11-3358535				Acredo Health Group, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			55-0894449				Acredo Health Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			13-3888838				AHG of New York, Inc.	NY	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			43-1815573				Biopartners in Care, Inc.	MO	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Bracket Global Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			04-3559429				Bracket Global, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Bracket Global, sro	CZE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			61-1516378				CCS Infusion Management, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			65-1310056				CCSI Holding 3, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							CDR Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			02-0646252				Critical Care Systems of New York, Inc.	NY	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			04-3115329				Critical Care Systems, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			71-0958489				DNA Direct, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			06-1633253				Envision Pharma, Inc.	CT	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Envision Pharma, Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-0694815				Europa Apotheek Service Venlo BV	NLD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-0694819				Europa Apotheek Venlo BV	NLD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Evidence Scientific Solutions Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			26-3434149				Evidence Scientific Solutions, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-0694818				GHK Beleggingsmaatschappij Venlo B.V.	NLD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			45-2893398				Hidden River, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			52-1498155				Home Healthcare Resources, Inc.	PA	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			76-0391439				Infinity Infusion Care, Ltd.	TX	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			04-3673742				Infinity Infusion II, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			41-2043158				Infinity Infusion, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3858266				Institute for Medical Education & Research	FL	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			86-1056555				Liberty Healthcare Group, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			65-1289809				Liberty Healthcare Pharmacy of Nevada LLC	NV	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			54-2087018				Liberty Lane Condominium Association, Inc.	FL	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			65-1071974				Liberty Lane Development Company, Inc.	FL	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			37-1588500				Liberty Marketplace, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			65-0193983				Liberty Medical Supply, Inc.	FL	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			27-1506930				MAH Pharmacy, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			45-2822362				MAH Processing, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-0689559				Medco (Shellco) Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			05-0619053				Medco at Home, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Medco CDUR, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-0683345				Medco International GmbH (Germany)	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-1021789				Medco Celesio Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			27-5133672				Medco CHP, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Medco Continuation Health, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			27-3709630				Medco Europe II, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Medco Europe, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3572956				Medco Health NY Independent Practice Assoc.	NY	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			81-0616525				Medco Health Puerto Rico, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			83-0366500				Medco Health Receivables, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Medco Health Solutions (Ireland) Ltd.	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Medco Health Solutions, GmbH	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-0683161				Medco Health Solutions Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3478893				Medco Hlth Solutions of Columbus North, Ltd.	OH	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3478895				Medco Hlth Solutions of Columbus West, Ltd.	OH	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3478953				Medco Hlth Solutions of Fairfield, L.L.C.	PA	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3478889				Medco Hlth Solutions of Franklin Lakes, LLC	NJ	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			51-0447039				Medco Hlth Solutions of Henderson, NV, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			59-3736512				Medco Health Solutions of Hidden River, L.C.	FL	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Medco Health Solutions of Illinois, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			26-1955207				Medco Health Solutions of Indiana, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			27-1809723				Medco Health Solutions of Irving, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-2675929				Medco Health Solutions of Las Vegas, L.L.C.	NV	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3474891				Medco Health Solutions of Netpark, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3478898				Medco Hlth Solutions of North Versailles LLC	PA	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3478958				Medco Health Solutions of Richmond, L.L.C.	VA	NIA	Medco Health Solutions, Inc.	Ownership	100.000		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			22-3046530				Medco Health Solutions of Spokane, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			98-0683164				Medco Health Solutions Services, Ltd.	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3478955				Medco Health Solutions of Texas, L.L.C.	TX	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3474877				Medco Health Solutions of Willingboro, L.L.C.	NJ	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			41-2063830				Medco Health, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			99-0680684				Medco International B.V.	NLD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			99-0362031				Medco International Holdings B.V.	NLD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							Medco International SARL	FRA	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3811751				Medco of Willingboro Urban Renewal, L.L.C.	NJ	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			45-3631137				Medco Research Institute, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3732483				medcohealth.com, L.L.C.	NJ	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			27-3741831				MHS Holding, C.V.	NLD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			20-4625634				MWD Insurance Company	NY	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			45-3860748				National Diabetic Medical Supply, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			34-666699..				National Rx Services No. 3, Inc. of Ohio	OH	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			04-3033368				PolyMedica Corporation	MA	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			20-1968476				P-Star Acquisition Co., Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			22-3474888				Systemed, L.L.C.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							The Vaccine Consortium, LLC	MD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			26-0759966				TherapEase Cuisine, Inc.	WI	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							TVC Acquisition Co., Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							UBC Clinical Technologies Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			54-1759539				UBC Health Care Analytics, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							UBC Japan, K.K.	JPN	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							UBC Late Stage (UK) Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			43-1083790				UBC Late Stage, Inc.	MO	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							UBC Market Access Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			26-3434243				UBC Scientific Solutions, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							UBC Scientific Solutions, Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							United BioSource (Germany) GmbH	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							United BioSource (HCA Canada) Company	CHN	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							United BioSource (London) Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							United BioSource (Suisse) SA	CHN	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			80-0077029				United BioSource Corporation	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							United BioSource Corporation, S.L.	ESP	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							United BioSource Holding (Canada) Company	CAN	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
							United BioSource Holding (EU) B.V.	NLD	NIA	Medco Health Solutions, Inc.	Ownership	100.000		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			98-0595336				United BioSource Holding (UK) Limited	GBR	NIA	Medco Health Solutions, Inc.	Ownership	100.000		
			20-3419132				United BioSource Patient Solutions, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000		

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												
	20-3126104	Express Scripts Senior Care Holdings, Inc.					(33,895,469)				(33,895,469)	
	86-0754726	Express Scripts Insurance Company					33,895,469				33,895,469	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will 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
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 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	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	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
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

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11.

12. *60025201220500000*

13. *60025201220700000*

14.

15. *60025201237100000*

16. *60025201237000000*

17.

18. *60025201222400000*

19. *60025201222500000*

20. *60025201222600000*

21. *60025201230600000*

22. *60025201221100000*

23. *60025201221300000*

24.

25.

26.

Overflow Page
NONE

Overflow Page
NONE

* 6 0 0 2 5 2 0 1 2 3 6 5 0 0 1 0 0 *

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code....0 NAIC Company Code.....60025

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage		XXX	84,078,224	XXX	84,078,224
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	0	XXX	84,078,224	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	0	XXX	84,078,224	XXX	84,078,224
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage		XXX	102,465,014	XXX	102,465,014
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage		XXX	(165,200)	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	0	XXX	102,299,814	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	0	XXX	102,299,814	XXX	102,465,014
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change	XXX		XXX		0
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid		XXX	(17,987,761)	XXX	(17,987,761)
15. Expenses Incurred		XXX	(17,963,261)	XXX	XXX
16. Underwriting Gain/Loss	0	XXX	(258,329)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(399,029)

* 6 0 0 2 5 2 0 1 2 2 0 5 0 0 0 0 0 *

LIFE SUPPLEMENTS

NONE

(To Be Filed by March 1)

For the Year Ended December 31, 2012

Of the.....Express Scripts Insurance Company

ADDRESS .....Tempe AZ 85284

NAIC Group Code.....0 NAIC Company Code.....60025 Employer's ID Number.....86-0754726

Ex. 5-Aggregate Reserve for Life Contracts
NONE

Ex. 5-Interrogatories
NONE

Ex. 7-Deposit-Type Contracts
NONE

Sch. S-Pt. 1-Sn. 1
NONE

Sch. S-Pt. 3-Sn. 1
NONE

Supplement for the year 2012 of the **Express Scripts Insurance Company**

* 6 0 0 2 5 2 0 1 2 2 0 6 5 9 1 0 0 *

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Company Code.....60025

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 2.4 + 25.6)	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

2012 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

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