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ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

Express Scripts Insurance Company

NAIC Group Code.....4813, 4813 (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 ..... USA …. 85284 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	7909 South Hardy Drive….. Tempe ..... AZ ..... USA …. 85284 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-332-5455 *(Area Code) (Telephone Number)*
Mail Address	One Express Way, Mailstop HQ2E04….. Saint Louis ..... MO ..... USA …. 63121 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	One Express Way; Mailstop: HQ2E04….. St. Louis ..... MO ..... USA …. 63121 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-332-5455 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.express-scripts.com	
Statutory Statement Contact	Kelia D Clements *(Name)*	800-332-5455 *(Area Code) (Telephone Number) (Extension)*
	kdclements@express-scripts.com *(E-Mail Address)*	866-276-7055 *(Fax Number)*

OFFICERS

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

OTHER

Marty P Akins Assistant Secretary

DIRECTORS OR TRUSTEES

Pat McNamee Ed Ignaczak Keith Ebling Matthew Harper
Britton Pim

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	Matthew Harper	Christopher Knibb
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Treasurer & Chief Financial Officer	Vice President
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 23rd day of February 2015

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

Ex. 3A
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						592,300
0799999. Total claims unpaid						592,300

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.	168,823,338					168,823,338	
0199999. Individually listed receivables	168,823,338	0	0	0	0	168,823,338	0
0399999. Total gross amounts receivable	168,823,338	0	0	0	0	168,823,338	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	0	0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service	96,895,851	100.0	XXX	XXX	96,895,851	
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	96,895,851	100.0	XXX	XXX	96,895,851	0
13. Total (Line 4 plus Line 12)	96,895,851	100.0	XXX	XXX	96,895,851	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....4813

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 Benefits 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

30.AK

(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.....4813

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 Benefits 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 ARKANSAS DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits 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 CALIFORNIA DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	9,950									9,950
2. First quarter	10,497									10,497
3. Second quarter	10,441									10,441
4. Third quarter	10,505									10,505
5. Current year	10,675									10,675
6. Current year member months	42,118									42,118
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)	4,908,965									4,908,965
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,908,965									4,908,965
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,960,321									3,960,321
18. Amount incurred for provision of health care services	3,974,082									3,974,082

(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 $.....4,908,965

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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 COLORADO DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	7,960									7,960
2. First quarter	8,397									8,397
3. Second quarter	8,353									8,353
4. Third quarter	8,404									8,404
5. Current year	8,540									8,540
6. Current year member months	33,694									33,694
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)	3,927,172									3,927,172
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,927,172									3,927,172
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,168,257									3,168,257
18. Amount incurred for provision of health care services	3,179,266									3,179,266

(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 $.....3,927,172

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	3,317									3,317
2. First quarter	3,499									3,499
3. Second quarter	3,480									3,480
4. Third quarter	3,502									3,502
5. Current year	3,558									3,558
6. Current year member months	14,039									14,039
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)	1,636,322									1,636,322
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,636,322									1,636,322
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,320,107									1,320,107
18. Amount incurred for provision of health care services	1,324,694									1,324,694

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,636,322

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,327									1,327
2. First quarter	1,400									1,400
3. Second quarter	1,392									1,392
4. Third quarter	1,401									1,401
5. Current year	1,423									1,423
6. Current year member months	5,616									5,616
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)	654,529									654,529
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	654,529									654,529
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	528,043									528,043
18. Amount incurred for provision of health care services	529,878									529,878

(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 $.....654,529

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,990									1,990
2. First quarter	2,099									2,099
3. Second quarter	2,088									2,088
4. Third quarter	2,101									2,101
5. Current year	2,135									2,135
6. Current year member months	8,424									8,424
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)	981,793									981,793
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	981,793									981,793
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	792,064									792,064
18. Amount incurred for provision of health care services	794,816									794,816

(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 $.....981,793

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	4,643									4,643
2. First quarter	4,898									4,898
3. Second quarter	4,873									4,873
4. Third quarter	4,902									4,902
5. Current year	4,982									4,982
6. Current year member months	19,655									19,655
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)	2,290,850									2,290,850
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,290,850									2,290,850
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,848,150									1,848,150
18. Amount incurred for provision of health care services	1,854,572									1,854,572

(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 $.....2,290,850

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	243,440									243,440
2. First quarter	256,815									256,815
3. Second quarter	255,462									255,462
4. Third quarter	257,015									257,015
5. Current year	261,189									261,189
6. Current year member months	1,030,481									1,030,481
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)	120,106,019									120,106,019
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	120,106,019									120,106,019
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	96,895,851									96,895,851
18. Amount incurred for provision of health care services	97,232,551									97,232,551

(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 $.....120,106,019

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.....4813

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 Benefits 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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits 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

30.ID

(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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	36,483									36,483
2. First quarter	38,487									38,487
3. Second quarter	38,284									38,284
4. Third quarter	38,517									38,517
5. Current year	39,143									39,143
6. Current year member months	154,432									154,432
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)	17,999,540									17,999,540
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	17,999,540									17,999,540
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	14,521,177									14,521,177
18. Amount incurred for provision of health care services	14,571,636									14,571,636

(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 $.....17,999,540

* 6 0 0 2 5 2 0 1 4 4 3 0 1 5 1 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 INDIANA DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	7,297									7,297
2. First quarter	7,697									7,697
3. Second quarter	7,657									7,657
4. Third quarter	7,703									7,703
5. Current year	7,829									7,829
6. Current year member months	30,886									30,886
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)	3,599,908									3,599,908
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,599,908									3,599,908
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,904,235									2,904,235
18. Amount incurred for provision of health care services	2,914,327									2,914,327

(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 $.....3,599,908

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.....4813

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 Benefits 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

30.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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	6,633									6,633
2. First quarter	6,998									6,998
3. Second quarter	6,961									6,961
4. Third quarter	7,003									7,003
5. Current year	7,117									7,117
6. Current year member months	28,079									28,079
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)	3,272,644									3,272,644
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,272,644									3,272,644
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,640,214									2,640,214
18. Amount incurred for provision of health care services	2,649,388									2,649,388

(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 $.....3,272,644

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,990									1,990
2. First quarter	2,099									2,099
3. Second quarter	2,088									2,088
4. Third quarter	2,101									2,101
5. Current year	2,135									2,135
6. Current year member months	8,424									8,424
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)	981,793									981,793
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	981,793									981,793
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	792,064									792,064
18. Amount incurred for provision of health care services	794,816									794,816

(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 $.....981,793

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.....4813

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 Benefits 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 MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	55,719									55,719
2. First quarter	58,781									58,781
3. Second quarter	58,471									58,471
4. Third quarter	58,826									58,826
5. Current year	59,782									59,782
6. Current year member months	235,859									235,859
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)	27,490,206									27,490,206
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	27,490,206									27,490,206
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	22,177,797									22,177,797
18. Amount incurred for provision of health care services	22,254,862									22,254,862

(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 $.....27,490,206

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.....4813

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 Benefits 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

30.MN

(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

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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 MISSOURI DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	5,970									5,970
2. First quarter	6,298									6,298
3. Second quarter	6,265									6,265
4. Third quarter	6,303									6,303
5. Current year	6,405									6,405
6. Current year member months	25,271									25,271
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)	2,945,379									2,945,379
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,945,379									2,945,379
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,376,193									2,376,193
18. Amount incurred for provision of health care services	2,384,449									2,384,449

(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 $.....2,945,379

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits 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 NORTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	6,633									6,633
2. First quarter	6,998									6,998
3. Second quarter	6,961									6,961
4. Third quarter	7,003									7,003
5. Current year	7,117									7,117
6. Current year member months	28,079									28,079
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)	3,272,644									3,272,644
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,272,644									3,272,644
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,640,214									2,640,214
18. Amount incurred for provision of health care services	2,649,388									2,649,388

(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 $.....3,272,644

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.....4813

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 Benefits 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 NEBRASKA DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits 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

30.NE

(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.....4813

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 Benefits 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

30.NH

(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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	3,317									3,317
2. First quarter	3,499									3,499
3. Second quarter	3,480									3,480
4. Third quarter	3,502									3,502
5. Current year	3,558									3,558
6. Current year member months	14,039									14,039
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)	1,636,322									1,636,322
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,636,322									1,636,322
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,320,107									1,320,107
18. Amount incurred for provision of health care services	1,324,694									1,324,694

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,636,322

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.....4813

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 Benefits 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

30.NM

(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.....4813

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 Benefits 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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	23,880									23,880
2. First quarter	25,188									25,188
3. Second quarter	25,061									25,061
4. Third quarter	25,212									25,212
5. Current year	25,620									25,620
6. Current year member months	101,078									101,078
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)	11,781,519									11,781,519
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	11,781,519									11,781,519
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	9,504,772									9,504,772
18. Amount incurred for provision of health care services	9,537,797									9,537,797

(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 $.....11,781,519

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	7,297									7,297
2. First quarter	7,697									7,697
3. Second quarter	7,657									7,657
4. Third quarter	7,703									7,703
5. Current year	7,829									7,829
6. Current year member months	30,886									30,886
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)	3,599,908									3,599,908
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,599,908									3,599,908
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,904,235									2,904,235
18. Amount incurred for provision of health care services	2,914,327									2,914,327

(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 $.....3,599,908

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,327									1,327
2. First quarter	1,400									1,400
3. Second quarter	1,392									1,392
4. Third quarter	1,401									1,401
5. Current year	1,423									1,423
6. Current year member months	5,616									5,616
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)	654,529									654,529
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	654,529									654,529
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	528,043									528,043
18. Amount incurred for provision of health care services	529,878									529,878

(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 $.....654,529

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	5,970									5,970
2. First quarter	6,298									6,298
3. Second quarter	6,265									6,265
4. Third quarter	6,303									6,303
5. Current year	6,405									6,405
6. Current year member months	25,271									25,271
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)	2,945,379									2,945,379
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,945,379									2,945,379
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,376,193									2,376,193
18. Amount incurred for provision of health care services	2,384,449									2,384,449

(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 $.....2,945,379

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,327									1,327
2. First quarter	1,400									1,400
3. Second quarter	1,392									1,392
4. Third quarter	1,401									1,401
5. Current year	1,423									1,423
6. Current year member months	5,616									5,616
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)	654,529									654,529
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	654,529									654,529
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	528,043									528,043
18. Amount incurred for provision of health care services	529,878									529,878

(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 $.....654,529

* 6 0 0 2 5 2 0 1 4 4 3 0 4 1 1 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 SOUTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,990									1,990
2. First quarter	2,099									2,099
3. Second quarter	2,088									2,088
4. Third quarter	2,101									2,101
5. Current year	2,135									2,135
6. Current year member months	8,424									8,424
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)	981,793									981,793
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	981,793									981,793
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	792,064									792,064
18. Amount incurred for provision of health care services	794,816									794,816

(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 $.....981,793

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.....4813

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 Benefits 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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,327									1,327
2. First quarter	1,400									1,400
3. Second quarter	1,392									1,392
4. Third quarter	1,401									1,401
5. Current year	1,423									1,423
6. Current year member months	5,616									5,616
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)	654,529									654,529
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	654,529									654,529
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	528,043									528,043
18. Amount incurred for provision of health care services	529,878									529,878

(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 $.....654,529

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	17,246									17,246
2. First quarter	18,194									18,194
3. Second quarter	18,098									18,098
4. Third quarter	18,208									18,208
5. Current year	18,504									18,504
6. Current year member months	73,004									73,004
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)	8,508,873									8,508,873
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	8,508,873									8,508,873
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	6,864,556									6,864,556
18. Amount incurred for provision of health care services	6,888,410									6,888,410

(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 $.....8,508,873

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.....4813

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 Benefits 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

30.UT

(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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	5,307									5,307
2. First quarter	5,598									5,598
3. Second quarter	5,569									5,569
4. Third quarter	5,603									5,603
5. Current year	5,693									5,693
6. Current year member months	22,463									22,463
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)	2,618,115									2,618,115
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,618,115									2,618,115
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,112,171									2,112,171
18. Amount incurred for provision of health care services	2,119,511									2,119,511

(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 $.....2,618,115

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,327									1,327
2. First quarter	1,400									1,400
3. Second quarter	1,392									1,392
4. Third quarter	1,401									1,401
5. Current year	1,423									1,423
6. Current year member months	5,616									5,616
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)	654,529									654,529
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	654,529									654,529
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	528,043									528,043
18. Amount incurred for provision of health care services	529,878									529,878

(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 $.....654,529

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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	17,246									17,246
2. First quarter	18,194									18,194
3. Second quarter	18,098									18,098
4. Third quarter	18,208									18,208
5. Current year	18,504									18,504
6. Current year member months	73,004									73,004
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)	8,508,873									8,508,873
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	8,508,873									8,508,873
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	6,864,556									6,864,556
18. Amount incurred for provision of health care services	6,888,410									6,888,410

(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 $.....8,508,873

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.....4813

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 Benefits 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

30.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.....4813

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	663									663
2. First quarter	700									700
3. Second quarter	696									696
4. Third quarter	700									700
5. Current year	712									712
6. Current year member months	2,808									2,808
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)	327,264									327,264
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,264									327,264
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	264,021									264,021
18. Amount incurred for provision of health care services	264,939									264,939

(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 $.....327,264

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. 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)	26,741,273		26,741,273
2.	Accident and health premiums due and unpaid (Line 15)	517,810		517,810
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	243,568,263		243,568,263
6.	Totals assets (Line 28)	270,827,346	0	270,827,346
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	592,300		592,300
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)	186,244,560		186,244,560
15.	Total liabilities (Line 24)	186,836,860	0	186,836,860
16.	Total capital and surplus (Line 33)	83,990,486	XXX	83,990,486
17.	Total liabilities, capital and surplus (Line 34)	270,827,346	0	270,827,346
	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 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														
			75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			45-2884094		1532063	Nasdaq Stock Exchange	Express Scripts Holding Company, Inc.	DE	UIP	N/A - STOCK IS PUBLICLY HELD				
			22-3114423				CFI of New Jersey, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			36-4374570				CuraScript PBM Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC	Ownership	100.000	Express Scripts Holding Company, Inc.	
			16-1279199				ESI Acquisition, Inc.	NY	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			CN 98-035879				ESI Canada	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1869691				ESI Claims, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			56-2356810				ESI Enterprises, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. Express Scripts Inc., Express Scripts Specialty Distribution Services Inc., ESI-GP Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-2996995				ESI HRA, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			74-2974964				ESI Mail Order Processing, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			75-3040456				ESI Realty, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			41-2006555				ESI Resources, Inc.	MN	NIA	ESI Partnership	Ownership	100.000	Express Scripts Holding Company, Inc.	
							ESI Singapore II Pte., Ltd.	SGP	NIA	ESI Singapore Pte., Ltd.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							ESI Singapore Pte., Ltd.	SGP	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			CN 98-035879				ESI-GP Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							ESI-GP2 Canada ULC	CAN	NIA	C44 Express Scripts Canada Co.	Ownership	100.000	Express Scripts Holding Company, Inc.	
		13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			98-0650775/ C				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Express Scripts Canada Services	CAN	NIA	C44 Express Scripts Canada Co., ESI-GP2 Canada ULC	Ownership	100.000	Express Scripts Holding Company, Inc.	
4813	Express Scripts Holding Grp.	60025	86-0754726				Express Scripts Insurance Company	AZ	RE	Express Scripts Senior Care Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-0551334				Express Scripts MSA, LLC	FL	NIA	Express Scripts WC, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 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 *
							Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	Express Scripts Senior Care Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1869714				Express Scripts Utilization Management Company.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			59-2997634				Express Scripts WC, Inc.	FL	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1420563				Express Scripts, Inc.	DE	IA	Express Scripts Holding Co.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-0325621				IBIOLogic, Inc.	DE	NIA	CuraScript PBM Services, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1794690				IVTx, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			26-1102625				Mooresville On-Site Pharmacy, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-2230703				National Prescription Administrators, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-3694894				NPA of New York IPA, Inc.	NY	NIA	National Prescription Administrators, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			06-1194838				Value Health, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1842584				YourPharmacy.com, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			01-0705518				Byfield Drug, Inc.	MA	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			88-0445494				Priority Healthcare Corp West	NV	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			59-3099905				Priority Healthcare Pharmacy, Inc.	FL	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			59-3573515				Priorityhealthcare. com, Inc.	FL	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			56-2394216				Sinuspharmacy, Inc.	FL	NIA	Priority Healthcare Pharmacy, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	

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			74-3105470				Specialty Infusion Pharmacy, Inc.	FL	NIA	Priority Healthcare Pharmacy, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			61-1147067				SpectraCare Infusion Pharmacy, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			35-1807559				SpectraCare of Indiana	IN	NIA	SpectraCare, Inc. Care Continuum, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-3835126				Chesapeake Infusion, Inc.	FL	NIA	Priority Healthcare Corp.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			26-3591774				Accredo Care Network, Inc.	DE	NIA	Accredo Health Group, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			55-0894449				Accredo Health, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			52-1498155				Home Healthcare Resources, Inc.	PA	NIA	Accredo Health Group, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			98-0689559				Medco [Shellco] Limited	GBR	NIA	Medco Health Solutions [Ireland] Limited	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Medco CDUR, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			27-5133672				Medco CHP, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
4813	Express Scripts Holding Grp.	34720	13-3506395				Medco Containment Insurance Company of New York	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
4813	Express Scripts Holding Grp.	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Medco Continuation Health, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	Express Scripts Holding Company, Inc.	
			46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-3572956				Medco Health New York Independent Practice Association, LLC	NY	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Medco Health Solutions [Ireland] Limited	GBR	NIA	Medco Europe, LLC	Ownership	100.000	Express Scripts Holding Company, Inc.	
			98-0683161				Medco Health Solutions Limited	GBR	NIA	Medco Health Solutions [Ireland] Limited	Ownership	100.000	Express Scripts Holding Company, Inc.	
							Medco Health Solutions of Illinois, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			98-0683164				Medco Health Solutions Services Limited	GBR	NIA	Medco Health Solutions [Ireland] Limited	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-3461740				Medco Health Solutions, Inc.	DE	NIA	Express Scripts Holding Co.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			99-0362031				Medco International Holdings, BV	NLD	NIA	MHS Holdings, CV	Ownership	100.000	Express Scripts Holding Company, Inc.	
			98-0680684				Medco International, BV	NLD	NIA	Medco International Holdings, BV	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-3811751				Medco of Willingboro Urban Renewal, LLC	NJ	NIA	Medco Health Solutions of Willingboro, LLC	Ownership	100.000	Express Scripts Holding Company, Inc.	
			45-3631137				Medco Research Institute, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-3732483				medcohealth.com, LLC	NJ	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	

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			27-3741831				MHS Holdings, CV	NLD	NIA	Medco Europe II, LLC, Medco Europe, LLC	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-4625634				MWD Insurance Company	NY	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			34-1666699				National Rx Services No. 3, Inc. of Ohio	OH	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			26-2625350				Quality Diabetes Care Coalition, LLC (42.42%)	DC	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-5454871				The Vaccine Consortium, LLC	MD	NIA	TVC Acquisition Co., Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			26-0759966				TherapEase Cuisine, Inc.	WI	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			45-4509922				TVC Acquisition Co., Inc.	DE	NIA	United BioSource Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							UBC Late Stage (UK) Limited	GBR	NIA	United BioSource Holding (UK) Limited	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1083790				UBC Late Stage, Inc.	MO	NIA	United BioSource Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							United BioSource (Germany) GmbH	DEU	NIA	United BioSource Holding (UK) Limited	Ownership	100.000	Express Scripts Holding Company, Inc.	
							United BioSource (HCA Canada) Company	CAN	NIA	United BioSource Holding (Canada) Company	Ownership	100.000	Express Scripts Holding Company, Inc.	
							United BioSource (Suisse) SA	CHE	NIA	United BioSource Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			46-3047667				United BioSource Holdings, Inc.	DE	NIA		Ownership	100.000	Express Scripts Holding Company, Inc.	
			80-0077029				United BioSource LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							United BioSource Corporation, S.L.	GBR	NIA	United BioSource Holding (UK) Limited	Ownership	100.000	Express Scripts Holding Company, Inc.	
							United BioSource Holding (Canada) Company	CAN	NIA	United BioSource Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			98-0595336				United BioSource Holding (UK) Limited	GBR	NIA	United BioSource Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			20-3419132				United BioSource Patient Solutions, Inc.	DE	NIA	United BioSource Holdings, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
			43-1925556				ESI-GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Express Scripts Holding Company, Inc.	
							SureScripts-RxHub, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Express Scripts Holding Company, Inc.	1
							Naryx Pharma Inc.	CA	NIA	Priority Healthcare Corp.	Ownership	21.000	Express Scripts Holding Company, Inc.	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 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.					(168,823,338)				(168,823,338)	
60025	86-0754726	Express Scripts Insurance Company					168,823,338				168,823,338	
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?	NO
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.

3.

4.

5.

6.

7.

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9.

10.

11. *60025201436000000*

12. *60025201420500000*

13. *60025201420700000*

14.

15. *60025201437100000*

16. *60025201437000000*

17.

18. *60025201422400000*

19. *60025201422500000*

20. *60025201422600000*

21. *60025201430600000*

22. *60025201421100000*

23. *60025201421300000*

24.

25.

26.

Overflow Page
NONE

Overflow Page
NONE

* 6 0 0 2 5 2 0 1 4 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....4813 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	120,106,019	XXX	120,106,019
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	120,106,019	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	120,106,019	XXX	120,106,019
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage		XXX	96,895,851	XXX	96,895,851
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	336,700	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	97,232,551	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	97,232,551	XXX	96,895,851
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	(29,053,978)	XXX	(29,053,978)
15. Expenses Incurred		XXX	(28,321,526)	XXX	XXX
16. Underwriting Gain/Loss	0	XXX	51,194,994	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	52,264,146

2014 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

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