



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

CELTIC INSURANCE COMPANY

NAIC Group Code 1295, 1295 NAIC Company Code 80799 Employer's ID Number 06-0641618
Organized under the Laws of Illinois, State of Domicile or Port of Entry Illinois
Country of Domicile United States
Licensed as business type: Life, Accident & Health [X] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [X]
Incorporated/Organized 05/03/1949 Commenced Business 01/20/1950
Statutory Home Office 77 W. Wacker Drive, Suite 1200 Chicago, IL, US 60601
Main Administrative Office 77 W. Wacker Drive, Suite 1200 Chicago, IL, US 60601 800-714-4658
Mail Address 77 W. Wacker Drive, Suite 1200 Chicago, IL, US 60601
Primary Location of Books and Records 77 W. Wacker Drive, Suite 1200 Chicago, IL, US 60601 800-714-4658
Internet Web Site Address www.celtic-net.com
Statutory Statement Contact Bryan D. Carlin 314-445-0004 bcarlin@centene.com 314-725-4658

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Officers include Anand A. Shukla (Senior Vice President), Karen E. Wegg (Vice President Administration), David J. Burke (Vice President Treasurer).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Officers include Rone K. Baldwin (President), John P. Ryan (Vice President), William N. Scheffel (Vice President), Keith H. Williamson (Secretary), Aparna Abburi (Senior Vice President), Barbara Basham (Vice President), Steele Stewart (Vice President Actuary), Jeffrey A. Schwaneke (Controller), Tricia L. Dinkelman (Vice President of Tax).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Officers include Anand A. Shukla, Tricia L. Dinkelman, David J. Burke, Dale F. Schmidt.

State of ...
County of ...

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.

Anand A. Shukla
Senior Vice President

David J. Burke
Vice President Treasurer

Karen E. Wegg
Vice President Administration

Subscribed and sworn to before me this
day of

- 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

Pedro Galvan, Notary Public
12/23/2019





**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	1,577,019	13,325		2,398,419	1,577,019	1,577,019
2. Claim overpayment receivables .....				169,085	.0	.97,875
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	1,577,019	13,325	0	2,567,504	1,577,019	1,674,894

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.









**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 .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	64			44						20
2. First Quarter .....	63			43						20
3. Second Quarter .....	61			41						20
4. Third Quarter .....	58			38						20
5. Current Year	53			37						16
6. Current Year Member Months	705			477						228
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	189,868			189,868						
13. Life Premiums Direct.....	4,748									4,748
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	197,993			193,245						4,748
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			0						

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>37</sup>\_\_\_\_\_

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

30.A1



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2015

NAIC Company Code

80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1			1						
2. First Quarter .....	1			1						
3. Second Quarter .....	1			1						
4. Third Quarter .....	1			1						
5. Current Year	1			1						
6. Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	4,421	523		3,898						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,421	523		3,898						
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			0						

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>1</sup> \_\_\_\_\_

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

30.AK



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	5			3						2
2. First Quarter .....	5			3						2
3. Second Quarter .....	5			3						2
4. Third Quarter .....	5			3						2
5. Current Year	5			3						2
6. Current Year Member Months	60			36						24
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	11,312			11,312						
13. Life Premiums Direct.....	1,034									1,034
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	17,941			16,907						1,034
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>3</sup> \_\_\_\_\_

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

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	38,406	38,405								1
2. First Quarter .....	43,166	43,165								1
3. Second Quarter .....	45,365	45,364								1
4. Third Quarter .....	40,843	40,842								1
5. Current Year .....	41,871	41,870								1
6. Current Year Member Months	510,115	510,103								12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	269,612	269,612								
8. Non-Physician .....	240,335	240,335								
9. Total	509,947	509,947	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	15,210	15,210								
11. Number of Inpatient Admissions	3,950	3,950								
12. Health Premiums Written (b) .....	151,976,449	151,976,449								
13. Life Premiums Direct .....	3,245									3,245
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	151,979,694	151,976,449								3,245
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	96,954,570	96,954,570								
18. Amount Incurred for Provision of Health Care Services	110,603,488	110,603,488		0						

(a) For health business: number of persons insured under PPO managed care products 41,870 and number of persons insured under indemnity only products \_\_\_\_\_

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

30 AR



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF California

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	4			4						
2. First Quarter .....	4			4						
3. Second Quarter .....	4			4						
4. Third Quarter .....	4			4						
5. Current Year	4			4						
6. Current Year Member Months	48			48						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	22,401			22,401						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	22,391			22,391						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 4 \_\_\_\_\_

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

30.CA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	3			2						1
2. First Quarter .....	3			2						1
3. Second Quarter .....	3			2						1
4. Third Quarter .....	3			2						1
5. Current Year	3			2						1
6. Current Year Member Months	36			24						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	2,229	(5,910)		8,139						
13. Life Premiums Direct .....	252									252
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	2,481	(5,910)		8,139						252
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 2 \_\_\_\_\_

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

30.CO



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	80			72						8
2. First Quarter .....	79			71						8
3. Second Quarter .....	75			67						8
4. Third Quarter .....	72			64						8
5. Current Year	66			60						6
6. Current Year Member Months	876			786						90
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	247,035	(377)		247,412						
13. Life Premiums Direct .....	3,123									3,123
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	256,783	(377)		254,037						3,123
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 60 \_\_\_\_\_

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

30.CT



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	8			.6						.2
2. First Quarter .....	8			.6						.2
3. Second Quarter .....	8			.6						.2
4. Third Quarter .....	8			.6						.2
5. Current Year	7			5						2
6. Current Year Member Months	93			69						24
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	25,098			25,098						
13. Life Premiums Direct.....	397									397
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	25,935			25,538						397
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 5 \_\_\_\_\_

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

30.DE



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	1			1							
2. First Quarter .....	1			1							
3. Second Quarter .....	1			1							
4. Third Quarter .....	1			1							
5. Current Year	0			0							
6. Current Year Member Months	9			9							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	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) .....	6,084			6,084							
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	6,182			6,182							
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.DC



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1,687	12		1,663						12
2. First Quarter .....	1,642	10		1,620						12
3. Second Quarter .....	1,595	9		1,574						12
4. Third Quarter .....	1,558	9		1,537						12
5. Current Year .....	1,530	9		1,513						8
6. Current Year Member Months	18,975	111		18,732						132
Total Member Ambulatory Encounters for Year:										
7. Physician .....	144	144								
8. Non-Physician .....	138	138								
9. Total	282	282	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5	5								
11. Number of Inpatient Admissions	2	2								
12. Health Premiums Written (b) .....	5,794,907	196,528		5,598,379						
13. Life Premiums Direct .....	5,939									5,939
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	5,878,710	196,528		5,676,243						5,939
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	240,834	240,834								
18. Amount Incurred for Provision of Health Care Services	49,009	49,009		0						

(a) For health business: number of persons insured under PPO managed care products 8 and number of persons insured under indemnity only products 1,514

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

30.FL



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	137	2		133						2
2. First Quarter .....	133	2		129						2
3. Second Quarter .....	130	2		126						2
4. Third Quarter .....	124	1		121						2
5. Current Year .....	123	1		120						2
6. Current Year Member Months	1,530	18		1,488						24
Total Member Ambulatory Encounters for Year:										
7. Physician .....	1	1								
8. Non-Physician .....	5	5								
9. Total	6	6	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) .....	406,210	15,253		390,957						
13. Life Premiums Direct .....	3,417									3,417
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	408,280	15,253		389,610						3,417
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	5,124	5,124								
18. Amount Incurred for Provision of Health Care Services	1,043	1,043		0						

(a) For health business: number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 120

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

30.GA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b) .....	0									
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	0									
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.HI



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b) .....	0									
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	0									
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	45	7		14						24
2. First Quarter .....	38	2		12						24
3. Second Quarter .....	38	2		12						24
4. Third Quarter .....	36	2		10						24
5. Current Year	33	2		9						22
6. Current Year Member Months	435	24		129						282
Total Member Ambulatory Encounters for Year:										
7. Physician .....	20	20								
8. Non-Physician .....	9	9								
9. Total	29	29	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) .....	86,262	31,253		55,009						
13. Life Premiums Direct .....	8,605									8,605
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	97,085	31,253		57,227						8,605
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	24,767	24,767								
18. Amount Incurred for Provision of Health Care Services	5,040	5,040		0						

(a) For health business: number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 9

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

30.1L



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	127	2		114						11
2. First Quarter .....	120	2		107						11
3. Second Quarter .....	118	2		105						11
4. Third Quarter .....	12,550	12,439		100						11
5. Current Year .....	10,669	10,564		95						10
6. Current Year Member Months	74,310	72,960		1,221						129
Total Member Ambulatory Encounters for Year:										
7. Physician .....	61,865	61,865								
8. Non-Physician .....	48,939	48,939								
9. Total	110,804	110,804	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,025	5,025								
11. Number of Inpatient Admissions	923	923								
12. Health Premiums Written (b) .....	22,572,460	22,108,784		463,676						
13. Life Premiums Direct .....	5,295									5,295
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	22,578,128	22,108,784		464,049						5,295
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	11,057,762	11,057,762								
18. Amount Incurred for Provision of Health Care Services	22,106,472	22,106,472		0						

(a) For health business: number of persons insured under PPO managed care products 10,564 and number of persons insured under indemnity only products 95

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

30.IN



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	41			39						2
2. First Quarter .....	38			36						2
3. Second Quarter .....	38			36						2
4. Third Quarter .....	35			33						2
5. Current Year .....	34			32						2
6. Current Year Member Months	435			411						24
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	129,516	(1,222)		130,738						
13. Life Premiums Direct .....	496									496
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	133,600	(1,222)		134,326						496
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>32</sup> \_\_\_\_\_

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

30.1A



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	11	3		8						
2. First Quarter .....	11	3		8						
3. Second Quarter .....	11	3		8						
4. Third Quarter .....	11	3		8						
5. Current Year	11	3		8						
6. Current Year Member Months	132	36		96						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	25	25								
8. Non-Physician .....	13	13								
9. Total	38	38	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) .....	53,607	26,610		26,997						
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	53,481	26,610		26,871						
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	32,453	32,453								
18. Amount Incurred for Provision of Health Care Services	6,604	6,604		0						

(a) For health business: number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 8

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

30.KS



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1									1
2. First Quarter .....	1									1
3. Second Quarter .....	1									1
4. Third Quarter .....	1									1
5. Current Year	1									1
6. Current Year Member Months	12									12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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.....	305									305
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	305									305
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.KY



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	8			8						
2. First Quarter .....	8			8						
3. Second Quarter .....	8			8						
4. Third Quarter .....	8			8						
5. Current Year	7			7						
6. Current Year Member Months	93			93						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	29,641			29,641						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	30,504			30,504						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 7 \_\_\_\_\_

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

30.LA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	2									2
2. First Quarter .....	2									2
3. Second Quarter .....	2									2
4. Third Quarter .....	2									2
5. Current Year	2									2
6. Current Year Member Months	24									24
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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									0
13. Life Premiums Direct .....	754									754
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	754									754
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.ME



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	7			7						
2. First Quarter .....	7			7						
3. Second Quarter .....	7			7						
4. Third Quarter .....	7			7						
5. Current Year	9			7						2
6. Current Year Member Months	90			84						6
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	26,931			26,931						
13. Life Premiums Direct .....	217									217
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	28,011			27,794						217
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 7 \_\_\_\_\_

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	18									18
2. First Quarter .....	18									18
3. Second Quarter .....	18									18
4. Third Quarter .....	18									18
5. Current Year	18									18
6. Current Year Member Months	216									216
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	33	33								
13. Life Premiums Direct.....	6,547									6,547
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,580	33								6,547
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	4			3						1
2. First Quarter .....	4			3						1
3. Second Quarter .....	4			3						1
4. Third Quarter .....	4			3						1
5. Current Year	3			2						1
6. Current Year Member Months	45			33						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	11,402	(196)		11,598						
13. Life Premiums Direct.....	461									461
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	12,363	(196)		12,098						461
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 2 \_\_\_\_\_

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

30.MI



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	7	7								
2. First Quarter .....	7	7								
3. Second Quarter .....	7	7								
4. Third Quarter .....	7	7								
5. Current Year	7	7								
6. Current Year Member Months	84	84								
Total Member Ambulatory Encounters for Year:										
7. Physician .....	77	77								
8. Non-Physician .....	37	37								
9. Total	114	114	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).....	10,563	10,563								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,563	10,563								
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	97,358	97,358								
18. Amount Incurred for Provision of Health Care Services	19,812	19,812								

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 7 \_\_\_\_\_

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

30.MN



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	33			32						1
2. First Quarter .....	30			29						1
3. Second Quarter .....	29			28						1
4. Third Quarter .....	26			25						1
5. Current Year	25			24						1
6. Current Year Member Months	330			318						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	93,190			93,190						
13. Life Premiums Direct .....	686									686
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	94,475			93,789						686
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0			0						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>24</sup> \_\_\_\_\_

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

30.MS



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	24	2		22							
2. First Quarter .....	23	2		21							
3. Second Quarter .....	23	2		21							
4. Third Quarter .....	23	2		21							
5. Current Year	22	2		20							
6. Current Year Member Months	273	24		249							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	4	4									
8. Non-Physician .....	0										
9. Total	4	4	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) .....	69,483	7,500		61,983							
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	70,429	7,500		62,929							
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	3,416	3,416									
18. Amount Incurred for Provision of Health Care Services	695	695		0							

(a) For health business: number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 20

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

30.MO



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1			1						
2. First Quarter .....	1			1						
3. Second Quarter .....	1			1						
4. Third Quarter .....	1			1						
5. Current Year	1			1						
6. Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	3,306	(587)		3,893						
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	3,306	(587)		3,893						
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0			0						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>1</sup> \_\_\_\_\_

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

30.MT



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	48			45						3
2. First Quarter .....	45			42						3
3. Second Quarter .....	44			41						3
4. Third Quarter .....	42			39						3
5. Current Year .....	38			36						2
6. Current Year Member Months	507			474						33
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	195,774			195,774						
13. Life Premiums Direct .....	180									180
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	195,010			194,830						180
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 36 \_\_\_\_\_

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

30.NE



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	10	6		4							
2. First Quarter .....	10	6		4							
3. Second Quarter .....	7	3		4							
4. Third Quarter .....	7	3		4							
5. Current Year	7	3		4							
6. Current Year Member Months	93	45		48							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	22	22									
8. Non-Physician .....	12	12									
9. Total	34	34	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) .....	47,416	26,179		21,237							
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	46,707	26,179		20,528							
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	29,037	29,037									
18. Amount Incurred for Provision of Health Care Services	5,909	5,909		0							

(a) For health business: number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 4

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

30.NV



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	2	2									
2. First Quarter .....	2	2									
3. Second Quarter .....	2	2									
4. Third Quarter .....	1	1									
5. Current Year	1	1									
6. Current Year Member Months	18	18									
Total Member Ambulatory Encounters for Year:											
7. Physician .....	22	22									
8. Non-Physician .....	74	74									
9. Total	96	96	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	5	5									
11. Number of Inpatient Admissions	1	1									
12. Health Premiums Written (b).....	73,380	73,380									
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	73,380	73,380									
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services .....	81,986	81,986									
18. Amount Incurred for Provision of Health Care Services	16,684	16,684									

(a) For health business: number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products \_\_\_\_\_

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

30.NH



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	281			281							
2. First Quarter .....	271			271							
3. Second Quarter .....	266			266							
4. Third Quarter .....	257			257							
5. Current Year	251			251							
6. Current Year Member Months	3,135			3,135							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	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) .....	1,234,166			1,234,166							
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	1,252,736			1,252,736							
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 251

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

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	22			17						5	
2. First Quarter .....	22			17						5	
3. Second Quarter .....	22			17						5	
4. Third Quarter .....	20			15						5	
5. Current Year	20			14						6	
6. Current Year Member Months	252			189						63	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	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) .....	59,873	2,343		57,530							
13. Life Premiums Direct .....	5,898									5,898	
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	65,643	2,343		57,402						5,898	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 14 \_\_\_\_\_

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

30.NM



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	53	53								
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	1									1
6. Current Year Member Months	3									3
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	325	325								
13. Life Premiums Direct .....	377									377
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	702	325								377
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.NY



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	25	2		12						11	
2. First Quarter .....	25	2		12						11	
3. Second Quarter .....	24	1		12						11	
4. Third Quarter .....	24	1		12						11	
5. Current Year	23	1		12						10	
6. Current Year Member Months	288	15		144						129	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	2	2									
8. Non-Physician .....	6	6									
9. Total	8	8	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) .....	66,603	15,074		51,529							
13. Life Premiums Direct .....	3,822									3,822	
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	70,342	15,074		51,446						3,822	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	6,832	6,832									
18. Amount Incurred for Provision of Health Care Services	1,390	1,390		0							

(a) For health business: number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 12

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

30.NC



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	3			3						
2. First Quarter .....	3			3						
3. Second Quarter .....	3			3						
4. Third Quarter .....	3			3						
5. Current Year	3			3						
6. Current Year Member Months	36			36						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	10,409			10,409						
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	10,409			10,409						
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>3</sup> \_\_\_\_\_

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

30.ND



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	43	4		28						11
2. First Quarter .....	40	3		26						11
3. Second Quarter .....	40	3		26						11
4. Third Quarter .....	40	3		26						11
5. Current Year .....	36	3		24						9
6. Current Year Member Months	468	36		306						126
Total Member Ambulatory Encounters for Year:										
7. Physician .....	4	4								
8. Non-Physician .....	0									
9. Total	4	4	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) .....	135,386	16,830		118,556						
13. Life Premiums Direct .....	7,759									7,759
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	141,028	16,830		116,439						7,759
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	3,416	3,416								
18. Amount Incurred for Provision of Health Care Services	695	695		0						

(a) For health business: number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 24

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

30.OH



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	10	3		6						1
2. First Quarter .....	9	2		6						1
3. Second Quarter .....	9	2		6						1
4. Third Quarter .....	9	2		6						1
5. Current Year	6	2		3						1
6. Current Year Member Months	99	24		63						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	17	17								
8. Non-Physician .....	1	1								
9. Total	18	18	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) .....	23,286	6,047		17,239						
13. Life Premiums Direct .....	144									144
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	23,486	6,047		17,295						144
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	15,372	15,372								
18. Amount Incurred for Provision of Health Care Services	3,128	3,128		0						

(a) For health business: number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 3

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

30.OK



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b) .....	0									
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	0									
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30. OR



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	33	3		30							
2. First Quarter .....	33	3		30							
3. Second Quarter .....	30			30							
4. Third Quarter .....	30			30							
5. Current Year	27			27							
6. Current Year Member Months	360	9		351							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	6	6									
8. Non-Physician .....	0										
9. Total	6	6	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) .....	116,338	1,359		114,979							
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	116,361	1,359		115,002							
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	5,124	5,124									
18. Amount Incurred for Provision of Health Care Services	1,043	1,043		0							

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 27 \_\_\_\_\_

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

30.PA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1			1						
2. First Quarter .....	1			1						
3. Second Quarter .....	1			1						
4. Third Quarter .....	1			1						
5. Current Year	1			1						
6. Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	3,960			3,960						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,960			3,960						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 1 \_\_\_\_\_

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

30.RI



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	53	3		46						4	
2. First Quarter .....	50	3		43						4	
3. Second Quarter .....	47	3		40						4	
4. Third Quarter .....	46	3		39						4	
5. Current Year	40	3		33						4	
6. Current Year Member Months	549	36		465						48	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	75	75									
8. Non-Physician .....	6	6									
9. Total	81	81	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) .....	171,704	17,933		153,771							
13. Life Premiums Direct .....	5,719									5,719	
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	184,481	17,933		160,829						5,719	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	69,176	69,176									
18. Amount Incurred for Provision of Health Care Services	14,077	14,077		0							

(a) For health business: number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 33

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

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	17			16						1
2. First Quarter .....	17			16						1
3. Second Quarter .....	17			16						1
4. Third Quarter .....	17			16						1
5. Current Year	14			13						1
6. Current Year Member Months	195			183						12
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	74,342	(189)		74,531						
13. Life Premiums Direct .....	308									308
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	74,094	(189)		73,975						308
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 13 \_\_\_\_\_

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	17			5						12
2. First Quarter .....	17			5						12
3. Second Quarter .....	17			5						12
4. Third Quarter .....	17			5						12
5. Current Year	14			3						11
6. Current Year Member Months	195			54						141
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	11,872	(3,105)		14,977						
13. Life Premiums Direct .....	6,825									6,825
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	18,902	(3,105)		15,182						6,825
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products <sup>3</sup> \_\_\_\_\_

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	84	5		58						21
2. First Quarter .....	83	4		58						21
3. Second Quarter .....	79	3		55						21
4. Third Quarter .....	78	3		54						21
5. Current Year .....	70	3		51						16
6. Current Year Member Months	930	39		654						237
Total Member Ambulatory Encounters for Year:										
7. Physician .....	31	31								
8. Non-Physician .....	35	35								
9. Total	66	66	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) .....	311,124	52,202		258,922						
13. Life Premiums Direct .....	13,092									13,092
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	325,561	52,202		260,267						13,092
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	56,365	56,365		0						
18. Amount Incurred for Provision of Health Care Services	11,470	11,470		0						

(a) For health business: number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 52

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

30.TX



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	2			2							
2. First Quarter .....	2			2							
3. Second Quarter .....	2			2							
4. Third Quarter .....	2			2							
5. Current Year	1			1							
6. Current Year Member Months	21			21							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	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).....	6,772			6,772							
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	7,198			7,198							
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services .....	0			0							
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 1 \_\_\_\_\_

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

30.UT



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2015						NAIC Company Code	80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	11			11							
2. First Quarter .....	11			11							
3. Second Quarter .....	11			11							
4. Third Quarter .....	11			11							
5. Current Year	10			10							
6. Current Year Member Months	129			129							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	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).....	22,347			22,347							
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	23,127			23,127							
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 10 \_\_\_\_\_

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

30.VT



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	.61			.40						.21
2. First Quarter .....	.61			.40						.21
3. Second Quarter .....	.61			.40						.21
4. Third Quarter .....	.61			.40						.21
5. Current Year	54			36						18
6. Current Year Member Months	711			468						243
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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).....	101,306			101,306						
13. Life Premiums Direct.....	8,628									8,628
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	109,967			101,339						8,628
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 36 \_\_\_\_\_

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

30.VA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b) .....	0									
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	0									
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	9			9						
2. First Quarter .....	9			9						
3. Second Quarter .....	9			9						
4. Third Quarter .....	9			9						
5. Current Year	7			7						
6. Current Year Member Months	102			102						
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	28,785			28,785						
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	25,166			25,166						
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products 7 \_\_\_\_\_

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	4	1								3
2. First Quarter .....	3									3
3. Second Quarter .....	3									3
4. Third Quarter .....	3									3
5. Current Year	3									3
6. Current Year Member Months	36									36
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	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) .....	(4,593)	(4,593)								
13. Life Premiums Direct .....	2,298									2,298
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	(2,295)	(4,593)								2,298
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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

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

30.W1



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 1295

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2015

NAIC Company Code 80799

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	8	1		3						4
2. First Quarter .....	8	1		3						4
3. Second Quarter .....	8	1		3						4
4. Third Quarter .....	8	1		3						4
5. Current Year	8	1		3						4
6. Current Year Member Months	96	12		36						48
Total Member Ambulatory Encounters for Year:										
7. Physician .....	4	4								
8. Non-Physician .....	2	2								
9. Total	6	6	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).....	15,751	679		15,072						
13. Life Premiums Direct.....	1,442									1,442
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	17,185	679		15,064						1,442
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	5,124	5,124								
18. Amount Incurred for Provision of Health Care Services	1,043	1,043		0						

(a) For health business: number of persons insured under PPO managed care products 1 \_\_\_\_\_ and number of persons insured under indemnity only products 3 \_\_\_\_\_

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

30.WY



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2015						NAIC Company Code 80799	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	41,522	38,523	0	2,794	0	0	0	0	0	205	
2. First Quarter .....	46,135	43,219	0	2,711	0	0	0	0	0	205	
3. Second Quarter .....	48,255	45,409	0	2,641	0	0	0	0	0	205	
4. Third Quarter .....	56,092	53,322	0	2,565	0	0	0	0	0	205	
5. Current Year	55,140	52,475	0	2,482	0	0	0	0	0	183	
6. Current Year Member Months	617,185	583,594	0	31,197	0	0	0	0	0	2,394	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	331,931	331,931	0	0	0	0	0	0	0	0	
8. Non-Physician .....	289,612	289,612	0	0	0	0	0	0	0	0	
9. Total	621,543	621,543	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	20,245	20,245	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	4,876	4,876	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	184,478,734	174,569,668	0	9,909,066	0	0	0	0	0	0	
13. Life Premiums Direct .....	102,013	0	0	0	0	0	0	0	0	102,013	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	184,703,545	174,569,668	0	10,031,864	0	0	0	0	0	102,013	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	108,688,717	108,688,717	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	132,847,602	132,847,602	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 52,466 and number of persons insured under indemnity only products 2,491

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

30.GT







Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**SCHEDULE S – PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	13,778	15,437	15,461	13,946	14,489
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	257	771	1,038	1,139	1,263
5. Total hospital and medical expenses.....	11,864	17,081	21,598	18,328	11,916
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	13	0	0	0	0
7. Claims payable.....	(2,052)	(769)	(692)	(1,032)	(1,112)
8. Reinsurance recoverable on paid losses.....	8,449	4,607	2,927	206	89
9. Experience rating refunds due or unpaid.....	937	1,174	4	4	2
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	.XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	.XXX
18. Funds deposited by and withheld from (F).....	0	0	0	0	.XXX
19. Letters of credit (L).....	0	0	0	0	.XXX
20. Trust agreements (T).....	0	0	0	0	.XXX
21. Other (O).....	0	0	0	0	.XXX

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	93,348,854		93,348,854
2. Accident and health premiums due and unpaid (Line 15).....	2,481,940		2,481,940
3. Amounts recoverable from reinsurers (Line 16.1).....	8,448,820		8,448,820
4. Net credit for ceded reinsurance.....	XXX	9,007,267	9,007,267
5. All other admitted assets (Balance).....	35,616,313		35,616,313
6. Total assets (Line 28)	139,895,927	9,007,267	148,903,194
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	34,342,185	2,051,622	36,393,807
8. Accrued medical incentive pool and bonus payments (Line 2).....	140,956		140,956
9. Premiums received in advance (Line 8).....	23,416,245		23,416,245
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	1,493,175	(1,493,175)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	42,314,575		42,314,575
15. Total liabilities (Line 24).....	101,707,136	558,447	102,265,583
16. Total capital and surplus (Line 33).....	38,188,792	XXX	38,188,792
17. Total liabilities, capital and surplus (Line 34)	139,895,928	558,447	140,454,375
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	2,051,622		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	8,448,820		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	10,500,442		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	1,493,175		
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 .....	1,493,175		
31. Total net credit for ceded reinsurance	9,007,267		

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	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	4,748				4,748
2. Alaska	AK	0				0
3. Arizona	AZ	1,034				1,034
4. Arkansas	AR	3,245				3,245
5. California	CA	0				0
6. Colorado	CO	252				252
7. Connecticut	CT	3,123				3,123
8. Delaware	DE	397				397
9. District of Columbia	DC	0				0
10. Florida	FL	5,939				5,939
11. Georgia	GA	3,417				3,417
12. Hawaii	HI	0				0
13. Idaho	ID	0				0
14. Illinois	IL	8,605				8,605
15. Indiana	IN	5,295				5,295
16. Iowa	IA	496				496
17. Kansas	KS	0				0
18. Kentucky	KY	305				305
19. Louisiana	LA	0				0
20. Maine	ME	754				754
21. Maryland	MD	217				217
22. Massachusetts	MA	6,547				6,547
23. Michigan	MI	461				461
24. Minnesota	MN	0				0
25. Mississippi	MS	686				686
26. Missouri	MO	0				0
27. Montana	MT	0				0
28. Nebraska	NE	180				180
29. Nevada	NV	0				0
30. New Hampshire	NH	0				0
31. New Jersey	NJ	0				0
32. New Mexico	NM	5,898				5,898
33. New York	NY	377				377
34. North Carolina	NC	3,822				3,822
35. North Dakota	ND	0				0
36. Ohio	OH	7,758				7,758
37. Oklahoma	OK	144				144
38. Oregon	OR	0			215	215
39. Pennsylvania	PA	0				0
40. Rhode Island	RI	0				0
41. South Carolina	SC	5,719				5,719
42. South Dakota	SD	308				308
43. Tennessee	TN	6,825				6,825
44. Texas	TX	13,092				13,092
45. Utah	UT	0				0
46. Vermont	VT	0				0
47. Virginia	VA	8,628				8,628
48. Washington	WA	0				0
49. West Virginia	WV	0				0
50. Wisconsin	WI	2,298				2,298
51. Wyoming	WY	1,442				1,442
52. American Samoa	AS	0				0
53. Guam	GU	0				0
54. Puerto Rico	PR	0				0
55. US Virgin Islands	VI	0				0
56. Northern Mariana Islands	MP	0				0
57. Canada	CAN	0				0
58. Aggregate Other Alien	OT	0				0
59. Totals		102,012	0	0	215	102,227

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation	DE	UDP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Shareholders/Board of Directors	
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	15713	46-4829006				Iowa Total Care, Inc	IA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Buckeye Community Health Plan, Inc	Ownership	13.0	Centene Corporation	.0
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	59-3807546				Physicians Choice, LLC	SC	NIA	Absolute Total Care, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	65-1206841				PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	15.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Healthy Washington Holdings, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Managed Health Services Insurance Corp	Ownership	2.0	Centene Corporation	.0
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc	LA	IA	Healthy Louisiana Holdings LLC	Ownership	100.0	Centene Corporation	.0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14053	27-2186150				IlliniCare Health Plan, Inc	IL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	IlliniCare Health Plan, Inc	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc	FL	IA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0242132				Sunshine Consulting Services, Inc	DE	NIA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc	KY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	95.0	Centene Corporation	.0
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc	MO	IA	Healthy Missouri Holding, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Home State Health Plan, Inc	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15447	46-4195563				Bridgeway Advantage Solutions, Inc	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0907261				California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	10769	30-0312489				Fidelis SecureCare of Michigan, Inc	MI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0483299				Agate Resources, Inc	OR	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	93-1198219				Lane Individual Practice Association, Inc	OR	NIA	Agate Resources, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc	OR	IA	Lane Individual Practice Association, Inc	Ownership	60.0	Centene Corporation	.0
01295	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc	OR	IA	Agate Resources, Inc	Ownership	40.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4475075				Agate Properties, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	93-1198376				Independent Professional Services, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-5123293				Nebraska Total Care, Inc	NE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-5340613				Pennsylvania Health & Wellness, Inc	PA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2914561				Forhan, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	37-1766939				Hanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	GPT Acquisition LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2794037				LSM Holdco, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	LSM Holdco, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000					Chopin Merger Sub I, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-5208076				Chopin Merger Sub II, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	99.0	Centene Corporation	.0
01295	Centene Corporation	00000	43-1795436				MHS Travel & Charter, Inc.	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2516714				LiveHealthier, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	37-1788565				Envolve, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-3454898				Centene Health Systems Group of New York	NY	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	22-3889471				GenCorp Health Solutions, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	42-1565805				Genphiny Mgmt, LLC	DE	NIA	GenCorp Health Solutions, Inc.	Ownership	100.0	Centene Corporation	.0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

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

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01295	Centene Corporation	00000	42-1565807				NurseWise Holdings LLC	DE	NIA	CentCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	52-2379566				NurseWise LP	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4730372				Nurse Response, Inc	DE	NIA	NurseWise LP	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	CentCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4980818				Bridgeway Health Solutions of Arizona, Inc	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	06-1476380				Nurtur Health, Inc	DE	NIA	CentCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	06-1404277				Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	CT	NIA	Nurtur Health, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	16-1686991				Wellness By Choice, LLC	NY	NIA	Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	CentCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12525	74-3018565				Cenpatico Behavioral Health of Texas, Inc	TX	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2595704				Cenpatico of California, Inc	CA	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt, LLC	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Integrated Mental Health Mgmt, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona Inc	AZ	IA	Cenpatico Behavioral Health of Arizona, LLC	Ownership	80.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-5349029				Cenpatico of Florida, Inc	FL	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4730341				Engolve Benefit Options, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-4520004				OptiCare Vision Insurance Co, Inc	SC	NIA	Engolve Benefit Options, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95302	75-2592153				AEOCC Total Vision Health Plan of Texas, Inc	TX	IA	Engolve Benefit Options, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4773088				OptiCare Vision Company, Inc	DE	NIA	Engolve Benefit Options, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	65-0094759				Ocucare Systems, Inc	FL	NIA	Engolve Benefit Options, Inc	Ownership	100.0	Centene Corporation	.0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc.	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	06-1635519				OptiCare IPA of New York, Inc.	NY	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2783884				Dental Health & Wellness, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15357	45-2303998				Cenpatico of Louisiana, Inc.	LA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc.	Ownership	75.0	Centene Corporation	.0
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc.	MS	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc.	GA	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc.	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc.	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	77-0578529				US Script, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2307356				US Script IPA, LLC	NY	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000					Casenet S.R.O.	CZE	NIA	Casenet LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	90-0766502				Centurion LLC	DE	NIA	Centurion Group, Inc.	Ownership	51.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1577742				Centurion of Virginia, LLC	VA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1229365				Centurion of Pennsylvania, LLC	PA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	61-1696004				Massachusetts Partnership for Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-3590120				Centurion of Idaho, LLC	ID	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1041008				Centurion of Michigan, LLC	MI	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000					Centurion Correctional Healthcare of New Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care, GP, LLC	Ownership	.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-2624521				Specialty Therapeutic Care West, LLC	TX	NIA	Specialty Therapeutic Care, LP (0.01%)	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-8235695				New York Rx, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275614				U.S. Medical Management Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc	Ownership	20.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	48.0	Centene Corporation	.0
01295	Centene Corporation	00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

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

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01295	Centene Corporation	00000	47-2138680				IAH of Florida, LLC	FL	NIA	RMED, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0679248				Grace Hospice of Grand Rapids, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080567				Comfort Hospice of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1708834				Grace Hospice of Wisconsin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4435532				Seniorcorps Pensinsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0927034				A N J, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2635025				Traditional Home Health Services, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4229858				Pinnacle Senior Care of Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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01295	Centene Corporation	00000	59-3519060				North Florida Health Services, Inc.	FL	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1742728				Pinnacle Sr. Care of Kalamazoo, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4364776				Rapid Respiratory Services, LLC	DE	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-5730959				USMM Accountable Care Network, LLC	DE	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-5735993				USMM Accountable Care Partners, LLC	DE	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-5745748				USMM Accountable Care Solutions, LLC	DE	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4165480				USMM ACO, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4157180				USMM ACO Florida, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4154905				USMM ACO North Texas, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-8630006				MHS Consulting, International, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000					PRIMEROSALUD, S.L.	ESP	NIA	MHS Consulting, International, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000					The Practice Plc.	GBR	NIA	MHS Consulting, International, Inc.	Ownership	100.0	Centene Corporation	.0

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Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	42-1406317	Centene Corporation	8,000,000	(480,875,000)			109,930,096				(362,944,904)	
71013	39-0993433	Bankers Reserve Life Insurance Company		300,000			(670,619,432)	(3,348,377)			(673,667,809)	(46,742,446)
00000	46-2860967	Health Plan Real Estate Holding, Inc.									.0	
12315	20-3174593	Peach State Health Plan, Inc.					(343,063,323)	2,587,097			(340,476,226)	15,651,579
15713	46-4829006	Iowa Total Care, Inc.		1,000,000							1,000,000	
11834	32-0045282	Buckeye Community Health Plan, Inc.		35,000,000			(614,867,669)	(2,770,146)			(582,637,815)	4,505,875
12959	20-5693998	Absolute Total Care, Inc.					(134,508,636)	1,926,720			(132,581,916)	713,436
00000	59-3807546	Physicians Choice, LLC									.0	
00000	65-1206841	PhyTrust of South Carolina LLC									.0	
95831	39-1821211	Coordinated Care Corporation d/b/a Mana					(309,303,157)				(309,303,157)	
00000	46-5523218	Healthy Washington Holdings, Inc.									.0	
15352	46-2578279	Coordinated Care of Washington, Inc.		8,000,000			(195,375,544)				(187,375,544)	
96822	39-1678579	Managed Health Services Insurance Corp.					(57,866,098)	38,149			(57,827,949)	67,851
60078	86-0819817	Hallmark Life Insurance Co.	(8,000,000)				(2,545,189)				(10,545,189)	
95647	74-2770542	Superior HealthPlan, Inc.		38,000,000			(926,163,750)				(888,163,750)	
00000	27-0916294	Healthy Louisiana Holdings, LLC									.0	
13970	27-1287287	Louisiana Healthcare Connections, Inc.		31,000,000			(369,100,449)	2,128,138			(335,972,311)	1,469,111
13923	20-8570212	Magnolia Health Plan Inc.		24,000,000			(407,507,040)	1,771,041			(381,735,999)	31,095
14053	27-2186150	IlliniCare Health Plan, Inc.		61,300,000			(514,393,260)	1,434,302			(451,658,958)	6,222,688
00000	26-0557093	Sunshine Health Holding LLC									.0	
13148	20-8937577	Sunshine State Health Plan, Inc.		194,000,000			(742,436,988)	(14,131,659)			(562,568,647)	8,461,799
00000	56-2384404	Access Health Solutions LLC									.0	
00000	27-0242132	Sunshine Consulting Services, Inc.									.0	
14100	45-1294925	Kentucky Spirit Health Plan, Inc.					(1,529,721)				(1,529,721)	
00000	45-5070230	Healthy Missouri Holding, Inc.									.0	
14218	45-2798041	Home State Health Plan, Inc.		27,375,000			(49,265,102)	1,782,003			(20,108,099)	2,587,773
14345	45-3276702	Sunflower State Health Plan, Inc.					(362,191,450)	3,091,248			(359,100,202)	3,156,129
14226	45-4792498	Granite State Health Plan, Inc.		20,500,000			(168,235,301)	3,778,300			(143,957,001)	474,831
15447	46-4195563	Bridgeway Advantage Solutions, Inc.									.0	
00000	46-0907261	California Health and Wellness Plan					(205,249,559)	1,557,002			(203,692,557)	3,400,280
10769	30-0312489	Fidelis SecureCare of Michigan, Inc.		3,200,000			(5,483,922)				(2,283,922)	
00000	20-0483299	Agate Resources, Inc.									.0	
00000	93-1198219	Lane Individual Practice Association, I									.0	
12559	42-1694349	Trillium Community Health Plan, Inc.		5,000,000			(15,366,148)				(10,366,148)	
00000	26-4475075	Agate Properties, LLC					13,781,018				13,781,018	
00000	93-1198376	Independent Professional Services, LLC					(80,000)				(80,000)	
00000	47-5123293	Nebraska Total Care, Inc.									.0	
00000	47-5340613	Pennsylvania Health & Wellness, Inc.									.0	
00000	39-1864073	Centene Management Company LLC					1,435,527,088				1,435,527,088	
00000	20-0057283	CMC Real Estate Co. LLC									.0	
00000	26-4094682	Centene Center LLC									.0	
00000	47-5156015	Centene Center II, LLC									.0	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

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

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00000	46-4234827	CMC Hanley, LLC									.0	
00000	47-2914561	Forhan, LLC									.0	
00000	37-1766939	Hanley-Forsyth, LLC									.0	
00000	45-5431787	GPT Acquisition LLC									.0	
00000	45-4372065	Clayton Property Investment LLC									.0	
00000	46-2794037	LSM Holdco, Inc.									.0	
00000	46-2798132	Lifeshare Management Group, LLC					1,404,973				1,404,973	
00000		Chopin Merger Sub I, Inc.									.0	
00000	47-5208076	Chopin Merger Sub II, Inc.									.0	
00000	20-2074217	CCTX Holdings, LLC									.0	
00000	74-2810404	Centene Company of Texas, LP					455,471,857				455,471,857	
00000	20-2074277	Centene Holdings, LLC									.0	
00000	74-2810404	Centene Company of Texas, LP									.0	
00000	43-1795436	MHS Travel & Charter, Inc.									.0	
00000	47-2516714	LiveHealthier, Inc.									.0	
00000	37-1788565	Envolve, Inc.									.0	
00000	47-3454898	Centene Health Systems Group of New Yor...									.0	
00000	46-4855483	Health Care Enterprises, LLC									.0	
00000	22-3889471	CenCorp Health Solutions, Inc.					819,971				819,971	
00000	42-1565805	Cenphiny Mgmt, LLC									.0	
00000	42-1565807	NurseWise Holdings LLC									.0	
00000	52-2379566	NurseWise LP					40,253,271				40,253,271	
00000	20-4730372	Nurse Response, Inc.					815,863				815,863	
00000	20-4980875	Bridgeway Health Solutions, LLC									.0	
00000	20-4980818	Bridgeway Health Solutions of Arizona,									.0	
00000	06-1476380	Nurtur Health, Inc.					62,693,807				62,693,807	
00000	06-1404277	Family Care & Workforce Diversity Consu...									.0	
00000	16-1686991	Wellness By Choice, LLC									.0	
00000	68-0461584	Cenpatico Behavioral Health, LLC					772,230,750				772,230,750	
12525	74-3018565	Cenpatico Behavioral Health of Texas, I...									.0	
00000	86-0782736	CBHSP Arizona, Inc.									.0	
00000	47-2595704	Cenpatico of California, Inc.									.0	
00000	74-2892993	Integrated Mental Health Mgmt, LLC									.0	
00000	74-2785494	Integrated Mental Health Services					92,378,573				92,378,573	
00000	20-1624120	Cenpatico Behavioral Health of Arizona,									(20,000,000)	
14704	80-0879942	Cenpatico of Arizona Inc.		52,200,000					156,180		52,356,180	
00000	27-5349029	Cenpatico of Florida, Inc.									.0	
00000	20-4730341	Envolve Benefit Options, Inc.									.0	
00000	36-4520004	OptiCare Vision Insurance Co, Inc.					14,095,242				14,095,242	
95302	75-2592153	AECC Total Vision Health Plan of Texas,					60,391,803				60,391,803	
00000	20-4773088	OptiCare Vision Company, Inc.					94,057,650				94,057,650	
00000	65-0094759	Ocucare Systems, Inc.					13,129,702				13,129,702	

42.1

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	20-4861241	Envolve Total Vision, Inc.									.0	
00000	06-1635519	OptiCare IPA of New York, Inc.									.0	
00000	46-2783884	Dental Health & Wellness, Inc.					94,161,567				94,161,567	
15357	45-2303998	Cenpatico of Louisiana, Inc.									.0	
00000	36-2979209	Celtic Group, Inc.									.0	
80799	06-0641618	Celtic Insurance Company		(6,050,000)			(72,519,979)				(78,569,979)	
15762	35-2525384	Ambetter of Magnolia Inc.		3,000,000			(13,493,406)				(10,493,406)	
15729	36-4802632	Ambetter of Peach State Inc.		3,050,000							3,050,000	
00000	27-2221367	Novasys Health, Inc.					576,661				576,661	
00000	26-4278205	CeltiCare Health Plan Holdings LLC									.0	
13632	26-4818440	CeltiCare Health Plan of Massachusetts					(98,353,577)				(98,353,577)	
00000	77-0578529	US Script, Inc.					3,008,528,200				3,008,528,200	
00000	76-0511700	LBB Industries, Inc.									.0	
00000	75-2612875	RX Direct, Inc.									.0	
00000	46-2307356	US Script IPA, LLC									.0	
00000	90-0636938	Casenet LLC									.0	
00000		Casenet S.R.O.									.0	
00000	61-1450727	Centurion Group, Inc.									.0	
00000	90-0766502	Centurion LLC									.0	
00000	47-1577742	Centurion of Virginia, LLC									.0	
00000	47-1686283	Centurion of Vermont, LLC									.0	
00000	47-1229365	Centurion of Pennsylvania, LLC									.0	
00000	47-2967381	Centurion of Mississippi, LLC									.0	
00000	30-0752651	Centurion of Tennessee, LLC									.0	
00000	61-1696004	Massachusetts Partnership for Correctio									.0	
00000	46-3590120	Centurion of Idaho, LLC									.0	
00000	46-1041008	Centurion of Michigan, LLC									.0	
00000	46-2717814	Centurion of Minnesota, LLC									.0	
00000		Centurion Correctional Healthcare of Ne									.0	
00000	81-0687470	Centurion of Florida, LLC									.0	
00000	27-3617766	Specialty Therapeutic Care Holdings, LL									.0	
00000	73-1698808	Specialty Therapeutic Care, LP									.0	
00000	73-1698807	Specialty Therapeutic Care, GP, LLC									.0	
00000	73-1698808	Specialty Therapeutic Care, LP									.0	
00000	26-2624521	Specialty Therapeutic Care West, LLC									.0	
00000	80-0856383	AcariaHealth Solutions, Inc.									.0	
00000	45-2780334	AcariaHealth, Inc.									.0	
00000	27-1599047	AcariaHealth Pharmacy #14, Inc.									.0	
00000	20-8192615	AcariaHealth Pharmacy #11, Inc.									.0	
00000	27-2765424	AcariaHealth Pharmacy #12, Inc.									.0	
00000	26-0226900	AcariaHealth Pharmacy #13, Inc.									.0	

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	13-4262384	AcariaHealth Pharmacy, Inc.									.0	
00000	27-3707698	HomeScripts.com, LLC									.0	
00000	20-8235695	New York Rx, Inc.									.0	
00000	27-0275614	U.S. Medical Management Holdings, Inc.									.0	
00000	38-3153946	U.S. Medical Management, LLC					9,270,608				9,270,608	
00000	38-3153946	U.S. Medical Management, LLC									.0	
00000	31-1733889	RMED, LLC									.0	
00000	47-2138680	IAH of Florida, LLC									.0	
00000	51-0581762	Heritage Home Hospice, LLC									.0	
00000	20-2827613	Grace Hospice of Austin, LLC									.0	
00000	20-1530070	ComfortBrook Hospice, LLC									.0	
00000	20-4996551	Comfort Hospice of Texas, LLC									.0	
00000	20-2827526	Grace Hospice of San Antonio, LLC									.0	
00000	45-0679248	Grace Hospice of Grand Rapids, LLC									.0	
00000	45-0634905	Grace Hospice of Indiana, LLC									.0	
00000	45-5080637	Grace Hospice of Virginia, LLC									.0	
00000	45-5080567	Comfort Hospice of Missouri, LLC									.0	
00000	45-5080675	Grace Hospice of Colorado, LLC									.0	
00000	46-1708834	Grace Hospice of Wisconsin, LLC									.0	
00000	26-4435532	Seniorcorps Pensinsula, LLC									.0	
00000	33-1179031	R&C Healthcare, LLC									.0	
00000	20-0927034	A N J, LLC									.0	
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC									.0	
00000	03-0556422	Country Style Health Care, LLC									.0	
00000	14-1878333	Phoenix Home Health Care, LLC									.0	
00000	75-2635025	Traditional Home Health Services, LLC									.0	
00000	38-2751108	Family Nurse Care, LLC									.0	
00000	20-5108540	Family Nurse Care II, LLC									.0	
00000	20-3920947	Family Nurse Care of Ohio, LLC									.0	
00000	46-4229858	Pinnacle Senior Care of Wisconsin, LLC									.0	
00000	76-0713516	Pinnacle Home Care, LLC									.0	
00000	59-3519060	North Florida Health Services, Inc.									.0	
00000	47-1742728	Pinnacle Sr. Care of Kalamazoo, LLC									.0	
00000	46-1734288	Hospice DME Company, LLC									.0	
00000	20-4364776	Rapid Respiratory Services, LLC									.0	
00000	46-5730959	USMM Accountable Care Network, LLC									.0	
00000	46-5735993	USMM Accountable Care Partners, LLC									.0	
00000	46-5745748	USMM Accountable Care Solutions, LLC									.0	
00000	45-4165480	USMM ACO, LLC									.0	
00000	45-4157180	USMM ACO Florida, LLC									.0	
00000	45-4154905	USMM ACO North Texas, LLC									.0	
00000	20-8630006	MHS Consulting, International, Inc.									.0	

42.3

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000		PRIMEROSALUD, S.L.									.0	
00000		The Practice Plc.									.0	
9999999 Control Totals												1

42.4

# 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 Management's Discussion and Analysis be filed by April 1? .....YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....YES.....

**JUNE FILING**

- 8. Will an audited financial report be filed by June 1? .....YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....YES.....

**AUGUST FILING**

- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....YES.....

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

**MARCH FILING**

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....YES.....
- 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....YES.....
- 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? .....NO.....
- 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....NO.....
- 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 Life 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? .....NO.....
- 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner 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 with 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? .....YES.....
- 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 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.....

**Explanation:**

- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 23.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

13.   
8 0 7 9 9 2 0 1 5 2 0 7 0 0 0 0 0

14.   
8 0 7 9 9 2 0 1 5 4 2 0 0 0 0 0 0

15.   
8 0 7 9 9 2 0 1 5 3 7 1 0 0 0 0 0

16.   
8 0 7 9 9 2 0 1 5 3 7 0 0 0 0 0 0

17.   
8 0 7 9 9 2 0 1 5 3 6 5 0 0 0 0 0

18.   
8 0 7 9 9 2 0 1 5 2 2 4 0 0 0 0 0

19.   
8 0 7 9 9 2 0 1 5 2 2 5 0 0 0 0 0

20.   
8 0 7 9 9 2 0 1 5 2 2 6 0 0 0 0 0

21.   
8 0 7 9 9 2 0 1 5 3 0 6 0 0 0 0 0

23.   
8 0 7 9 9 2 0 1 5 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.

\*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. State Income Tax Payable.....	488,946		488,946	0
2305. Asset Valuation Reserve.....			0	420,000
2397. Summary of remaining write-ins for Line 23 from Page 03	488,946	0	488,946	420,000

M004 Additional Aggregate Lines for Page 04 Line 29.

\*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
2904. Fees for deposit type contracts.....			215
2905. Comm and Exp on Reins ceded.....			0
2997. Summary of remaining write-ins for Line 29 from Page 04	0	0	215



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Alabama

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.AL

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Alaska

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.AK

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 1295 ..... NAIC Company Code 80799  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit David J. Burke ..... Telephone Number 312-332-5401  
 Title Controller .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	MS POL F-IN	F	No	0034000	10/11/1991				CELTIC MED SUP	16,907	1,760	10.4	3	0	0	0.0	0
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>										16,907	1,760	10.4	3	0	0	0.0	0
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: NA1, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: NA1, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.AZ



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.AR

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF California

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.CA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Colorado

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for individual policies and summary rows for 0199999 and 0299999.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.CO



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Connecticut

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.CT

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Delaware

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Rows include individual policies and summary rows for 0199999 and 0299999.

360.DE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia

NAIC Group Code 1295 ..... NAIC Company Code 80799  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit David J. Burke ..... Telephone Number 312-332-5401  
 Title Controller .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.00				.00	
												.00				.00	
												.00				.00	
												.00				.00	
Yes	MS POL I-IN	I	No	0034000	07/30/1992				CELTIC MED SUP	6,182	(407)	(6.6)	0	0	0	0.0	0
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>										6,182	(407)	(6.6)	0	0	0	0.0	0
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: NA1, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: NA1, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.DC



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.FL

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.GA



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Hawaii

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.HI

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Idaho

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.ID

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.1L



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.IN

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Iowa

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.IA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.KS

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Kentucky

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.KY

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



8 0 7 9 9 2 0 1 5 3 6 0 1 9 1 0 0

SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Louisiana

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.LA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Maine

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for individual policies and summary rows for total experience on individual and group policies.

360.ME

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Maryland

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.MD

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.MA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.MI

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Minnesota

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.MN

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"





**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Missouri

NAIC Group Code 1295 ..... NAIC Company Code 80799  
 Address (City, State and Zip Code) Chicago, IL 60601 .....  
 Person Completing This Exhibit David J. Burke ..... Telephone Number 312-332-5401  
 Title Controller .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
Yes	MS POL A-MO	A	No	0034000	02/05/1992				CELTIC MED SUP	1,611	1,007	62.5	1	0	0	0.0	0
Yes	MS POL C-MO	C	No	0034000	01/26/1993				CELTIC MED SUPP	43,648	43,456	99.6	13	0	0	0.0	0
Yes	MS POL F-MO	F	No	0034000	11/20/1991				CELTIC MED SUPP	17,670	14,494	82.0	6	0	0	0.0	0
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>										62,929	58,957	93.7	20	0	0	0.0	0
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.MO



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Montana

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for 0199999 and 0299999.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.MT



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Nebraska

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NV

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.NH

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NJ

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"





SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF New York

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.NY

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF North Carolina

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NC

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF North Dakota

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for 0199999 and 0299999.

360.NID

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Ohio

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.OH

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.OK

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Oregon

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360. OR

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2012 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2013, 2014, 2015 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.PA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Rhode Island

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.RI

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF South Carolina

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.SC

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF South Dakota

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Rows include individual policies and summary rows for 0199999 and 0299999.

360.SD

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Tennessee

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.TN

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2012 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2013, 2014, 2015 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.TX



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Utah

NAIC Group Code 1295
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller
NAIC Company Code 80799
Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.UT

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Vermont

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.VT

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Virginia

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.VA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Washington

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60601, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.WA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF West Virginia

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2012 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2013, 2014, 2015 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.WV

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.WI

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015 (To Be Filed by March 1)

FOR THE STATE OF Wyoming

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.WY

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

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# LIFE SUPPLEMENTS

For The Year Ended December 31, 2015

(To Be Filed By March 1)

Of The CELTIC INSURANCE COMPANY ..... Insurance Company  
 Address (City, State and Zip Code) Chicago, IL 60601.....  
 NAIC Group Code 1295..... NAIC Company Code 80799..... Employer's ID Number 06-0641618.....





SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?
1.2 If not, state which kind is issued.
2.1 Does the reporting entity at present issue both participating and non-participating contracts?
2.2 If not, state which kind is issued.
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
4. Has the reporting entity any assessment or stipulated premium contracts in force?
4.1 Amount of insurance?
4.2 Amount of reserve?
4.3 Basis of reserve:
4.4 Basis of regular assessments:
4.5 Basis of special assessments:
4.6 Assessments collected during the year:
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
6.1 If so, state the amount or reserve on such contracts on the basis actually held:
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives.
7. Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year?
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:
7.3 State the amount of reserves established for this business:
7.4 Identify where the reserves are reported in the blank:
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?
8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:
8.2 State the amount of reserves established for this business:
8.3 Identify where the reserves are reported in the blank:
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?
9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:
9.2 State the amount of reserves established for this business:
9.3 Identify where the reserves are reported in the blank:

**SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS**

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	.0					
3. Investment earnings credited to the account .....	.0					
4. Other net change in reserves .....	.0					
5. Fees and other charges assessed .....	.0					
6. Surrender charges .....	.0					
7. Net surrender or withdrawal payments .....	.0					
8. Other net transfers to or (from) Separate Accounts .....	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year.....	.0					
11. Net change in reinsurance assumed .....	.0					
12. Net change in reinsurance ceded .....	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0



**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE S - PART 3 - SECTION 1**

**Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
61689	42-0175020	01/01/1996	ATHENE ANN & LIFE CO	IA	CO/I	OL	9,612,017	477,235	586,339	102,013				
61689	42-0175020	01/01/1996	ATHENE ANN & LIFE CO	IA	DIS/I	OL	1,457,100	615	771					
68276	48-1024691	12/31/1980	EMPLOYERS REASSUR CORP	KS	COFW/I	OA				215			4,081,372	1,493,175
82627	06-0839705	10/10/1981	SWISS RE LIFE & HLTH AMER INC	MO	OTH/I	OL	11,250							
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							11,080,367	477,850	587,110	102,228	0	0	4,081,372	1,493,175
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							11,080,367	477,850	587,110	102,228	0	0	4,081,372	1,493,175
1199999 - General Account - Authorized - Total General Account Authorized							11,080,367	477,850	587,110	102,228	0	0	4,081,372	1,493,175
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							11,080,367	477,850	587,110	102,228	0	0	4,081,372	1,493,175
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							11,080,367	477,850	587,110	102,228	0	0	4,081,372	1,493,175
9999999 Totals							11,080,367	477,850	587,110	102,228	0	0	4,081,372	1,493,175



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Non-cancelable/ Guaranteed renewable policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ... 3



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 41,870 and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health insurance categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 2



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 60



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, etc.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, etc.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 5



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8 and number of persons insured under indemnity only products 1,514



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 120



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 9



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,564 and number of persons insured under indemnity only products 95



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health insurance categories.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 8



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Non-cancelable/ Guaranteed renewable policies.

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



**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF **Maine**

DURING THE YEAR **2015**

NAIC Group Code **1295**

**LIFE INSURANCE**

NAIC Company Code **80799**

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	754				754
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	754	0	0	0	754
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	2	20,000	0	0	0	0	0	0	2	20,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	20,000	0	0	0	0	0	0	2	20,000

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Non-cancelable/ Guaranteed renewable policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 2



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 20



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 36



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 4



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 251



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 14



**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2015

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	377				377
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	377	0	0	0	377
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	63,950				63,950
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	63,950	0	0	0	63,950
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	1	5,000	0	0	0	0	0	0	1	5,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	5,000	0	0	0	0	0	0	1	5,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	325	325			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	325	325	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	325	325	0	0	0

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 12



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 3



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 24



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various other policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 3



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 27



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2015

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,960	3,960		2,411	4,495
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,960	3,960	0	2,411	4,495
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,960	3,960	0	2,411	4,495

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... 1



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 33



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 13



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 3



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Non-cancelable/ Guaranteed renewable policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 52



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ... 10



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and other individual policies.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various accident and health policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various policy types.

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



SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2015

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and various policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 3



**SUPPLEMENT FOR THE YEAR 2015 OF THE CELTIC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2015

NAIC Group Code 1295

**LIFE INSURANCE**

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	102,012	0	0	0	102,012
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	215	XXX	0	XXX	215
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	102,227	0	0	0	102,227
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	270,000	0	0	0	270,000
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	409,317	0	0	0	409,317
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	679,317	0	0	0	679,317
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	270,000	0	0	0	0	0	0	4	270,000
Settled during current year:										
18.1 By payment in full	4	270,000	0	0	0	0	0	0	4	270,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	270,000	0	0	0	0	0	0	4	270,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	270,000	0	0	0	0	0	0	4	270,000
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	206	12,718,017	(a)	0	0	0	0	0	206	12,718,017
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(22)	(1,641,000)	0	0	0	0	0	0	(22)	(1,641,000)
23. In force December 31 of current year	184	11,077,017	(a)	0	0	0	0	0	184	11,077,017

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	9,909,066	10,031,863	0	6,894,074	6,699,258
25.3 Non-renewable for stated reasons only (b)	174,569,668	174,569,668	0	108,688,717	132,847,602
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	184,478,734	184,601,531	0	115,582,791	139,546,860
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	184,478,734	184,601,531	0	115,582,791	139,546,860

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 52,466 and number of persons insured under indemnity only products 2,491