



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009  
OF THE CONDITION AND AFFAIRS OF THE

## HealthLink HMO, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

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

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

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

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

Internet Website Address www.healthlink.com

Statutory Statement Contact Brenda J Buss, 414-459-6833  
(Name) (Area Code) (Telephone Number)  
brenda.buss@bcbswi.com, 414-459-6229  
(E-mail Address) (FAX Number)

### OFFICERS

President Dennis William Casey Treasurer Robert David Kretschmer  
Secretary Kathleen Susan Kiefer # Assistant Secretary David Michael Henley

### OTHER

### DIRECTORS OR TRUSTEES

Wayne Scott DeVeydt Dennis William Casey Catherine Irene Kelaghan

State of Missouri SS:  
County of St. 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.

Dennis William Casey  
President

Kathleen Susan Kiefer  
Secretary

Robert David Kretschmer  
Treasurer

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.....

Exhibit 2 - A&H Premiums Due and Unpaid

**N O N E**

Exhibit 3 - Health Care Receivables

**N O N E**

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

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						2,539
0699999. Total amounts withheld						
0799999. Total claims unpaid						2,539
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						



**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
HealthLink Inc.	Administrative Expenses	516,144	516,144	
0199999. Individually listed payables		516,144	516,144	0
0299999. Payables not individually listed		124,334	124,334	
0399999 Total gross payables		640,478	640,478	0

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	67,163	100.0	XXX	XXX		67,163
12. Total other payments .....	67,163	100.0	XXX	XXX	0	67,163
13. TOTAL (Line 4 plus Line 12)	67,163	100%	XXX	XXX	0	67,163

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

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

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						
	Arkansas			2009						
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year										
6. Current Year Member Months										
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned.....										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services.....										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
	Illinois		2009							NAIC Company Code	
	1 Total	2 Individual	3 Group	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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 \$ .....



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

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

REPORT FOR: 1. CORPORATION

HealthLink HMO, Inc.

2. St. Louis, MO

NAIC Group Code	0671	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Missouri		2009							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	22	22	0	0	0	0	0	0	0	0		
2. First Quarter .....	22	22										
3. Second Quarter .....	22	22										
4. Third Quarter .....	22	22										
5. Current Year	21	21										
6. Current Year Member Months	261	261										
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	49	49										
8. Non-Physician .....	20	20										
9. Total	69	69	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	1	1										
11. Number of Inpatient Admissions	1	1										
12. Health Premiums Written (b) .....	145,294	145,294										
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	145,294	145,294										
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services .....	67,163	67,163										
18. Amount Incurred for Provision of Health Care Services	61,891	61,891										

(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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

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

REPORT FOR: 1. CORPORATION

HealthLink HMO, Inc.

2. St. Louis, MO

NAIC Group Code	0671	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total			DURING THE YEAR				2009		NAIC Company Code	96475
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
<b>Total Members at end of:</b>													
1. Prior Year	22	22	0	0	0	0	0	0	0	0			
2. First Quarter	22	22	0	0	0	0	0	0	0	0			
3. Second Quarter	22	22	0	0	0	0	0	0	0	0			
4. Third Quarter	22	22	0	0	0	0	0	0	0	0			
5. Current Year	21	21	0	0	0	0	0	0	0	0			
6. Current Year Member Months	261	261	0	0	0	0	0	0	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician	49	49	0	0	0	0	0	0	0	0			
8. Non-Physician	20	20	0	0	0	0	0	0	0	0			
9. Total	69	69	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	1	1	0	0	0	0	0	0	0	0			
11. Number of Inpatient Admissions	1	1	0	0	0	0	0	0	0	0			
12. Health Premiums Written (b)	145,294	145,294	0	0	0	0	0	0	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	145,294	145,294	0	0	0	0	0	0	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	67,163	67,163	0	0	0	0	0	0	0	0			
18. Amount Incurred for Provision of Health Care Services	61,891	61,891	0	0	0	0	0	0	0	0			

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

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

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**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<b>NONE</b>											
0399999 - Totals											



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
80314	52-0913817	10/01/2007	UniCare Life and Health Insurance Company	Indianapolis, IN	OTH/A/I	70,224	0	0	0	0	0	0
0199999. Authorized General Account, Affiliates						70,224	0	0	0	0	0	0
0399999. Total Authorized General Account						70,224	0	0	0	0	0	0
0699999. Total Unauthorized General Account						0	0	0	0	0	0	0
0799999. Total Authorized and Unauthorized General Account						70,224	0	0	0	0	0	0
1099999. Total Authorized Separate Accounts						0	0	0	0	0	0	0
1399999. Total Unauthorized Separate Accounts						0	0	0	0	0	0	0
1499999. Total Authorized and Unauthorized Separate Accounts						0	0	0	0	0	0	0
1599999 - Totals						70,224	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

**SCHEDULE S - PART 4**

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 but not in Excess of Col. 8
<b>NONE</b>													
1199999 - Total													

**SCHEDULE S - PART 5**

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	70	80	31	0	0
2. Title XVIII - Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	1	31	0	0
7. Claims payable .....	3	8	11	0	0
8. Reinsurance recoverable on paid losses .....	0	0	0	0	0
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....	0	0	0	0	0
13. Letters of credit (L) .....	0	0	0	0	0
14. Trust agreements (T) .....	0	0	0	0	0
15. Other (O) .....	0	0	0	0	0

**SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	22,638,038		22,638,038
2. Accident and health premiums due and unpaid (Line 13) .....	0		0
3. Amounts recoverable from reinsurers (Line 14.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	2,539	2,539
5. All other admitted assets (Balance) .....	982,954		982,954
6. Total assets (Line 26)	23,620,992	2,539	23,623,531
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	0	2,539	2,539
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	11,312		11,312
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17) .....	0		0
11. Reinsurance in unauthorized companies (Line 18) .....	0		0
12. All other liabilities (Balance) .....	642,150		642,150
13. Total liabilities (Line 22) .....	653,462	2,539	656,001
14. Total capital and surplus (Line 31) .....	22,967,530	XXX	22,967,530
15. Total liabilities, capital and surplus (Line 32)	23,620,992	2,539	23,623,531
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....	2,539		
17. Accrued medical incentive pool .....	0		
18. Premiums received in advance .....	0		
19. Reinsurance recoverable on paid losses .....	0		
20. Other ceded reinsurance recoverables .....	0		
21. Total ceded reinsurance recoverables .....	2,539		
22. Premiums receivable .....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
24. Unauthorized reinsurance .....	0		
25. Other ceded reinsurance payables/offsets .....	0		
26. Total ceded reinsurance payables/offsets .....	0		
27. Total net credit for ceded reinsurance	2,539		

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

Allocated by States and Territories

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

**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	Federal 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)
	36-4384128	American Imaging Management East, LLC	0			(2,451,344)		0			(2,451,344)	0
	36-3692630	American Imaging Management, Inc.	0			(64,941,146)		0			(64,941,146)	0
	26-1974650	Anthem Blue Cross and Blue Shield Plan Administrator, LLC	(7,800,000)			(6,628,443)		0			(14,428,443)	0
12624	20-3568984	Anthem Blue Cross Blue Shield Partnership Plan, Inc.	0			(7,697,378)		0			(7,697,378)	0
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(122,200,000)			(950,836,419)		(1,366,226)			(1,074,402,645)	4,514,235
	26-1498094	Anthem Health Insurance Company of Nevada, Inc.	0			153,110		0			153,110	0
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(75,000,000)			(222,869,238)		0			(297,869,238)	0
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(47,700,000)			(92,325,542)		0			(140,025,542)	0
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(25,000,000)			(41,545,976)		0			(66,545,976)	0
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(321,300,000)			(560,185,527)		203,695			(881,281,832)	(1,056,826)
60217	06-1475928	Anthem Health Plans, Inc.	(130,000,000)			(253,218,430)		0			(383,218,430)	0
	26-1498020	Anthem HMO of Nevada, Inc.	0			262,562		0			262,562	0
	61-1459939	Anthem Holding Corp.	0			17,169,536		0			17,169,536	0
28207	35-0781558	Anthem Insurance Companies, Inc.	(150,000,000)			(158,465,147)		0			(308,465,147)	(5,884,038)
	20-5876774	Anthem Life and Disability Insurance Company	0			(3,734)		0			(3,734)	0
61069	35-0980405	Anthem Life Insurance Company	(21,000,000)			(26,639,276)		(104,175)			(47,743,451)	9,734,275
	32-0031791	Anthem Southeast, Inc.	0			725,951		0			725,951	0
	35-2129194	Anthem UM Services, Inc.	0			46,907,637		0			46,907,637	0
	26-3242737	Arcus Bank	0			(1,510,241)		0			(1,510,241)	0
	95-4640529	Arcus Enterprises, Inc.	0			2,196,935		0			2,196,935	0
	20-2858325	Arcus Financial Services, Inc.	0			(1,221,542)		0			(1,221,542)	0
	20-2858384	Arcus HealthLiving Services, Inc.	0			401,375		0			401,375	0
	11-3713086	ATH Holding Company, LLC	0			11,619,293		0			11,619,293	0
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(190,500,000)			(124,009,259)		0			(314,509,259)	0
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(35,000,000)			(278,764,767)		0			(313,764,767)	0
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(65,000,000)			(118,083,953)		(671,858)			(183,755,811)	166,934
	95-3760980	Blue Cross of California	(525,000,000)			49,974,827		0			(475,025,173)	0
	20-2994048	Blue Cross of California Partnership Plan, Inc.	0			(87,298,952)		0			(87,298,952)	0
	39-1413702	Claim Management Services, Inc.	0			(13,254,783)		0			(13,254,783)	0
10345	31-1440175	Community Insurance Company	(2,565,000,000)			(564,074,081)		320,911			(3,128,753,170)	(3,554,677)
95693	39-1462554	Compcare Health Services Insurance Corporation	9,000,000			(45,571,119)		0			(36,571,119)	0
	94-2785058	Comprehensive Integrated Marketing Services, Inc.	0			595,078		0			595,078	0
	20-0334650	Crossroads Acquisition Corp.	0			1,944,507		0			1,944,507	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HealthLink HMO, Inc.

**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	Federal 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)
	13-3934328	EHC Benefits Agency, Inc.	0				5,441,985	0			5,441,985	0
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(110,000,000)				(835,457,088)	0			(945,457,088)	0
95433	13-3874803	Empire HealthChoice HMO, Inc.	(90,000,000)				(204,522,704)	0			(294,522,704)	0
	95-2907752	Golden West Health Plan, Inc.	0				(2,183,214)	0			(2,183,214)	0
97217	58-1473042	Greater Georgia Life Insurance Company	(2,300,000)				(4,919,975)	0			(7,219,975)	0
	51-0365660	Health Core, Inc.	0				(8,341,449)	0			(8,341,449)	0
	54-1237939	Health Management Corporation	0				84,073,552	0			84,073,552	0
95169	54-1356687	HealthKeepers, Inc.	(53,800,000)				(93,230,826)	15,791			(147,015,035)	690,449
96475	43-1616135	HealthLink HMO, Inc.	(13,000,000)				11,522,244	(8,575)			(1,486,331)	(2,539)
	43-1364135	HealthLink, Inc.	0				(79,267,940)	0			(79,267,940)	0
78972	86-0257201	Healthy Alliance Life Insurance Company	(116,300,000)				(188,030,185)	0			(304,330,185)	0
95473	84-1017384	HMO Colorado, Inc.	(9,200,000)				(19,923,259)	0			(29,123,259)	0
95358	37-1216698	HMO Missouri, Inc.	0				(28,267,872)	0			(28,267,872)	0
	98-0408753	HTH Re, LTD	0				0	1,366,226			1,366,226	(4,514,235)
	39-1582567	Imaging Management Holdings, LLC	0				1,652,576	0			1,652,576	0
	98-0408753	IMASIS, LLC	0				144,815	0			144,815	0
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(20,000,000)				(58,369,227)	0			(78,369,227)	0
	39-2013971	Meridian Resource Company, LLC	(9,000,000)				(13,964,754)	0			(22,964,754)	0
	52-1519940	National Capital Preferred Provider Organization, Inc.	0				(3,068,406)	0			(3,068,406)	0
	35-1840597	National Government Services, Inc.	0				(16,792,860)	0			(16,792,860)	0
	74-2974964	NextRx, Inc.	0				(90,841,662)	0			(90,841,662)	0
	31-1714795	NextRx, LLC	0				(108,130,131)	0			(108,130,131)	0
	16-1279199	NextRx Services, Inc.	0				34,225,425	0			34,225,425	0
85286	75-1461960	OneNation Insurance Company	0				(356,025)	104,175			(251,850)	(3,850,237)
95167	54-1650230	Peninsula Health Care, Inc.	(15,600,000)				(21,561,346)	(130,345)			(37,291,691)	101,600
96512	54-1239244	Priority Health Care, Inc.	(17,700,000)				(20,998,400)	(89,141)			(38,787,541)	264,777
	54-1619756	Priority, Inc.	0				1,700,842	0			1,700,842	0
	43-1595640	R&P Realty	0				1,276,620	0			1,276,620	0
	56-2396739	Resolution Health, Inc.	0				(18,498,892)	0			(18,498,892)	0
83640	36-3506910	RightCHOICE Insurance Company	0				(92,850)	0			(92,850)	0
	47-0851593	RightCHOICE Managed Care, Inc.	0				2,372,080	0			2,372,080	0
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(84,300,000)				(183,423,076)	0			(267,723,076)	0
	20-0473316	SellCore, Inc.	0				984,985	0			984,985	0
	55-0712302	Southeast Services, Inc.	0				36,382,510	0			36,382,510	0
	35-1835818	The WellPoint Companies, Inc.	0				3,442,970,198	0			3,442,970,198	0
	43-1967924	TrustSolutions, LLC	0				(21,457)	0			(21,457)	0
10076	76-0646301	UNICARE Health Insurance Company of Texas	0				(1,086,246)	0			(1,086,246)	0
70700	36-3304416	UNICARE Health Insurance Company of the Midwest	(5,300,000)				(35,317,486)	0			(40,617,486)	0
	20-4842073	UNICARE Health Plan of Kansas, Inc.	(5,000,000)				(17,918,602)	0			(22,918,602)	0
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(3,300,000)				(22,318,253)	0			(25,618,253)	0

**SCHEDULE Y**

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

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95420	74-2151310	UNICARE Health Plans of Texas, Inc.	0				(10,850,243)	0			(10,850,243)	0
95505	36-3897076	UNICARE Health Plans of the Midwest, Inc.	(5,800,000)				(33,817,728)	0			(39,617,728)	0
80314	52-0913817	UNICARE Life & Health Insurance Company	(150,000,000)				(231,460,502)	359,522			(381,100,980)	3,390,282
	95-4635507	UNICARE National Services, Inc.	0				208,905	0			208,905	0
	77-0494551	UNICARE Specialty Services, Inc	0				(2,940,751)	0			(2,940,751)	0
	36-4014617	UtiliMed IPA, Inc.	0				(1,269,370)	0			(1,269,370)	0
	95-4613835	WellPoint Behavioral Health, Inc.	0				126,483	0			126,483	0
	95-4657170	WellPoint Dental Services, Inc.	0				8,729,673	0			8,729,673	0
	20-3620996	WellPoint Holding Corp	0				327,640,203	0			327,640,203	0
	36-3897080	WellPoint Partnership Plan, LLC	0				(3,337,404)	0			(3,337,404)	0
	35-2145715	WellPoint, Inc.	4,982,100,000				1,894,216,217	0			6,876,316,217	0
	98-0552141	WPMI (Shanghai) Enterprise Consulting & Serv Co. Ltd. (G2510)	0				(204,982)	0			(204,982)	0
	20-8672847	WPMI, LLC	0				(3,238,664)	0			(3,238,664)	0
9999999	Control Totals		0	0	0	0	(2)	0	XXX	0	(2)	0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

The following supplemental reports are required to be filed as part of your annual 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.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? .....	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
19. 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

- Explanations:
- 10.
  - 11.
  - 12.
  - 13.
  - 14.
  - 15.
  - 16.
  - 17.
  - 18.
  - 19.

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. Property/Casualty Supplement [Document Identifier 207]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Medicare Part D Coverage Supplement [Document Identifier 365]	
17. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
18. Life Supplement [Document Identifier 211]	
19. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	

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