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HEALTH QUARTERLY STATEMENT

As of June 30, 2015

of the Condition and Affairs of the

Express Scripts Insurance Company

NAIC Group Code.....4813, 4813 (Current Period) (Prior Period) NAIC Company Code..... 60025 Employer's ID Number..... 86-0754726

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

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

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

Statutory Home Office	7909 South Hardy Drive….. Tempe ..... AZ ..... USA ..... 85284 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	7909 South Hardy Drive….. Tempe ..... AZ ..... USA ..... 85284 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-332-5455 *(Area Code) (Telephone Number)*
Mail Address	One Express Way, Mailstop HQ2-3-08….. Saint Louis ..... MO ..... USA ..... 63121 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	One Express Way, Mailstop HQ2-3-08….. St. Louis ..... MO ..... USA ..... 63121 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-332-5455 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.express-scripts.com	
Statutory Statement Contact	Carey Merzlicker *(Name)*	1-800-332-5455 *(Area Code) (Telephone Number) (Extension)*
	cmerzlicker@express-scripts.com *(E-Mail Address)*	866-276-7055 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Britton Lloyd Pim	President & Chief Executive Officer	2. Martin Patrick Akins #	Secretary
3. Christopher Knibb	Vice President & Chief Financial Officer	4. Tim Smiith #	Vice President & Treasurer

OTHER

John Mimlitz #	Vice President	Michael Looney #	Assistant Secretary
Rodney Fahs #	Assistant Secretary		

DIRECTORS OR TRUSTEES

Michael Looney #	Christopher Knibb #	David Queller #	Britton Pim
Chris Macinski #			

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

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Britton Lloyd Pim	Martin Patrick Akins	Christopher Knibb
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Secretary	Vice President & Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 14th day of August 2015

a. Is this an original filing? Yes [X] No [ ]
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Christopher P. Fisher, Notary Public
St. Louis City, State of Missouri
My Commission Expires 10/24/2016
Commission Number 08408984

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds	1,572,416		1,572,416	
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....101,585,496), cash equivalents ($.....0) and short-term investments ($.....22,867,537)	124,453,033		124,453,033	26,741,273
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	126,025,449	0	126,025,449	26,741,273
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,011,384	3,570,039	5,441,345	517,810
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	7,980,512	5,629,170	2,351,342	12,901,513
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset			0	1,861
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	168,823,338
24. Health care ($.....53,332,794) and other amounts receivable	53,322,794		53,322,794	61,841,551
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	196,340,139	9,199,209	187,140,930	270,827,346
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	196,340,139	9,199,209	187,140,930	270,827,346

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.			0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period 1 Covered	Current Period 2 Uncovered	Current Period 3 Total	Prior Year 4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	11,504,807		11,504,807	592,300
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	195,000		195,000	9,900
4. Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance			0	
9. General expenses due or accrued	5,444,903		5,444,903	761,373
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	29,703,563		29,703,563	18,295,731
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates	4,938,844		4,938,844	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20. Reinsurance in unauthorized and certified ($.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans	51,119,892		51,119,892	167,177,556
23. Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	102,907,009	0	102,907,009	186,836,860
25. Aggregate write-ins for special surplus funds	XXX	XXX	1,181,000	2,350,000
26. Common capital stock	XXX	XXX	2,600,000	2,600,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	27,330,976	27,330,976
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	53,121,945	51,709,510
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	84,233,921	83,990,486
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	187,140,930	270,827,346

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Health insurance Provider 2015 Fee	XXX	XXX	1,181,000	2,350,000
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	1,181,000	2,350,000
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months	XXX	390,274	694,056	1,030,481
2. Net premium income (including $.....0 non-health premium income)	XXX	37,088,106	62,899,801	120,106,019
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of $.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	37,088,106	62,899,801	120,106,019
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		31,752,481	71,638,780	97,232,551
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	31,752,481	71,638,780	97,232,551
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	31,752,481	71,638,780	97,232,551
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....1,520 cost containment expenses		1,600	2,700	6,300
21. General administrative expenses		(15,508,223)	(6,843,902)	(28,327,826)
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	0	16,245,858	64,797,578	68,911,025
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	20,842,248	(1,897,777)	51,194,994
25. Net investment income earned		10,088	12,309	8,943
26. Net realized capital gains (losses) less capital gains tax of $.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)	0	10,088	12,309	8,943
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	20,852,336	(1,885,468)	51,203,937
31. Federal and foreign income taxes incurred	XXX	8,155,665	181,489	18,766,560
32. Net income (loss) (Lines 30 minus 31)	XXX	12,696,671	(2,066,957)	32,437,377

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	83,990,486	60,405,655	60,405,654
34. Net income or (loss) from Line 32	12,696,671	(2,066,957)	32,437,377
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(3,254,028)	1,369	(36,488)
39. Change in nonadmitted assets	(9,199,208)		
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital changes:			
44.1 Paid in		10,000,000	
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			10,000,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	(18,817,702)	(18,816,057)
48. Net change in capital and surplus (Lines 34 to 47)	243,435	(10,883,290)	23,584,832
49. Capital and surplus end of reporting period (Line 33 plus 48)	84,233,921	49,522,365	83,990,486

DETAILS OF WRITE-INS

4701. Independent Auditor's Adjustment as Stated in Audit including tax provision true-up		(18,817,702)	(18,816,057)
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	(18,817,702)	(18,816,057)

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance	28,594,532	62,381,991	119,588,209
2. Net investment income	10,088	12,309	8,943
3. Miscellaneous income			
4. Total (Lines 1 through 3)	28,604,620	62,394,300	119,597,152
5. Benefit and loss related payments	20,839,974	121,509,236	96,895,851
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	90,761,409	28,814,988	(42,868,832)
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		10,192,603	18,134,221
10. Total (Lines 5 through 9)	111,601,383	160,516,827	72,161,240
11. Net cash from operations (Line 4 minus Line 10)	(82,996,763)	(98,122,527)	47,435,912
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,575,000		
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,575,000	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	1,572,416		
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,572,416	0	0
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	2,584	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock		10,000,000	10,000,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	180,705,939	92,744,779	(56,681,683)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	180,705,939	102,744,779	(46,681,683)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	97,711,760	4,622,252	754,229
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	26,741,273	25,987,044	25,987,044
19.2 End of period (Line 18 plus Line 19.1)	124,453,033	30,609,296	26,741,273

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

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year	261,189									261,189
2. First Quarter	65,308									65,308
3. Second Quarter	64,969									64,969
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	390,274									390,274
Total Member Ambulatory Encounters for Period:										
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 (a)	37,088,106									37,088,106
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	37,088,106									37,088,106
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,321,217									12,321,217
18. Amount Incurred for Provision of Health Care Services	31,752,481									31,752,481

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0399999. Aggregate Accounts Not Individually Listed-Covered	10,919,984					10,919,984
0499999. Subtotals	10,919,984	0	0	0	0	10,919,984
0699999. Total Amounts Withheld						584,823
0799999. Total Claims Unpaid						11,504,807

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	
7. Title XIX - Medicaid					0	
8. Other health	59,011	20,780,963	2,695,663	8,809,144	2,754,674	592,300
9. Health subtotal (Lines 1 to 8)	59,011	20,780,963	2,695,663	8,809,144	2,754,674	592,300
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9-10+11+12)	59,011	20,780,963	2,695,663	8,809,144	2,754,674	592,300

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

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

1a. Accounting Practices

The financial statements of Express Scripts Insurance Company are presented on the basis of accounting practices prescribed or permitted by the State of Arizona Department of Insurance (the "Department").

The State of Arizona Department of Insurance recognized only statutory accounting practices prescribed or permitted by the State of Arizona for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Arizona Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Arizona

1b. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual amounts could differ from those estimates.

1c. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs are charged to operations as incurred.

Asset values are stated as follows: Bonds are valued at amortized cost using the effective yield method. The Company has no preferred stock, common stock, mortgage loan investments or derivatives.

Pharmaceutical rebate receivables are calculated by multiplying rebatable prescription drugs by the manufacturer rebate amount.

Note 2 - Accounting Changes and Corrections of Errors

For the year ending December 31, 2013, the Company identified adjustments related to prior periods. The Company recorded the effects of these adjustments in the Statement of Liabilities, Capital and Surplus in Line 31 Unassigned Funds (Surplus) and on the Statement of Revenue and Expenses Line 47, Column 3 Aggregate write-ins for gains or (losses) in surplus. Adjustments relate to amounts received from CMS for annual reconciliation of Low-Income Cost Sharing ("LICS"), reinsurance for fully-insured clients and low-income premium subsidies.

Note 3 - Business Combinations and Goodwill

Not applicable.

Note 4 - Discontinued Operations

Not applicable.

Note 5 - Investments

Not applicable.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 - Investment Income

Not applicable.

Note 8 - Derivative Instruments

Not applicable.

Note 9 – Income Taxes

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. The Company didn't pay any dividends to the Parent Company for the period ended June 30, 2015.

B. During June 2014, the parent company, Express Scripts Senior Care Holdings, Inc., forgave $10,000,000 owed by Express Scripts Insurance Company ("The Company"). The state of Domicile (Arizona) approved this transaction which was completed to increase capital and surplus to raise the RBC level ensure a high RBC level.

C. All outstanding shares of Express Scripts Insurance Company are owned by Express Scripts Senior Care Holding, Inc. which is wholly owned by the ultimate parent company, Express Scripts, Inc. On April 2, 2012, Express Scripts Holding Company, a publicly traded company, acquired one hundred percent (100%) of the outstanding stock of Express Scripts, Inc. and its wholly owned subsidiaries and Medco Health Solutions, Inc. and its wholly owned subsidiaries. Only the ownership of the publicly traded stock of the ultimate parent company has changed.

Note 11 - Debt

Not applicable.

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

Not applicable.

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

A. The Company has authorized 10,000,000 shares of common stock with a par value of $1 authorized, and 2,600,000 issued and outstanding as of June 30, 2015. On September 30, 2008, The Company issued 1,500,000 in additional common stock to the parent which also resulted in a change in paid in capital of $2,200,000. The purpose of the issuance of additional stock and paid in capital increase was to meet the requirements set forth in various state expansion application guidelines.

B. The Company does not have any preferred stock outstanding.

C. All shares issued are common shares fully owned by Express Scripts Senior Care Holding, Inc., an entity 100% owned by the ultimate parent company, Express Scripts, Inc. On April 2, 2012, Express Scripts Holding Company, a publicly traded company, acquired one hundred percent (100%) of the outstanding stock of Express Scripts, Inc. and its wholly owned subsidiaries and Medco Health Solutions, Inc. and its wholly owned subsidiaries. Only the ownership of the publicly traded stock of the ultimate parent company has changed.

D. See *Note 22 - Events Subsequent* for full disclosure of segregated surplus.

Note 14 - Contingencies

Not applicable.

Note 15 - Leases

Not applicable.

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

Not applicable.

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

Not applicable.

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

The Company provides administrative services for self-insured EGWPs, for which it received administrative fees of $30,077,033 for the six months ended June 30, 2015, $59,980,828 for the twelve months ended December 31, 2014 and $52,117,991 for the twelve months ended December 31, 2013. These administrative fees are netted within general administrative expenses in accordance with SSAP No. 3.

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

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 20 - Fair Value

Not applicable.

Note 21 – Other Items

On September 4, 2007 the Company secured a $250,000 surety bond as required by the Nevada Division of Insurance in the processes to obtain a Certificate of Authority with the state of Nevada. The Company is Principal with Travelers Casualty and Surety Company of America as Surety for bond number 105000106. On July 22, 2008 the Company secured a $100,000 surety bond as required by the New Mexico Insurance Division in the processes to obtain a Certificate of Authority with the state of New Mexico. The Company is Principal with Travelers Casualty and Surety Company of America as Surety for bond number 105125294.

Beginning January 1, 2014, the Company is subject to an annual health insurance provider's fee under the Affordable Care Act (ACA). This fee is imposed on health insurers, payable to the U.S. government and calculated on net premiums. The fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year.

SSAP No. 35R, Guaranty Fund and Other Assessments, states the liability and expense of this annual fee are to be recognized on January 1, 2014 and each year thereafter. The liability is payable by September 30 of each year. The Company recorded an expense and liability in the amount of $2,362,000 for our estimate of the amount payable September 30, 2015. The expense is included on Page 4, Line 21 of the Statement of Revenues and Expenses and the liability is included on Line 9 of Page 3, Liabilities, Capital and Surplus.

Note 22 - Events Subsequent

Type I - Recognized Subsequent Events - Not applicable.

Type II - Nonrecognized Subsequent Events:

Beginning January 1, 2014, the Company is subject to an annual health insurance provider's fee under the Affordable Care Act. Per SSAP No. 35R, the estimate for the following year's health insurance provider's fee is separately segregated within surplus as an aggregate write-in. As of June 30, 2015, the amount segregated in special surplus for the estimated fee assessment payable on September 30, 2016 is $1,181,000.

Note 23 - Reinsurance

Not applicable.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

The Company processes claims under its Medicare Part D Plan. Claims are reported when incurred through the use of a pharmacy benefit manager. Potential adjustments to claim expense could result from "self-pay" claims in which members pay for a claim and then submit the claim to the Company for reimbursement. Adjustments could also result from faulty member enrollment data.

Note 26 - Intercompany Pooling Arrangements

Not applicable.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

Not applicable.

Note 29 - Participating Policies

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 30 - Premium Deficiency Reserves

Not applicable.

Note 31 - Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 06/30/2015

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/30/2015

6.4 By what department or departments?

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

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

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

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

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

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.3 Total payable for securities lending reported on the liability page: $ 0

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

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

1 Name of Custodian(s)	2 Custodian Address
Bank of America	Private Wealth Management, 200 W Capitol Ave., 3rd Fl, Little Rock, AR 72201-3605
JP Morgan Chase Bank	Illinois Market, PO Box 260180, Baton Rouge, LA 70826-0180
US Bank	Wachovia Blds, 1W 4th Street, 7th Fl, Winston-Salem, NC 27101
Union Bank	350 California Street, 6th Floor, San Francisco, CA 94104
SunTrust	1801 West Broad Street, Richmond, VA 23220

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent		85.6 %
1.2 A&H cost containment percent		0.0 %
1.3 A&H expense percent excluding cost containment expenses		2.8 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsuer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama AL	L	1,403,596						1,403,596	
2. Alaska AK	L	7,938						7,938	
3. Arizona AZ	L	389,618						389,618	
4. Arkansas AR	L	85,695						85,695	
5. California CA	L	1,793,389						1,793,389	
6. Colorado CO	L	113,755						113,755	
7. Connecticut CT	L	189,867						189,867	
8. Delaware DE	L	379,808						379,808	
9. District of Columbia DC	L	14,579						14,579	
10. Florida FL	E	1,722,950						1,722,950	
11. Georgia GA	L	382,736						382,736	
12. Hawaii HI	L	5,861						5,861	
13. Idaho ID	L	46,239						46,239	
14. Illinois IL	L	2,276,555						2,276,555	
15. Indiana IN	L	4,378,746						4,378,746	
16. Iowa IA	L	64,640						64,640	
17. Kansas KS	L	36,816						36,816	
18. Kentucky KY	L	301,417						301,417	
19. Louisiana LA	L	154,916						154,916	
20. Maine ME	E	75,243						75,243	
21. Maryland MD	L	271,001						271,001	
22. Massachusetts MA	L	433,982						433,982	
23. Michigan MI	L	2,420,093						2,420,093	
24. Minnesota MN	L	800,577						800,577	
25. Mississippi MS	L	145,581						145,581	
26. Missouri MO	L	355,989						355,989	
27. Montana MT	L	146,972						146,972	
28. Nebraska NE	L	64,937						64,937	
29. Nevada NV	L	107,575						107,575	
30. New Hampshire NH	L	1,284,614						1,284,614	
31. New Jersey NJ	L	1,419,727						1,419,727	
32. New Mexico NM	L	480,383						480,383	
33. New York NY	L	2,088,637						2,088,637	
34. North Carolina NC	L	493,858						493,858	
35. North Dakota ND	L	5,768						5,768	
36. Ohio OH	L	2,041,402						2,041,402	
37. Oklahoma OK	L	83,138						83,138	
38. Oregon OR	L	69,698						69,698	
39. Pennsylvania PA	L	4,246,050						4,246,050	
40. Rhode Island RI	L	15,059						15,059	
41. South Carolina SC	L	437,505						437,505	
42. South Dakota SD	L	12,989						12,989	
43. Tennessee TN	L	375,409						375,409	
44. Texas TX	L	1,552,516						1,552,516	
45. Utah UT	L	600,093						600,093	
46. Vermont VT	L	53,945						53,945	
47. Virginia VA	L	836,761						836,761	
48. Washington WA	L	233,663						233,663	
49. West Virginia WV	L	97,921						97,921	
50. Wisconsin WI	L	2,021,098						2,021,098	
51. Wyoming WY	E	58,182						58,182	
52. American Samoa AS	N	-						0	
53. Guam GU	N	-						0	
54. Puerto Rico PR	E	8,619						8,619	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	37,088,106	0	0	0	0	0	37,088,106	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 48	37,088,106	0	0	0	0	0	37,088,106	0

DETAILS OF WRITE-INS

58001.							0	
58002.							0	
58003.							0	
58998. Summary of remaining write-ins for line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Name	EIN	State	NAIC CODE
Express Scripts Holding Company, Inc.	45-2884094	DE	
Express Scripts, Inc.	43-1420563	DE	
Express Scripts Senior Care Holdings, Inc.	20-3126104	DE	
Express Scripts Senior Care, Inc.	20-3126075	DE	
Express Scripts Insurance Co.	86-0754726	AZ	60025
Diversified Pharmaceutical Services, Inc.	41-1627938	MN	
Diversified NY IPA, Inc.	16-1526641	NY	
ESI Claims Inc.	43-1869691	DE	
Value Health, Inc.	06-1194838	DE	
ESI Singapore Pte. Ltd.		Singapore	
ESI Singapore II Pte. Ltd.		Singapore	
Ivtx Inc.	43-1794690	DE	
ESI Mail Order Processing, Inc. (f/k/a NXI)	74-2974964	DE	
Express Scripts Utilization Management Co.	43-1869714	DE	
Express Reinsurance Company	27-3175443	MO	13918
ESI HRA, LLC	20-2996995	DE	
Express Scripts Pharmaceutical Procurement LLC (50% Direct ownership, 50% Indirect ownership)	20-5826948	DE	
Econdisc Contracting Solutions, LLC (90% Direct ownership)	27-3542089	DE	
ESI Mail Pharmacy Service, Inc.	43-1867735	DE	
Mooresville On-Site Pharmacy, LLC	26-1102625	DE	
CFI of New Jersey, Inc.	22-3114423	NJ	
ESI Enterprises LLC (30% Direct ownership, 70% Indirect ownership)	56-2356810	DE	
Express Scripts Services Co.	43-1832983	DE	
YourPharmacy.com, Inc.	43-1842584	DE	
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE	
ESI-GP Holdings, Inc.	43-1925556	DE	
ESI Partnership (82% Direct ownership, 18% Indirect ownership)	43-1925562	DE	
ESI Resources, Inc.	41-2006555	MN	
Healthbridge Inc.	26-2159005	DE	
Express Scripts WC, Inc.	59-2997634	FL	
Express Scripts MSA, LLC	20-0551334	FL	
CuraScript, Inc.	36-4369972	DE	
Priority Healthcare Corp	35-1927379	IN	
Priority Healthcare Pharmacy, Inc.	59-3099905	FL	
Sinuspharmacy, Inc.	56-2394216	FL	
Specialty Infusion Pharmacy, Inc.	74-3105470	FL	
Priority Healthcare Corp West	88-0445494	NV	
Matrix GPO, LLC	51-0500147	IN	
Freco, Inc.	02-0523249	FL	
SpectraCare, Inc.	61-1147068	KY	
SpectraCare of Indiana (50% Direct ownership, 50% Indirect ownership)	35-1807559	IN	
SpectraCare Health Care Ventures, Inc.	61-1317695	KY	
SpectraCare Infusion Pharmacy, Inc.	61-1147067	KY	
Care Continuum, Inc.	61-1162797	KY	
Lynnfield Compounding Center, Inc.	58-2593075	FL	
Lynnfield Drug, Inc.	04-3546044	FL	
Freedom Service Company, LLC	20-3229217	FL	
Chesapeake Infusion, Inc.	22-3835126	FL	
Priorityhealthcare.com, Inc.	59-3573515	FL	
Byfield Drug, Inc.	01-0705518	MA	
Priority Healthcare Distribution, Inc.	59-3761140	FL	
Healthbridge Reimbursement & Product Support, Inc.	04-2992335	MA	
Strategic Pharmaceutical Investments, LLC	47-2568932	DE	
Naryx Pharma, Inc.		CA	
CuraScript PBM Services Inc.	36-4374570	DE	
IBIOLogic, Inc.	20-0325621	DE	
Express Scripts Canada Holding Co.	43-1942542	DE	
Express Scripts Canada Co. (NSULC)	98-0650775/ CN9	Canada	
ESI-GP Canada ULC (NSULC)	CN 98-0358791	Canada	
ESI Canada (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)	CN 98-0358792	Canada	
ESI-GP2 Canada ULC (NSULC)		Canada	
Express Scripts Canada Wholesale (99.9% direct, 0.1% indirect)		Canada	
Express Scripts Canada Services (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)		Canada	
Express Scripts Pharmacy Atlantic, Ltd.		Canada	
Express Scripts Pharmacy Central, Ltd.		Canada	
Express Scripts Pharmacy West, Ltd.		Canada	
Express Scripts Pharmacy Ontario Ltd. (Ontario Corp.)		Canada	
Express Scripts Canada Holding LLC	27-1490640	DE	
National Prescription Administrators, Inc.	22-2230703	NJ	
NPA of New York IPA, Inc.	22-3694894	NY	
Airport Holdings, LLC	75-3040465	NJ	
ESI Acquisition Inc. (f/k/a NXS)	16-1279199	NY	
ESI Realty, LLC	75-3040456	NJ	
SureScripts, LLC (16.67%)		VA	
Medco Health Solutions, Inc.	22-3461740	DE	
MWD Insurance Company	20-4625634	NY	
Accredo Health, Inc.	55-0894449	DE	
AHG of New York, Inc. (f/k/a Pharmacare Resources, Inc)	13-3888838	NY	
Accredo Health Group, Inc.	11-3358535	DE	
Accredo Care Network, Inc.	26-3591774	DE	
Home Healthcare Resources, Inc.	52-1498155	PA	
Biopartners in Care, Inc.	43-1815573	MO	
Medco Health NY Independent Practice Association LLC	22-3572956	NY	
Medco Health Puerto Rico, LLC	81-0616525	DE	
Quality Diabetes Care Coalition, LLC (50% Direct ownership)	26-2625350	DC	
United Biosource Holdings, Inc.	46-3047667	DE	
United BioSource LLC	80-0077029	DE	

TVC Acquisition Co., Inc	45-4509922	DE	
The Vaccine Consortium LLC	20-5454871	MD	
United BioSource Holding (Canada) Company		Canada	
United BioSource (HCA Canada) Company		Canada	
UBC Late Stage, Inc.	43-1083790	MO	
United BioSource (Suisse) SA		Switzerland	
United BioSource Holding (UK) Limited	98-0595336	UK	
United BioSource Corporation S.L.		Spain	
UBC Late Stage (UK) Limited		UK	
United BioSource (Germany) GmbH		Germany	
United BioSource Patient Solutions, Inc. (F/k/a Proherant Health, Inc.)	20-3419132	DE	
TherapEase Cuisine, Inc.	26-0759966	WI	
Medco Europe, LLC	46-2166374	DE	
MHS Holdings, CV (99.99% Direct ownership, 0.01% Indirect ownership)	27-3741831	Netherlands	
Medco International Holdings, BV (f/k/a Medco Int'l, BV)	99-0362031	Netherlands	
Medco Europe II, LLC	27-3709630	DE	
Medco Health Solutions (Ireland) Limited		Ireland	
Medco Health Solutions Limited	98-0683161	UK	
Medco Health Solutions Services Limited	98-0683164	UK	
Medco [Shellco] Limited (f/k/a Careology Limited)	98-0689559	UK	
National Rx Services No. 3, Inc. of Ohio	34-1666699	OH	
Express Scripts Administrators LLC	41-2063830	DE	
Medco Health Services, Inc.	26-3544786	DE	
Express Scripts Pharmacy Inc.	30-0789911	DE	
Medco of Willingboro Urban Renewal, LLC	22-3811751	NJ	
Medcohealth.com, LLC	22-3732483	NJ	
Systemed, LLC	22-3474888	DE	
Medco CHP, LLC	27-5133672	DE	
MAH Pharmacy, LLC	27-1506930	DE	
Medco CDUR, LLC		DE	
Medco Continuation Health, LLC		DE	
Medco Research Institute, LLC	45-3631137	DE	
Medco Health Solutions of Illinois, LLC		DE	
Medco Containment Life Insurance Company	42-1425239	PA	63762
Medco Containment Insurance Company of New York	13-3506395	NY	34720
SureScripts, LLC (16.67%)		VA	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
			75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.				
			45-2884094		1532063	Nasdaq Stock Exchange	Express Scripts Holding Company, Inc.	DE	UIP	N/A - STOCK IS PUBLICLY HELD				
			22-3114423				CFI of New Jersey, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.				
			36-4374570				CuraScript PBM Services, Inc.	DE	NIA	Express Scripts, Inc.				
			36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.				
			16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.				
			41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.				
			27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC				
			16-1279199				ESI Acquisition, Inc.	NY	NIA	Express Scripts, Inc.				
			CN 98-03587				ESI Canada	CAN	NIA	Express Scripts Canada Co.				
			43-1869691				ESI Claims, Inc.	DE	NIA	Express Scripts, Inc.				
			56-2356810				ESI Enterprises, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. Express Scripts Inc., Express Scripts Specialty Distribution Services Inc., ESI-GP Holdings, Inc.				
			20-2996995				ESI HRA, LLC	DE	NIA	Express Scripts, Inc.				
			74-2974964				ESI Mail Order Processing, Inc.	DE	NIA	Express Scripts, Inc.				
			43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.				
			43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc.				
			30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.				
			75-3040456				ESI Realty, LLC	NJ	NIA	Express Scripts, Inc.				
			41-2006555				ESI Resources, Inc.	MN	NIA	ESI Partnership				
							ESI Singapore II Pte., Ltd.	SGP	NIA	ESI Singapore Pte., Ltd.				
							ESI Singapore Pte., Ltd.	SGP	NIA	Express Scripts, Inc.				
			CN 98-03587				ESI-GP Canada ULC	CAN	NIA	Express Scripts Canada Co.				
							ESI-GP2 Canada ULC	CAN	NIA	C44 Express Scripts Canada Co.				
		13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.				
			98-0650775/ C				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.				
			43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.				
			27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.				
							Express Scripts Canada Services	CAN	NIA	C44 Express Scripts Canada Co., ESI-GP2 Canada ULC				
							Express Scripts Canada Wholesale	CAN	NIA	C44 Express Scripts Canada Co., ESI-GP2 Canada ULC				
4813	Express Scripts Holding Grp.	60025	86-0754726				Express Scripts Insurance Company	AZ	RE	Express Scripts Senior Care Holdings, Inc.				

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			20-0551334				Express Scripts MSA, LLC	FL	NIA	Express Scripts WC, Inc.				
			20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. Express Scripts, Inc.				
							Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services				
							Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services				
							Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services				
							Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services				
			43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.				
			20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.				
			20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	Express Scripts Senior Care Holdings, Inc.				
			43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.				
			43-1869714				Express Scripts Utilization Management Company.	DE	NIA	Express Scripts, Inc.				
			59-2997634				Express Scripts WC, Inc.	FL	NIA	Express Scripts, Inc.				
			43-1420563				Express Scripts, Inc.	DE	IA	Express Scripts Holding Co.				
			26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.				
			20-0325621				IBIOLogic, Inc.	DE	NIA	CuraScript PBM Services, Inc.				
			43-1794690				IVTx, Inc.	DE	NIA	Express Scripts, Inc.				
			26-1102625				Mooresville On-Site Pharmacy, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc.				
			22-2230703				National Prescription Administrators, Inc.	NJ	NIA	Express Scripts, Inc.				
			22-3694894				NPA of New York IPA, Inc.	NY	NIA	National Prescription Administrators, Inc.				
			06-1194838				Value Health, Inc.	DE	NIA	Express Scripts, Inc.				
			43-1842584				YourPharmacy.com, Inc.	DE	NIA	Express Scripts, Inc.				
			01-0705518				Byfield Drug, Inc.	MA	NIA	Priority Healthcare Corp.				
			61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.				
			02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corp.				
			20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.				
			04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corp.				
			58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corp.				
			04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corp.				
			51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corp.				
			35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.				
			88-0445494				Priority Healthcare Corp West	NV	NIA	Priority Healthcare Corp.				
			59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp.				
			59-3099905				Priority Healthcare Pharmacy, Inc.	FL	NIA	Priority Healthcare Corp.				
			59-3573515				Priorityhealthcare. com, Inc.	FL	NIA	Priority Healthcare Corp.				

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			47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp.				
			56-2394216				Sinuspharmacy, Inc.	FL	NIA	Priority Healthcare Pharmacy, Inc.				
			74-3105470				Specialty Infusion Pharmacy, Inc.	FL	NIA	Priority Healthcare Pharmacy, Inc.				
			61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.				
			61-1147067				SpectraCare Infusion Pharmacy, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.				
			35-1807559				SpectraCare of Indiana	IN	NIA	SpectraCare, Inc. Care Continuum, Inc.				
			61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp.				
			22-3835126				Chesapeake Infusion, Inc.	FL	NIA	Priority Healthcare Corp.				
			26-3591774				Accredo Care Network, Inc.	DE	NIA	Accredo Health Group, Inc.				
			11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Inc.				
			55-0894449				Accredo Health, Inc.	DE	NIA	Medco Health Solutions, Inc.				
			13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Inc.				
			43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Inc.				
			52-1498155				Home Healthcare Resources, Inc.	PA	NIA	Accredo Health Group, Inc.				
			27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.				
			98-0689559				Medco [Shellco] Limited	GBR	NIA	Medco Health Solutions [Ireland] Limited				
							Medco CDUR, LLC	DE	NIA	Medco Health Solutions, Inc.				
			27-5133672				Medco CHP, LLC	DE	NIA	Medco Health Solutions, Inc.				
4813	Express Scripts Holding Grp.	34720	13-3506395				Medco Containment Insurance Company of New York	NY	IA	Medco Health Solutions, Inc.				
4813	Express Scripts Holding Grp.	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.				
							Medco Continuation Health, LLC	DE	NIA	Medco Health Solutions, Inc.				
			27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC				
			46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.				
			22-3572956				Medco Health New York Independent Practice Association, LLC	NY	NIA	Medco Health Solutions, Inc.				
			81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.				
			26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.				
							Medco Health Solutions [Ireland] Limited	GBR	NIA	Medco Europe, LLC				
			98-0683161				Medco Health Solutions Limited	GBR	NIA	Medco Health Solutions [Ireland] Limited				
							Medco Health Solutions of Illinois, LLC	DE	NIA	Medco Health Solutions, Inc.				
			98-0683164				Medco Health Solutions Services Limited	GBR	NIA	Medco Health Solutions [Ireland] Limited				
			22-3461740				Medco Health Solutions, Inc.	DE	NIA	Express Scripts Holding Co.				
			41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.				
			99-0362031				Medco International Holdings, BV	NLD	NIA	MHS Holdings, CV				
			22-3811751				Medco of Willingboro Urban Renewal, LLC	NJ	NIA	Medco Health Solutions of Willingboro, LLC				
			45-3631137				Medco Research Institute, LLC	DE	NIA	Medco Health Solutions, Inc.				

SCHEDULE Y

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			22-3732483				medcohealth.com, LLC	NJ	NIA	Medco Health Solutions, Inc.				
			27-3741831				MHS Holdings, CV	NLD	NIA	Medco Europe II, LLC, Medco Europe, LLC				
			20-4625634				MWD Insurance Company	NY	NIA	Medco Health Solutions, Inc.				
			34-1666699				National Rx Services No. 3, Inc. of Ohio	OH	NIA	Medco Health Solutions, Inc.				
			26-2625350				Quality Diabetes Care Coalition, LLC (42.42%)	DC	NIA	Medco Health Solutions, Inc.				
			22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.				
			20-5454871				The Vaccine Consortium, LLC	MD	NIA	TVC Acquisition Co., Inc.				
			26-0759966				TherapEase Cuisine, Inc.	WI	NIA	Medco Health Solutions, Inc.				
			45-4509922				TVC Acquisition Co., Inc.	DE	NIA	United BioSource Holdings, Inc.				
							UBC Late Stage (UK) Limited	GBR	NIA	United BioSource Holding (UK) Limited				
			43-1083790				UBC Late Stage, Inc.	MO	NIA	United BioSource Holdings, Inc.				
							United BioSource (Germany) GmbH	DEU	NIA	United BioSource Holding (UK) Limited				
							United BioSource (HCA Canada) Company	CAN	NIA	United BioSource Holding (Canada) Company				
							United BioSource (Suisse) SA	CHE	NIA	United BioSource Holdings, Inc.				
			46-3047667				United BioSource Holdings, Inc.	DE	NIA	Medco Health Solutions, Inc.				
			80-0077029				United BioSource LLC	DE	NIA	Medco Health Solutions, Inc.				
							United BioSource Corporation, S.L.	GBR	NIA	United BioSource Holding (UK) Limited				
							United BioSource Holding (Canada) Company	CAN	NIA	United BioSource Holdings, Inc.				
			98-0595336				United BioSource Holding (UK) Limited	GBR	NIA	United BioSource Holdings, Inc.				
			20-3419132				United BioSource Patient Solutions, Inc.	DE	NIA	United BioSource Holdings, Inc.				
			43-1925556				ESI-GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.				
							SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%				
							Naryx Pharma Inc.	CA	NIA	Priority Healthcare Corp.				

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES

Explanation:

1.

Bar Code:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

NONE

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

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,577,953	1,577,953
2. Cost of bonds and stocks acquired	1,572,416	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(2,953)	
6. Deduct consideration for bonds and stocks disposed of	1,575,000	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,572,416	1,577,953
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,572,416	1,577,953

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	24,444,915	3,147,991	3,150,000	(2,953)	24,444,915	24,439,953		24,445,623
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	24,444,915	3,147,991	3,150,000	(2,953)	24,444,915	24,439,953	0	24,445,623
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	24,444,915	3,147,991	3,150,000	(2,953)	24,444,915	24,439,953	0	24,445,623

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

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	22,867,537	XXX	22,866,866	1,066	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	22,867,670	22,865,291
2. Cost of short-term investments acquired	6,574,802	5,001,507
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		306
5. Total gain (loss) on disposals	65	566
6. Deduct consideration received on disposals	6,575,000	5,000,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	22,867,537	22,867,670
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	22,867,537	22,867,670

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

SCHEDULE D - PART 3

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

1 Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designatino or Market Indicator (a)
Bonds - U.S. Government									
912828 TM 2	United States Treasury		06/11/2015	NATL FINL SVCS CORP.		1,572,416	1,575,000	2,755	1
0599999. Total Bonds - U.S Government						1,572,416	1,575,000	2,755	XXX
8399997. Total Bonds - Part 3						1,572,416	1,575,000	2,755	XXX
8399999. Total Bonds						1,572,416	1,575,000	2,755	XXX
9999999. Total Bonds, Preferred and Common Stocks						1,572,416	XXX	2,755	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
912828 SP 6	United States Treasury		04/15/2015	Matured		1,575,000	1,575,000	1,577,953	1,577,953				0		1,577,953		(2,953)	(2,953)	2,953	04/15/2015	1
0599999. Total Bonds - U.S Government						1,575,000	1,575,000	1,577,953	1,577,953	0	0	0	0	0	1,577,953	0	(2,953)	(2,953)	2,953	XXX	XXX
8399997. Total Bonds - Part 4						1,575,000	1,575,000	1,577,953	1,577,953	0	0	0	0	0	1,577,953	0	(2,953)	(2,953)	2,953	XXX	XXX
8399999. Total Bonds						1,575,000	1,575,000	1,577,953	1,577,953	0	0	0	0	0	1,577,953	0	(2,953)	(2,953)	2,953	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks						1,575,000	XXX	1,577,953	1,577,953	0	0	0	0	0	1,577,953	0	(2,953)	(2,953)	2,953	XXX	XXX

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

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt D-Sn 1
NONE

Sch. DB-Pt D-Sn 2
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
Bank of America	Little Rock, AR		0.050			100,000	100,000	100,000	XXX
JP MorganChase Bank	Chicago, IL					3,102,387	32,879,622	101,374,072	XXX
US Bank	Winston-Salem, NC					35,013	35,013	35,013	XXX
US Nak	St. Paul, MN(OR)					26,230	26,230	26,230	XXX
Wells Fargo	California,Restricted					50,181	50,181	50,181	XXX
0199999. Total Open Depositories		XXX	XXX	0	0	3,313,811	33,091,046	101,585,496	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	3,313,811	33,091,046	101,585,496	XXX
0599999. Total Cash		XXX	XXX	0	0	3,313,811	33,091,046	101,585,496	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....4813 NAIC Company Code.....60025

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums collected		XXX	37,088,106	XXX	37,088,106
2. Earned premiums		XXX	37,088,106	XXX	XXX
3. Claims paid		XXX	20,839,974	XXX	20,839,974
4. Claims incurred		XXX	31,752,481	XXX	XXX
5. Reinsurance coverage and low income cost sharing - claims paid net of reimbursements applied (a)	XXX		XXX		0
6. Aggregate policy reserves - change		XXX		XXX	XXX
7. Expenses paid		XXX	(15,237,891)	XXX	(15,237,891)
8. Expenses incurred		XXX	(15,506,623)	XXX	XXX
9. Underwriting gain or loss	0	XXX	20,842,248	XXX	XXX
10. Cash flow results	XXX	XXX	XXX	XXX	31,486,023

(a) Uninsured Receivable/Payable with CMS at End of Quarter $.....0 due from CMS or $.....0 due to CMS.