



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE  
**HealthLink HMO, Inc.**

NAIC Group Code 0671 0671 NAIC Company Code 96475 Employer's ID Number 43-1616135  
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 07/29/1992 Commenced Business 01/14/1993

Statutory Home Office 1831 Chestnut Street, St. Louis, MO 63103-2275  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1831 Chestnut Street  
(Street and Number)  
St. Louis, MO 63103-2275 (City or Town, State and Zip Code)  
314-923-4444 (Area Code) (Telephone Number)

Mail Address 6775 W. Washington Street, Milwaukee, WI 53214  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 6775 W. Washington Street  
(Street and Number)  
Milwaukee, WI 53214 (City or Town, State and Zip Code)  
414-459-6833 (Area Code) (Telephone Number)

Internet Web Site Address www.healthlink.com

Statutory Statement Contact Brenda J Buss, 414-459-6833  
(Name) (Area Code) (Telephone Number)  
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(E-mail Address) (FAX Number)

### OFFICERS

President Dennis William Casey Treasurer Robert David Kretschmer  
Secretary Kathleen Susan Kiefer Assistant Secretary Karen Elizabeth Geiger

### OTHER

### DIRECTORS OR TRUSTEES

Wayne Scott DeVeydt Dennis William Casey Catherine Irene Kelaghan

State of Indiana SS:  
County of Hendricks

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.

Dennis William Casey Kathleen Susan Kiefer Robert David Kretschmer  
President Secretary Treasurer

Subscribed and sworn to before me this 2 day of MAY 2012  
Theresa A Hill

- 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 .....



## STATEMENT AS OF MARCH 31, 2012 OF THE HealthLink HMO, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	25,147,338		25,147,338	25,148,680
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....(3,670,179) ), cash equivalents (\$ ..... ) and short-term investments (\$ .....475,960 ) .....	(3,194,219)		(3,194,219)	(7,058,715)
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	21,953,119	0	21,953,119	18,089,965
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	198,237		198,237	373,000
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	38,109	22,961	15,148	88,708
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	356,444		356,444	240,670
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	1,565,268	981,769	583,499	657,623
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	13,911	13,911	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	24,125,088	1,018,641	23,106,447	19,449,966
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	24,125,088	1,018,641	23,106,447	19,449,966
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Provider Admin Fee Receivable .....	13,911	13,911	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	13,911	13,911	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....28,961 reinsurance ceded) .....			0	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....			0	0
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	11,851		11,851	14,323
9. General expenses due or accrued .....	943,415		943,415	736,599
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	1,262,658		1,262,658	438,457
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	87,485		87,485	182,077
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers and \$ ..... unauthorized reinsurers) .....			0	0
20. Reinsurance in unauthorized companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	15,148		15,148	57,155
23. Aggregate write-ins for other liabilities (including \$ .....5,187 current) .....	13,894	0	13,894	26,904
24. Total liabilities (Lines 1 to 23) .....	2,334,451	0	2,334,451	1,455,515
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000	1,000
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	2,499,000	2,499,000
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	18,271,996	15,494,451
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	20,771,996	17,994,451
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	23,106,447	19,449,966
<b>DETAILS OF WRITE-INS</b>				
2301. Escheat .....	13,894		13,894	26,904
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) .....	13,894	0	13,894	26,904
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	.43	.63	.240
2. Net premium income ( including \$ non-health premium income)	XXX		0	0
3. Change in unearned premium reserves and reserve for rate credits	XXX			0
4. Fee-for-service (net of \$ medical expenses)	XXX			0
5. Risk revenue	XXX			0
6. Aggregate write-ins for other health care related revenues	XXX	10,120	(5,694)	17,644
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	10,120	(5,694)	17,644
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		16,357	58,077	144,739
10. Other professional services				0
11. Outside referrals				0
12. Emergency room and out-of-area				0
13. Prescription drugs		697	(33)	359
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				0
16. Subtotal (Lines 9 to 15)	0	17,054	58,044	145,098
<b>Less:</b>				
17. Net reinsurance recoveries		17,054	58,044	145,098
18. Total hospital and medical (Lines 16 minus 17)	0	0	0	0
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 179,624 cost containment expenses		180,608	167,334	767,417
21. General administrative expenses		(3,575,490)	(3,927,646)	(15,184,104)
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22)	0	(3,394,882)	(3,760,312)	(14,416,687)
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,405,002	3,754,618	14,434,331
25. Net investment income earned		210,106	191,140	799,110
26. Net realized capital gains (losses) less capital gains tax of \$ 0		0	0	12,488
27. Net investment gains (losses) (Lines 25 plus 26)	0	210,106	191,140	811,598
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )]				
29. Aggregate write-ins for other income or expenses	0	0	0	(800)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3,615,108	3,945,758	15,245,129
31. Federal and foreign income taxes incurred	XXX	1,262,659	1,383,599	5,327,038
32. Net income (loss) (Lines 30 minus 31)	XXX	2,352,449	2,562,159	9,918,091
<b>DETAILS OF WRITE-INS</b>				
0601. Provider Admin Fees	XXX	10,120	(5,694)	17,644
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	10,120	(5,694)	17,644
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Tax Penalties & Fines				(800)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	(800)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	17,994,451	20,791,191	20,791,191
34. Net income or (loss) from Line 32.....	2,352,449	2,562,159	9,918,091
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	(108,490)	173,779	311,391
39. Change in nonadmitted assets.....	309,322	(565,129)	(1,026,222)
40. Change in unauthorized reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....	224,264		
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....	0	0	(12,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	2,777,545	2,170,809	(2,796,740)
49. Capital and surplus end of reporting period (Line 33 plus 48)	20,771,996	22,962,000	17,994,451
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## STATEMENT AS OF MARCH 31, 2012 OF THE HealthLink HMO, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	(2,472)	7,249	13,321
2. Net investment income .....	386,211	(3,765)	435,740
3. Miscellaneous income .....	10,120	(5,694)	17,644
4. Total (Lines 1 to 3) .....	393,859	(2,210)	466,705
5. Benefit and loss related payments .....	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	(3,644,243)	(3,758,748)	(15,090,729)
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	438,458	1	5,348,250
10. Total (Lines 5 through 9) .....	(3,205,785)	(3,758,747)	(9,742,479)
11. Net cash from operations (Line 4 minus Line 10) .....	3,599,644	3,756,537	10,209,184
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	2,195,600
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	2,195,600
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	2,897,440
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	2,897,440
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	0	(701,840)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	12,000,000
16.6 Other cash provided (applied) .....	264,852	(763,616)	(878,486)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	264,852	(763,616)	(12,878,486)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	3,864,496	2,992,921	(3,371,142)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	(7,058,715)	(3,687,573)	(3,687,573)
19.2 End of period (Line 18 plus Line 19.1) .....	(3,194,219)	(694,652)	(7,058,715)

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

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	15	15	0	0	0	0	0	0	0	0
2. First Quarter .....	14	14								
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	43	43								
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	7	7								
8. Non-Physician .....	3	3								
9. Total	10	10	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0								
11. Number of Inpatient Admissions	0	0								
12. Health Premiums Written (a) .....	9,094	9,094								
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	9,094	9,094								
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	6,002	6,002								
18. Amount Incurred for Provision of Health Care Services	17,054	17,054								

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



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....						
2. Medicare Supplement .....						
3. Dental Only .....						
4. Vision Only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....						
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9-10+11+12)						

NONE

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

## NOTES TO FINANCIAL STATEMENTS

For purposes of the quarterly interim financial information, it is presented that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2011. This presentation addresses only significant events occurring since the last Annual Statement.

**1. Summary of Significant Accounting Policies****A. Accounting Practices**

The accompanying financial statements of HealthLink HMO, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement* Instructions and in accordance with accounting practices prescribed or permitted by the State of Missouri Department of Insurance (the "Department"). The Department has adopted accounting policies found in the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") as a component of prescribed accounting practices. Additionally, the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, which impact the Company, specifically; limitations are placed on intercompany receivable balances. The Department has the right to permit other specific practices that deviate from prescribed practices. The Company has employed no permitted practices in preparing the accompanying statutory basis financial statements.

A reconciliation of the Company's capital and surplus as of March 31, 2012 and December 31, 2011, respectively, between NAIC SAP and practices prescribed by the Department is shown below:

	<u>March 31, 2012</u>	<u>December 31, 2011</u>
Statutory capital and surplus, Department basis	\$ 20,771,996	\$ 17,994,451
State prescribed practices:		
Nonadmittance of amounts due from affiliates pursuant to 382.195 of the Missouri Revised Statutes effective August 28, 2005	<u>981,769</u>	<u>1,280,714</u>
Statutory capital and surplus, NAIC SAP	<u>\$ 21,753,765</u>	<u>\$ 19,275,165</u>

For the three months ended March 31, 2012 and the year ended December 31, 2011, there were no differences between the Company's net income under NAIC SAP and practices permitted or prescribed by the Department.

**B. Use of Estimates in the Preparation of the Financial Statements**

No change.

**C. Accounting Policies**

No change.

## NOTES TO FINANCIAL STATEMENTS

### **2. Accounting Changes and Corrections of Errors**

The NAIC adopted SSAP No. 101, *Income Taxes, A Replacement of SSAP No. 10R and SSAP No. 10*, in the fourth quarter of 2011 with an effective date of January 1, 2012. The revised standard contains changes to accounting for current and deferred federal and foreign income taxes. One of the changes impacting the Company is that the increased reversal period assumptions and surplus limitations are no longer elective. If the Company qualifies for the increased benefits due to sufficient risk-based capital levels then they are mandatory. The Company had not previously elected the increased benefits available under SSAP No. 10R and does qualify for the increased benefits.

The most significant impact for the Company is the use of increased reversal period assumptions. The cumulative impact on surplus of the adoption of this pronouncement is \$224,264. The impact is reported in the 2012 statements as an increase to surplus on page 5 line 43.

There were no corrections of errors recorded during the quarter ended March 31, 2012.

### **3. Business Combinations and Goodwill**

Not applicable.

### **4. Discontinued Operations**

Not applicable.

### **5. Investments**

#### **A. – C.**

Not applicable.

#### **D. Loan-Backed Securities**

The Company did not have loan-backed securities at March 31, 2012.

#### **E. – G.**

Not applicable.

### **6. Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable.

### **7. Investment Income**

No change.

### **8. Derivative Instruments**

Not applicable.

### **9. Income Taxes**

No change.

## NOTES TO FINANCIAL STATEMENTS

### **10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

#### **A. – C.**

No change.

#### **D. Amounts Due To or From Related Parties**

At March 31, 2012, the Company reported \$1,565,268 due from affiliates and \$87,485 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

#### **E. – L.**

No change.

### **11. Debt**

Not applicable.

### **12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

No change.

### **13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

No change.

### **14. Contingencies**

No change.

### **15. Leases**

Not applicable.

### **16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not applicable.

### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

#### **A. Transfers of Receivables Reported as Sales**

Not applicable.

#### **B. Transfer and Servicing of Financial Assets**

Not applicable.

#### **C. Wash Sales**

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

## NOTES TO FINANCIAL STATEMENTS

2. There were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

**A. Administrative Services Only (“ASO”) Plans**

The gain/loss from operations from ASO uninsured plans and the uninsured portion of partially insured ASO plans for the three months ended March 31, 2012:

	ASO Uninsured Plans
	<u>Plans</u>
a) Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 3,394,634
b) Total net other income or expenses (including interest paid to or received from plans)	<u>-</u>
c) Net gains from operations	<u>\$ 3,394,634</u>
d) Total claim payment volume	<u><u>\$ 3,974,259</u></u>

**B. Administrative Services Contract Plans**

Not applicable.

**C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract**

Not applicable.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable.

**20. Fair Value Measurements**

**A.-B.**

There are no assets or liabilities measured at fair value at March 31, 2012.

**C. Financial Instruments**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III
Bonds	\$ 26,093,539	\$ 25,147,338	\$ 21,812,070	\$ 4,281,469	\$ -
Short Term Investments	475,960	475,960	475,960	-	-

**D. Not Practicable to Estimate Fair Value**

There are no financial instruments that were not practicable to estimate fair value.

## NOTES TO FINANCIAL STATEMENTS

### **21. Other Items**

No change.

### **22. Events Subsequent**

On March 16, 2012, the Board of Directors of the Company declared an extraordinary dividend of \$12,000,000. The Department approved this dividend on April 9, 2012, and the Company paid the dividend on April 11, 2012. There were no other events occurring subsequent to March 31, 2012 requiring disclosure. Subsequent events have been considered through May 11, 2012 for the statutory statement issued on May 11, 2012.

### **23. Reinsurance**

No change.

### **24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not applicable.

### **25. Change in Incurred Claims and Claim Adjustment Expenses**

Not applicable.

### **26. Intercompany Pooling Arrangements**

Not applicable.

### **27. Structured Settlements**

Not applicable.

### **28. Health Care Receivables**

No change.

### **29. Participating Policies**

Not applicable.

### **30. Premium Deficiency Reserves**

Not applicable.

### **31. Anticipated Subrogation and Other Recoveries**

Not applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
3. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]  
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2007
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2007
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 03/21/2009
- 6.4 By what department or departments?  
Missouri Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No   
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.  
 9.11 If the response to 9.1 is No, please explain:  
 9.2 Has the code of ethics for senior managers been amended? ..... Yes  No   
 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No   
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes  No   
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....349,198

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes  No   
 11.2 If yes, give full and complete information relating thereto:  
 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....  
 13. Amount of real estate and mortgages held in short-term investments: .....\$ .....  
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No   
 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No   
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No   
 If no, attach a description with this statement.

**GENERAL INTERROGATORIES**

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon Corporation .....	New York, NY .....

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

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

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

- 16.4 If yes, give full information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address
113878 .....	McDonnell Investment Management, LLC .....	Oak Brook, IL .....

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

- 17.2 If no, list exceptions:

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent .....0.0 %

1.2 A&H cost containment percent .....0.0 %

1.3 A&H expense percent excluding cost containment expenses .....0.0 %

2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$.....

2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$.....

### SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
<h1>NONE</h1>						

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

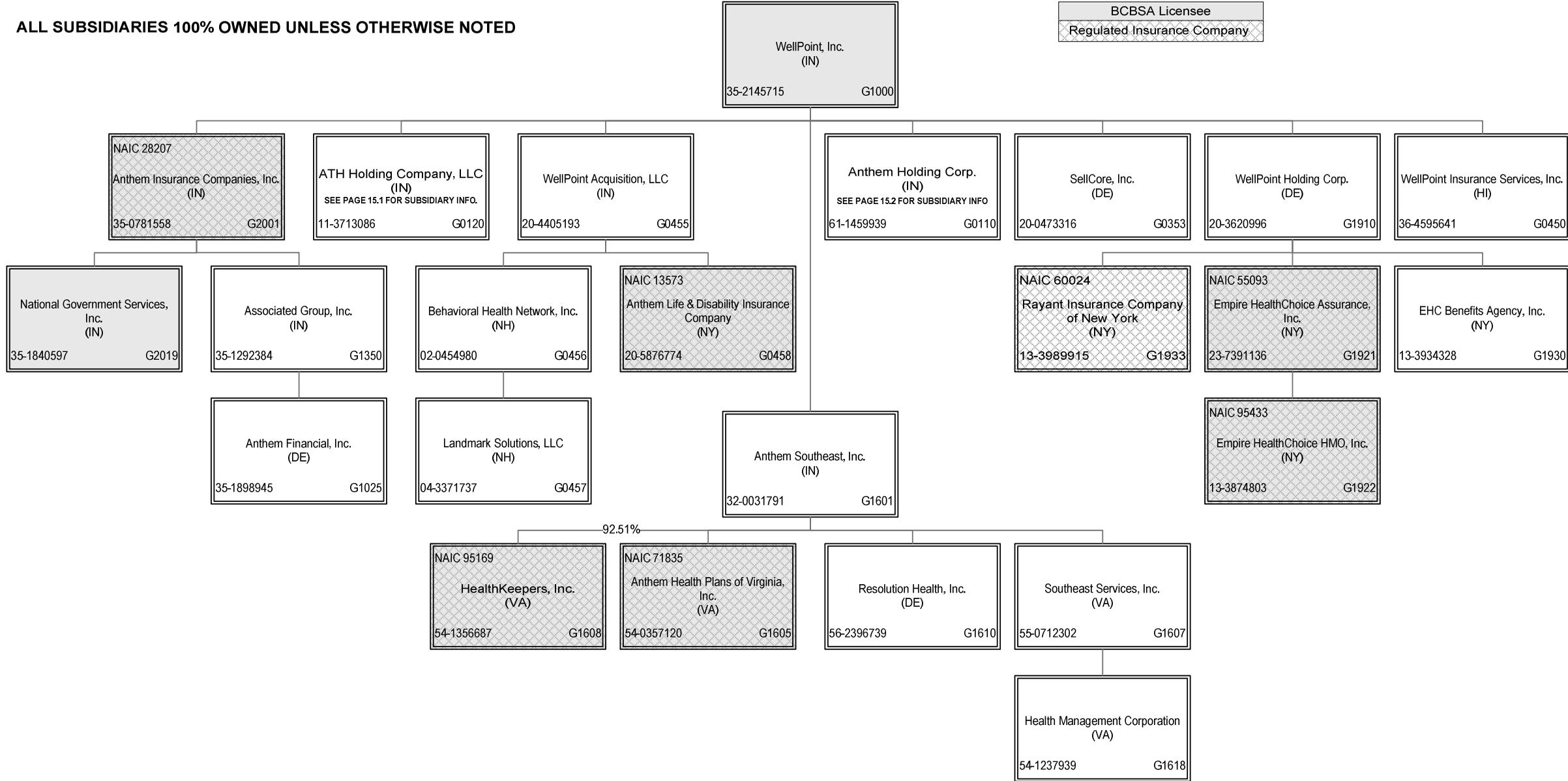
States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	N								0	
2. Alaska AK	N								0	
3. Arizona AZ	N								0	
4. Arkansas AR	L								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	N								0	
12. Hawaii HI	N								0	
13. Idaho ID	N								0	
14. Illinois IL	L								0	
15. Indiana IN	N								0	
16. Iowa IA	N								0	
17. Kansas KS	N								0	
18. Kentucky KY	N								0	
19. Louisiana LA	N								0	
20. Maine ME	N								0	
21. Maryland MD	N								0	
22. Massachusetts MA	N								0	
23. Michigan MI	N								0	
24. Minnesota MN	N								0	
25. Mississippi MS	N								0	
26. Missouri MO	L	9,094							9,094	
27. Montana MT	N								0	
28. Nebraska NE	N								0	
29. Nevada NV	N								0	
30. New Hampshire NH	N								0	
31. New Jersey NJ	N								0	
32. New Mexico NM	N								0	
33. New York NY	N								0	
34. North Carolina NC	N								0	
35. North Dakota ND	N								0	
36. Ohio OH	N								0	
37. Oklahoma OK	N								0	
38. Oregon OR	N								0	
39. Pennsylvania PA	N								0	
40. Rhode Island RI	N								0	
41. South Carolina SC	N								0	
42. South Dakota SD	N								0	
43. Tennessee TN	N								0	
44. Texas TX	N								0	
45. Utah UT	N								0	
46. Vermont VT	N								0	
47. Virginia VA	N								0	
48. Washington WA	N								0	
49. West Virginia WV	N								0	
50. Wisconsin WI	N								0	
51. Wyoming WY	N								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	N								0	
55. U.S. Virgin Islands VI	N								0	
56. Northern Mariana Islands MP	N								0	
57. Canada CN	N								0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	9,094	0	0	0	0	0	9,094	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0		
61. Totals (Direct Business)	(a) 3	9,094	0	0	0	0	0	9,094	0	0
DETAILS OF WRITE-INS										
5801.	XXX									
5802.	XXX									
5803.	XXX									
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

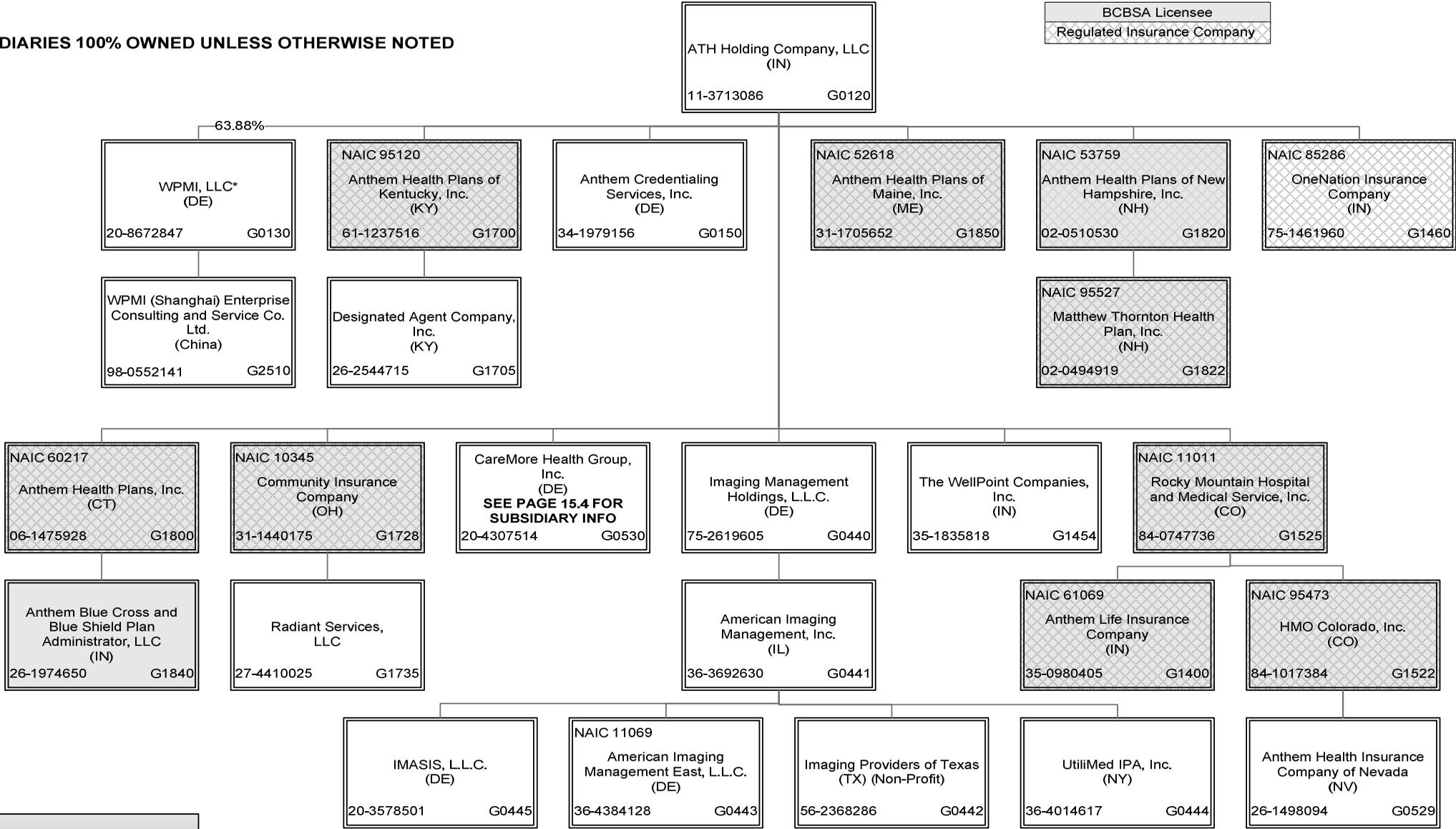
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

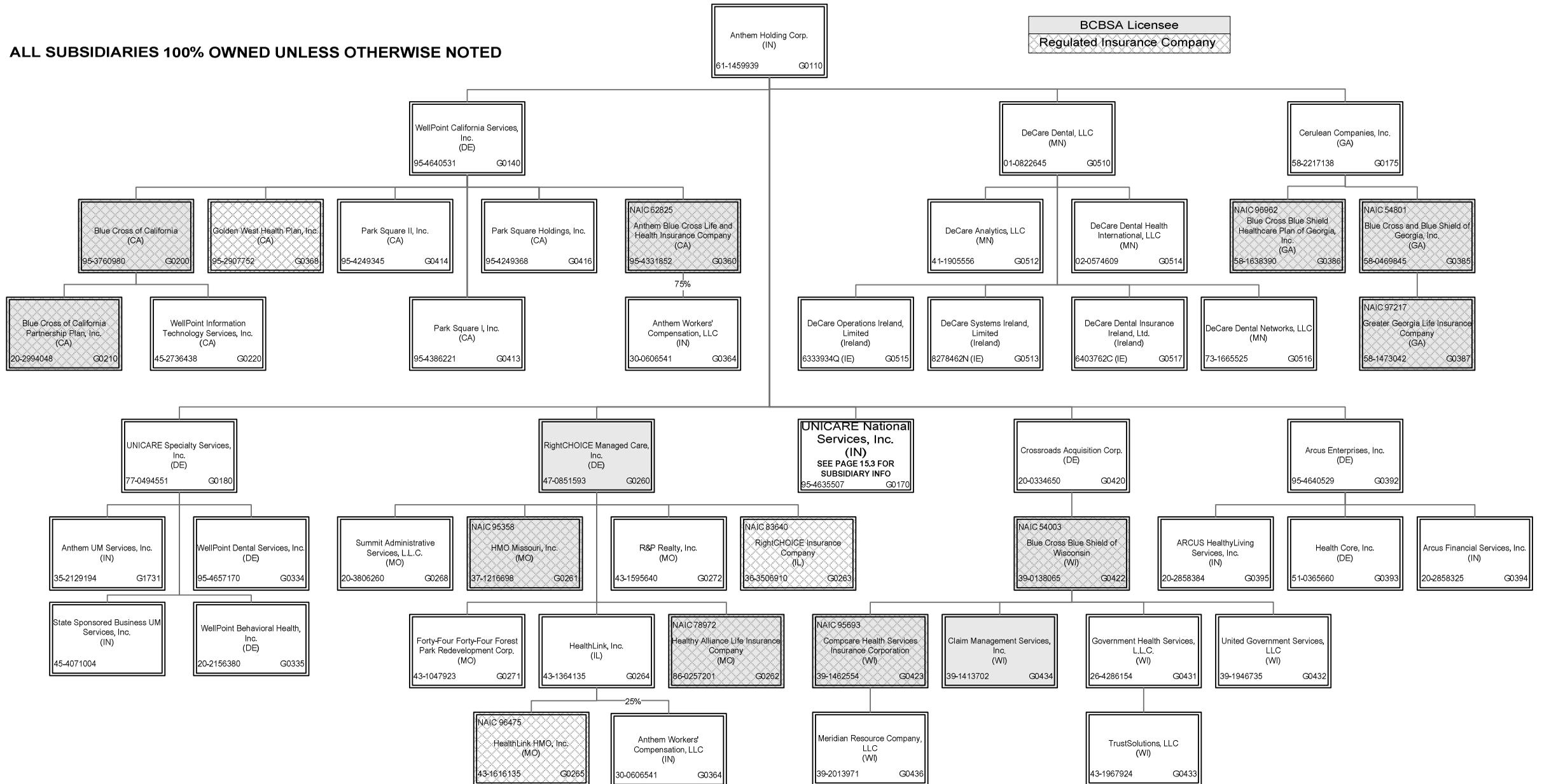
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



\*36.12 of WPMI, LLC is owned by unaffiliated investors

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

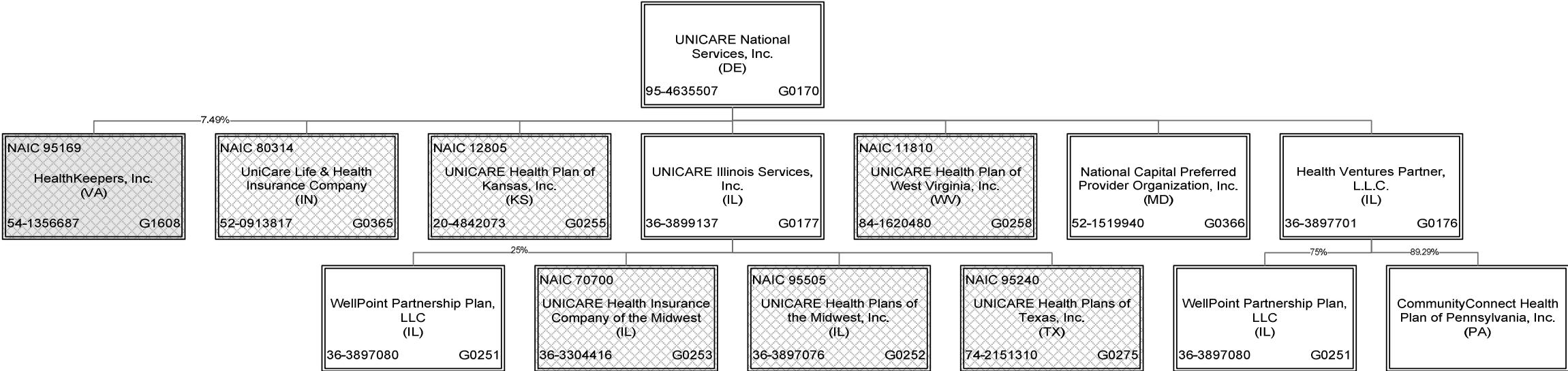
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

BCBSA Licensee
Regulated Insurance Company

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



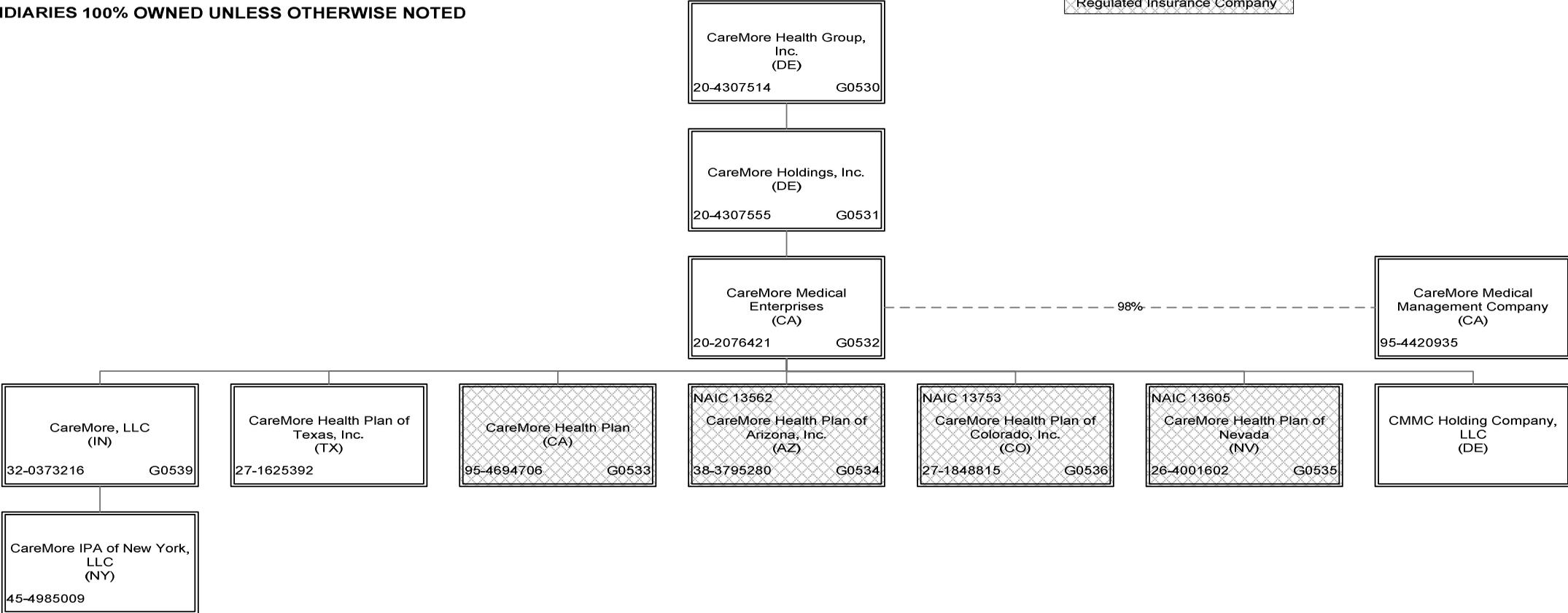
15.3

\*10.71% of CommunityConnect Health Plan of Pennsylvania, Inc. is owned by unaffiliated investors

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

BCBSA Licensee  
Regulated Insurance Company



STATEMENT AS OF MARCH 31, 2012 OF THE HealthLink HMO, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0671	WellPoint, Inc.	..11069	36-4384128				American Imaging Management East, LLC	DE	JA	American Imaging Management, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-3692630				American Imaging Management, Inc.	JL	NIA	Imaging Management Holdings, L.L.C.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		26-1974650				Anthem Blue Cross and Blue Shield Plan Administrator, LLC	IN	NIA	Anthem Health Plans, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..62825	95-4331852				Anthem Blue Cross Life and Health Insurance Company	CA	JA	WellPoint California Services, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		34-1979156				Anthem Credentialing Services, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-1898945				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		26-1498094				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95120	61-1237516				Anthem Health Plans of Kentucky, Inc.	KY	JA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..52618	31-1705652				Anthem Health Plans of Maine, Inc.	ME	JA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..53759	02-0510530				Anthem Health Plans of New Hampshire, Inc.	NH	JA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc.	VA	JA	Anthem Southeast, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..60217	06-1475928				Anthem Health Plans, Inc.	CT	JA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		61-1459939				Anthem Holding Corp.	IN	UIP	WellPoint, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..28207	35-0781558				Anthem Insurance Companies, Inc.	IN	JA	WellPoint, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..13573	20-5876774				Anthem Life & Disability Insurance Company	NY	JA	WellPoint Acquisition, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..61069	35-0980405				Anthem Life Insurance Company	IN	JA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		32-0031791				Anthem Southeast, Inc.	IN	NIA	WellPoint, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-2129194				Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	..75.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	..25.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-2858325				Arcus Financial Services, Inc.	IN	NIA	Arcus Enterprises, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-2858384				ARCUS HealthLiving Services, Inc.	IN	NIA	Arcus Enterprises, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-1292384				Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		11-3713086				ATH Holding Company, LLC	IN	NIA	WellPoint, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		02-0454980				Behavioral Health Network, Inc.	NH	NIA	WellPoint Acquisition, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..54801	58-0469845				Blue Cross and Blue Shield of Georgia, Inc.	GA	JA	Cerulean Companies, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..96962	58-1638390				Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	JA	Cerulean Companies, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..54003	39-0138065				Blue Cross Blue Shield of Wisconsin	WI	JA	Crossroads Acquisition Corp.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-3760980				Blue Cross of California	CA	JA	WellPoint California Services, Inc.	Ownership	..100.000	WellPoint, Inc.	..0100
..0671	WellPoint, Inc.		20-2994048				Blue Cross of California Partnership Plan, Inc.	CA	JA	Blue Cross of California	Ownership	..100.000	WellPoint, Inc.	..0101
..0671	WellPoint, Inc.		20-4307514				CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4694706				CareMore Health Plan	CA	JA	CareMore Medical Enterprises	Ownership	..100.000	WellPoint, Inc.	..0102
..0671	WellPoint, Inc.	..13562	38-3795280				CareMore Health Plan of Arizona, Inc.	AZ	JA	CareMore Medical Enterprises	Ownership	..100.000	WellPoint, Inc.	

STATEMENT AS OF MARCH 31, 2012 OF THE HealthLink HMO, Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0671	WellPoint, Inc.	..13753	27-1848815				CareMore Health Plan of Colorado, Inc.	..CO	..JA	CareMore Medical Enterprises	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..13605	26-4001602				CareMore Health Plan of Nevada	..NV	..JA	CareMore Medical Enterprises	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		27-1625392				CareMore Health Plan of Texas, Inc.	..TX	..NIA	CareMore Medical Enterprises	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-4307555				CareMore Holdings, Inc.	..DE	..NIA	CareMore Health Group, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		45-4985009				CareMore IPA of New York, LLC	..NY	..NIA	CareMore, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		32-0373216				CareMore, LLC	..IN	..NIA	CareMore Medical Enterprises	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-2076421				CareMore Medical Enterprises	..CA	..NIA	CareMore Holdings, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	..CA	..NIA	CareMore Medical Enterprises	Ownership	..98.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	..CA	..NIA	CMMC Holding Company, LLC	Ownership	..2.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		58-2217138				Cerulean Companies, Inc.	..GA	..NIA	Anthem Holding Corp.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		39-1413702				Claim Management Services, Inc.	..WI	..NIA	Blue Cross Blue Shield of Wisconsin	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						CMMC Holding Company, LLC	..DE	..NIA	CareMore Medical Enterprises	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-2393838				CommunityConnect Health Plan of Pennsylvania, Inc.	..PA	..NIA	Health Ventures Partner, L.L.C.	Ownership	..89.290	WellPoint, Inc.	..0103
..0671	WellPoint, Inc.	..10345	31-1440175				Community Insurance Company	..OH	..JA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95693	39-1462554				Compcore Health Services Insurance Corporation	..WI	..JA	Blue Cross Blue Shield of Wisconsin	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-0334650				Crossroads Acquisition Corp.	..DE	..NIA	Anthem Holding Corp.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		41-1905556				DeCare Analytics, LLC	..MN	..NIA	DeCare Dental, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		02-0574609				DeCare Dental Health International, LLC	..MN	..NIA	DeCare Dental, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						DeCare Dental Insurance Ireland, Ltd.	..Ireland	..NIA	DeCare Dental, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		73-1665525				DeCare Dental Networks, LLC	..MN	..NIA	DeCare Dental, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		01-0822645				DeCare Dental, LLC	..MN	..NIA	Anthem Holding Corp.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						DeCare Operations Ireland, Limited	..Ireland	..NIA	DeCare Dental, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						DeCare Systems Ireland, Limited	..Ireland	..NIA	DeCare Dental, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		26-2544715				Designated Agent Company, Inc.	..KY	..NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		13-3934328				EHC Benefits Agency, Inc.	..NY	..NIA	WellPoint Holding Corp	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..55093	23-7391136				Empire HealthChoice Assurance, Inc.	..NY	..JA	WellPoint Holding Corp	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95433	13-3874803				Empire HealthChoice HMO, Inc.	..NY	..JA	Empire HealthChoice Assurance, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		43-1047923				Forty-Four Forty-Four Forest Park Redevelopment Corp.	..MO	..NIA	RightCHOICE Managed Care, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-2907752				Golden West Health Plan, Inc.	..CA	..JA	WellPoint California Services, Inc.	Ownership	..100.000	WellPoint, Inc.	..0104
..0671	WellPoint, Inc.		26-4286154				Government Health Services, LLC	..WI	..NIA	Blue Cross Blue Shield of Wisconsin	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..97217	58-1473042				Greater Georgia Life Insurance Company	..GA	..JA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		51-0365660				Health Core, Inc.	..DE	..NIA	Arcus Enterprises, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		54-1237939				Health Management Corporation	..VA	..NIA	Southeast Services, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-3897701				Health Ventures Partner, L.L.C.	..IL	..NIA	UNICARE National Services, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95169	54-1356687				HealthKeepers, Inc.	..VA	..JA	Anthem Southeast, Inc.	Ownership	..92.510	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95169	54-1356687				HealthKeepers, Inc.	..VA	..JA	UNICARE National Services, Inc.	Ownership	..7.490	WellPoint, Inc.	
..0671	WellPoint, Inc.	..96475	43-1616135				HealthLink HMO, Inc.	..MO	..NIA	HealthLink, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		43-1364135				HealthLink, Inc.	..IL	..UDP	RightCHOICE Managed Care, Inc.	Ownership	..100.000	WellPoint, Inc.	

STATEMENT AS OF MARCH 31, 2012 OF THE HealthLink HMO, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0671	WellPoint, Inc.	..78972	86-0257201				Healthy Alliance Life Insurance Company	..MO	..JA	RightCHOICE Managed Care, Inc. .... Rocky Mountain Hospital and	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95473	84-1017384				HMO Colorado, Inc.	..CO	..JA	Medical Service, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95358	37-1216698				HMO Missouri, Inc.	..MO	..JA	RightCHOICE Managed Care, Inc. ....	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		75-2619605				Imaging Management Holdings, L.L.C.	..DE	..NIA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		56-2368286				Imaging Providers of Texas (non-profit)	..TX	..NIA	American Imaging Management, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-3578501				IMASIS, L.L.C.	..DE	..NIA	American Imaging Management, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		04-3371737				Landmark Solutions, LLC	..NH	..NIA	Behavioral Health Network, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95527	02-0494919				Matthew Thornton Health Plan, Inc.	..NH	..JA	Anthem Health Plans of New Hampshire, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		39-2013971				Meridian Resource Company, LLC	..WI	..NIA	Compcare Health Services Insurance Corporation	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		52-1519940				National Capital Preferred Provider Organization, Inc.	..MD	..NIA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-1840597				National Government Services, Inc.	..IN	..NIA	Anthem Insurance Companies, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..85286	75-1461960				OneNation Insurance Company	..IN	..JA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4249368				Park Square Holdings, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4386221				Park Square I, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4249345				Park Square II, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		43-1595640				R & P Realty, Inc.	..MO	..NIA	RightCHOICE Managed Care, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		56-2396739				Resolution Health, Inc.	..DE	..NIA	Anthem Southeast, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		27-4410025				Radiant Services, LLC	..IN	..NIA	Community Insurance Company	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		13-3989915				Rayant Insurance Company of New York	..NY	..JA	WellPoint Holding Corp	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..83640	36-3506910				RightCHOICE Insurance Company	..IL	..JA	RightCHOICE Managed Care, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		47-0851593				RightCHOICE Managed Care, Inc.	..DE	..UJP	Anthem Holding Corp.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..11011	84-0747736				Rocky Mountain Hospital and Medical Service, Inc.	..CO	..JA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-0473316				SellCore, Inc.	..DE	..NIA	WellPoint, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		55-0712302				Southeast Services, Inc.	..VA	..NIA	Anthem Southeast, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		45-4071004				State Sponsored Business UM Services, Inc.	..IN	..NIA	UNICARE Specialty Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-3806260				Summit Administrative Services, L.L.C.	..MO	..NIA	RightCHOICE Managed Care, Inc. ....	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-1835818				The WellPoint Companies, Inc.	..IN	..NIA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		43-1967924				TrustSolutions, LLC	..WI	..NIA	Government Health Services, LLC	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..70700	36-3304416				UNICARE Health Insurance Company of the Midwest	..IL	..JA	UNICARE Illinois Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..12805	20-4842073				UNICARE Health Plan of Kansas, Inc.	..KS	..JA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..11810	84-1620480				UNICARE Health Plan of West Virginia, Inc.	..WV	..JA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95420	74-2151310				UNICARE Health Plans of Texas, Inc.	..TX	..JA	UNICARE Illinois Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95505	36-3897076				UNICARE Health Plans of the Midwest, Inc.	..IL	..JA	UNICARE Illinois Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-3899137				UNICARE Illinois Services, Inc.	..IL	..NIA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	

STATEMENT AS OF MARCH 31, 2012 OF THE HealthLink HMO, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
...0671	WellPoint, Inc. ....	..80314	52-0913817	.....	.....	.....	UNICARE Life & Health Insurance Company	..IN	..JA	UNICARE National Services, Inc. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	95-4635507	.....	.....	.....	UNICARE National Services, Inc.	..DE	..NIA	Anthem Holding Corp. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	77-0494551	.....	.....	.....	UNICARE Specialty Services, Inc.	..DE	..NIA	Anthem Holding Corp. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	39-1946735	.....	.....	.....	United Government Services, LLC	..WI	..NIA	Blue Cross Blue Shield of Wisconsin American Imaging Management, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	36-4014617	.....	.....	.....	UtiliMED IPA, Inc.	..NY	..NIA	.....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	20-4405193	.....	.....	.....	WellPoint Acquisition, LLC	..IN	..NIA	WellPoint, Inc. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	20-2156380	.....	.....	.....	WellPoint Behavioral Health, Inc.	..DE	..NIA	UNICARE Specialty Services, Inc. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	95-4640531	.....	.....	.....	WellPoint California Services, Inc.	..DE	..NIA	Anthem Holding Corp. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	95-4657170	.....	.....	.....	WellPoint Dental Services, Inc.	..DE	..NIA	UNICARE Specialty Services, Inc. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	20-3620996	.....	.....	.....	WellPoint Holding Corp	..DE	..NIA	WellPoint, Inc. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	45-2736438	.....	.....	.....	WellPoint Information Technology Services, Inc.	..CA	..NIA	Blue Cross of California	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	36-4595641	.....	.....	.....	WellPoint Insurance Services, Inc.	..HI	..NIA	WellPoint, Inc. ....	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	36-3897080	.....	.....	.....	WellPoint Partnership Plan, LLC	..IL	..NIA	Health Ventures Partner, L.L.C.	Ownership.....	..75.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	36-3897080	.....	.....	.....	WellPoint Partnership Plan, LLC	..IL	..NIA	UNICARE Illinois Services, Inc. ....	Ownership.....	..25.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	35-2145715	.....	6324	New York Stock Exchange (NYSE)	WellPoint, Inc.	..IN	..UIP	.....	Ownership.....	.....	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	98-0552141	.....	.....	.....	WPMI Enterprise Consulting and Service Co., LTD	..China	..NIA	WPMI, LLC	Ownership.....	..100.000	WellPoint, Inc. ....	.....
...0671	WellPoint, Inc. ....	.....	20-8672847	.....	.....	.....	WPMI, LLC	..DE	..NIA	ATH Holding Company, LLC	Ownership.....	..63.880	WellPoint, Inc. ....	...0105

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0101	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0103	10.71% owned by unaffiliated investors
0104	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0105	36.12% owned by unaffiliated investors

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	25,148,680	24,427,809
2. Cost of bonds and stocks acquired .....	0	2,897,440
3. Accrual of discount .....	1,771	12,050
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	19,211
6. Deduct consideration for bonds and stocks disposed of .....	0	2,195,600
7. Deduct amortization of premium .....	3,113	12,230
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	25,147,338	25,148,680
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	25,147,338	25,148,680

STATEMENT AS OF MARCH 31, 2012 OF THE HealthLink HMO, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a) .....	25,245,831	378,934	125	(1,342)	25,623,298	0	0	25,245,831
2. Class 2 (a) .....	0	0	0	0	0	0	0	0
3. Class 3 (a) .....	0	0	0	0	0	0	0	0
4. Class 4 (a) .....	0	0	0	0	0	0	0	0
5. Class 5 (a) .....	0	0	0	0	0	0	0	0
6. Class 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	25,245,831	378,934	125	(1,342)	25,623,298	0	0	25,245,831
<b>PREFERRED STOCK</b>								
8. Class 1 .....	0	0	0	0	0	0	0	0
9. Class 2 .....	0	0	0	0	0	0	0	0
10. Class 3 .....	0	0	0	0	0	0	0	0
11. Class 4 .....	0	0	0	0	0	0	0	0
12. Class 5 .....	0	0	0	0	0	0	0	0
13. Class 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	25,245,831	378,934	125	(1,342)	25,623,298	0	0	25,245,831

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

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**SCHEDULE DA - PART 1**

## Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	475,960	xxx	475,960	56	0

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	97,151	437,529
2. Cost of short-term investments acquired .....	378,934	2,604,553
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	125	2,944,931
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	475,960	97,151
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	475,960	97,151

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

Schedule E - Verification - Cash Equivalents

**N O N E**

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**



Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

**N O N E**