



HEALTH ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2009
 OF THE CONDITION AND AFFAIRS OF THE
Unison Health Plan of Tennessee, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 11139 Employer's ID Number 62-1839257
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 08/09/2000 Commenced Business 07/01/2001

Statutory Home Office 3175 Lenox Park Blvd., Suite 400, Memphis, TN 38115
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office Unison Plaza, 1001 Brinton Rd.
(Street and Number)
Pittsburgh, PA 15221, 412-858-4000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address Unison Plaza, 1001 Brinton Rd., Pittsburgh, PA 15221
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records Unison Plaza, 1001 Brinton Rd.
(Street and Number)
Pittsburgh, PA 15221, 412-858-4000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.unisonhealthplan.com

Statutory Statement Contact Jeffrey Brian Snelling, 412-349-4751
(Name) (Area Code) (Telephone Number)
jeffrey.snelling@unisonhealthplan.com, 412-457-1344
(E-mail Address) (FAX Number)

OFFICERS

CEO and President Eric Hunter Paul # Treasurer Robert Worth Oberrender
 Secretary Christina Regina Palme-Krizak # Chief Financial Officer James Wesley Waters #
 Vice President Tax John William Kelly

OTHER

DIRECTORS OR TRUSTEES

Rita Faye Johnson-Mills # Michael Paul Radu # Christopher Allan Scherer #

State of Tennessee State of Minnesota State of Tennessee
 County of Williamson County of Hennepin County of Williamson

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.

Eric Hunter Paul
CEO and President

Christina Regina Palme-Krizak
Secretary

James Wesley Waters
Chief Financial Officer

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____

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.....

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Unison Administrative Services, LLC	162,423	6,846	6,522	1,097	1,097	175,791
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	162,423	6,846	6,522	1,097	1,097	175,791
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	21,442		505	7,494	7,494	21,947
0299999. Total Claim Overpayment Receivables	21,442	0	505	7,494	7,494	21,947
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	822	433				1,255
0699999. Total Other Receivables	822	433	0	0	0	1,255
0799999 Gross health care receivables	184,687	7,279	7,027	8,591	8,591	198,993

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)						
Rx Solutions	392,583					392,583
Doral Dental	274,503					274,503
0199999. Individually listed claims unpaid	667,086	0	0	0	0	667,086
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	2,681,565	42,321				2,723,886
0499999. Subtotals	3,348,651	42,321	0	0	0	3,390,972
0599999. Unreported claims and other claim reserves						4,904,757
0699999. Total amounts withheld						
0799999. Total claims unpaid						8,295,729
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
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
Unison Administrative Services, LLC	Operations Outsourcing Agreement	1,837,451	1,837,451	
0199999. Individually listed payables		1,837,451	1,837,451	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		1,837,451	1,837,451	0

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Unison Health Plan of Tennessee, Inc.

2.

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Arkansas		DURING THE YEAR					(LOCATION)		
			Comprehensive (Hospital & Medical)		2009					NAIC Company Code		11139
			1	2	3	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		
Total Members at end of:												
1. Prior Year	30	0	0	0	0	0	0	30	0	0		
2. First Quarter	174							174				
3. Second Quarter	158							158				
4. Third Quarter	160							160				
5. Current Year	146							146				
6. Current Year Member Months	1,881							1,881				
Total Member Ambulatory Encounters for Year:												
7. Physician	2,321							2,321				
8. Non-Physician	228							228				
9. Total	2,549	0	0	0	0	0	0	2,549	0	0		
10. Hospital Patient Days Incurred	265							265				
11. Number of Inpatient Admissions	37							37				
12. Health Premiums Written (b)	1,463,360							1,463,360				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	1,446,421							1,446,421				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	898,818							898,818				
18. Amount Incurred for Provision of Health Care Services	951,614							951,614				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,463,360

29 AR



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Unison Health Plan of Tennessee, Inc.

2.

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Mississippi		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	NAIC Company Code	
			2	3						9	10
		1	Individual	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	20	0	0	0	0	0	0	0	20	0	0
2. First Quarter	32								32		
3. Second Quarter	37								37		
4. Third Quarter	34								34		
5. Current Year	36								36		
6. Current Year Member Months	443								443		
Total Member Ambulatory Encounters for Year:											
7. Physician	836								836		
8. Non-Physician	52								52		
9. Total	888	0	0	0	0	0	0	0	888	0	0
10. Hospital Patient Days Incurred	72								72		
11. Number of Inpatient Admissions	10								10		
12. Health Premiums Written (b)	446,753								446,753		
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	440,141								440,141		
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	286,225								286,225		
18. Amount Incurred for Provision of Health Care Services	278,496								278,496		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$446,753

29 MS



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Unison Health Plan of Tennessee, Inc.

2.

NAIC Group Code	0707	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Tennessee		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		
Total Members at end of:												
1. Prior Year	3,053	0	0	0	0	0	0	3,053	0	0		
2. First Quarter	4,030							4,030				
3. Second Quarter	4,743							4,743				
4. Third Quarter	5,191							5,191				
5. Current Year	5,279							5,279				
6. Current Year Member Months	55,458							55,458				
Total Member Ambulatory Encounters for Year:												
7. Physician	94,746							94,746				
8. Non-Physician	11,196							11,196				
9. Total	105,942	0	0	0	0	0	0	105,942	0	0		
10. Hospital Patient Days Incurred	10,476							10,476				
11. Number of Inpatient Admissions	1,353							1,353				
12. Health Premiums Written (b)	53,887,946							53,887,946				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	53,842,719							53,842,719				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	35,758,849							35,494,577	264,272			
18. Amount Incurred for Provision of Health Care Services	37,145,516							36,945,516	200,000			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$53,887,946



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Unison Health Plan of Tennessee, Inc.

2.

NAIC Group Code	0707	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR			2009			NAIC Company Code	11139
			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			
Total Members at end of:												
1. Prior Year	3,103	0	0	0	0	0	0	3,103	0	0		
2. First Quarter	4,236	0	0	0	0	0	0	4,236	0	0		
3. Second Quarter	4,938	0	0	0	0	0	0	4,938	0	0		
4. Third Quarter	5,385	0	0	0	0	0	0	5,385	0	0		
5. Current Year	5,461	0	0	0	0	0	0	5,461	0	0		
6. Current Year Member Months	57,782	0	0	0	0	0	0	57,782	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	97,903	0	0	0	0	0	0	97,903	0	0		
8. Non-Physician	11,476	0	0	0	0	0	0	11,476	0	0		
9. Total	109,379	0	0	0	0	0	0	109,379	0	0		
10. Hospital Patient Days Incurred	10,813	0	0	0	0	0	0	10,813	0	0		
11. Number of Inpatient Admissions	1,400	0	0	0	0	0	0	1,400	0	0		
12. Health Premiums Written (b)	55,798,059	0	0	0	0	0	0	55,798,059	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	55,729,281	0	0	0	0	0	0	55,729,281	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	36,943,892	0	0	0	0	0	0	36,679,620	264,272	0		
18. Amount Incurred for Provision of Health Care Services	38,375,626	0	0	0	0	0	0	38,175,626	200,000	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$55,798,059

29.GT

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
NONE											
0399999 - Totals											

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, 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		
21113	13-5459190	01/01/2009	UNITED STATES FIRE INS CO	Morristown, NJ	SSL/L/I	158,041						
21113	13-5459190	01/01/2009	UNITED STATES FIRE INS CO	Morristown, NJ	SSL/L/I	5,349						
21113	13-5459190	01/01/2009	UNITED STATES FIRE INS CO	Morristown, NJ	SSL/L/I	1,263						
0299999. Authorized General Account, Non-Affiliates						164,653	0	0	0	0	0	0
0399999. Total Authorized General Account						164,653	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						164,653	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						164,653	0	0	0	0	0	0

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
NONE													
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
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	165	69	21	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	81	39	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	105	39	0	0	0
8. Reinsurance recoverable on paid losses	16	0	0	0	0
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	24,657,887		24,657,887
2. Accident and health premiums due and unpaid (Line 13)	2,267,895		2,267,895
3. Amounts recoverable from reinsurers (Line 14.1)	15,879	(15,879)	0
4. Net credit for ceded reinsurance	XXX	120,638	120,638
5. All other admitted assets (Balance)	1,248,007		1,248,007
6. Total assets (Line 26)	28,189,667	104,759	28,294,426
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,190,970	104,759	8,295,729
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	211		211
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)	6,482,569		6,482,569
13. Total liabilities (Line 22)	14,673,750	104,759	14,778,509
14. Total capital and surplus (Line 31)	13,515,917	XXX	13,515,917
15. Total liabilities, capital and surplus (Line 32)	28,189,667	104,759	28,294,426
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	104,759		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	15,879		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	120,638		
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	120,638		

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

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)
	27-0015861	ACN Group of California, Inc.	(6,500,000)				258,642				(6,241,358)	
	41-4591944	ACN Group, Inc.					67,692,321				67,692,321	
82406	35-1665915	All Savers Insurance Company					(29,225)	(20,583)			(49,808)	(24,744)
73130	35-1744596	All Savers Life Insurance Company of California					(34,111)				(34,111)	
97179	86-0207231	American Medical Security Life Insurance Company	(50,000,000)				2,206,780	89,630			(47,703,590)	(14,421)
	54-1743141	AmeriChoice Health Services, Inc.					63,971,042				63,971,042	
13178	26-2481299	AmeriChoice of Connecticut, Inc.		14,300,000			(10,125,316)	(93,364)			4,081,320	
13168	26-2688274	AmeriChoice of Georgia, Inc.		100,000			(382)				99,618	
95497	22-3368602	AmeriChoice of New Jersey, Inc.					(96,174,858)				(96,174,858)	
95033	54-1495918	AmeriChoice of Pennsylvania, Inc.					(44,586,169)	(2,660,724)			(47,246,893)	19,791,548
	86-0813232	Arizona Physicians IPA, Inc.	(9,550,000)								(9,550,000)	
95440	35-1736982	Arnett HMO, Inc.	(8,500,000)				188,633				(8,311,367)	
	88-0267857	Behavioral Healthcare Options, Inc.					14,334,686				14,334,686	
	95-4188244	CII Financial, Inc.					(334,251)				(334,251)	
	52-1452809	Dental Benefit Providers of California, Inc.	(6,867,622)				(10,116,893)				(16,984,515)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(706,152)				(706,152)	
	41-2014834	Dental Benefit Providers, Inc.					193,276,202				193,276,202	
		Duncan Printing Services, LLC	(12,910,752)								(12,910,752)	
	30-0226127	Evercare Hospice, Inc.					13,036				13,036	
13214	26-2697886	Evercare of New Mexico, Inc.		56,500,000			(10,512,235)				45,987,765	
11141	91-2008361	Evercare of Texas, L.L.C.					(87,226,869)				(87,226,869)	
	88-0223385	Family Health Care Services					28,582,570				28,582,570	
	88-0257036	Family Home Hospice, Inc.					711,023				711,023	
	37-0855360	Golden Rule Financial Corporation					4,422,060				4,422,060	
62286	37-6028756	Golden Rule Insurance Company	(238,000,000)				(120,490,833)	20,583			(358,470,250)	24,744
95467	38-3204052	Great Lakes Health Plan, Inc.	(7,284,000)				(65,747,099)	748,377			(72,282,722)	1,430,194
	98-0213198	H & W Indemnity, Ltd.					1,491,247				1,491,247	
43893	13-3584296	Health Net Insurance of New York, Inc.					1,923	(4,634,066)			(4,632,143)	9,308,355
95968	06-1084283	Health Net of Connecticut, Inc.					3,377				3,377	
95351	22-3241303	Health Net of New Jersey, Inc.					1,939				1,939	
95305	06-1174953	Health Net of New York, Inc.					(7,239)				(7,239)	
	98-0153069	Health Net Services (Bermuda) Ltd.						4,634,066			4,634,066	(9,308,355)
96342	88-0201035	Health Plan of Nevada, Inc.	(13,936,834)				(497,776,645)	(876,485)			(512,589,964)	
	95-4763349	HealthAllies, Inc.					1,290,603				1,290,603	
81450	38-2346432	IBA Health and Life Assurance Company	(9,500,000)				(363,100)				(9,863,100)	
	86-0477097	Information Network Corporation					730,950				730,950	
	41-1858498	Ingenix, Inc.					27,607,653				27,607,653	
		MAMSI Insurance Resources, LLC					9,188,797				9,188,797	
60321	52-1803283	MAMSI Life and Health Insurance Company	(150,000,000)				(16,903,168)				(166,903,168)	
96310	52-1169135	MD-Individual Practice Association, Inc.	(150,000,000)				(62,531,451)	(587,356)			(213,118,807)	

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, 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)
	22-3341467	Medical Network, Inc.					449,657				449,657	
		Mid Atlantic Medical Services, LLC					44,926,795				44,926,795	
	39-1624025	Midwest Security Care, Inc.					266,701				266,701	
79480	35-1279304	Midwest Security Life Insurance Company	(9,000,000)			(2,916,404)					(11,916,404)	
	41-1485369	National Benefit Resources, Inc.				17,070,751					17,070,751	
95251	76-0196559	National Pacific Dental, Inc.	(2,500,000)			(2,436,538)					(4,936,538)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(13,000,000)			(59,605,826)					(72,605,826)	
95758	88-0228572	Nevada Pacific Dental, Inc.	(3,000,000)			(7,967,951)					(10,967,951)	
		OneNet PPO, LLC				230,733					230,733	
96940	52-1518174	Optimum Choice, Inc.	(200,000,000)			(50,082,072)		(458,358)			(250,540,430)	
	47-0858534	OptumHealth Bank, Inc.				(288,686)					(288,686)	
	41-1921983	OptumHealth, Inc.				17,510,433					17,510,433	
78026	22-2797560	Oxford Health Insurance, Inc.	(351,000,000)			(118,920,354)		(94,349,085)			(564,269,439)	353,338,804
96798	06-1181201	Oxford Health Plans (CT), Inc.	(20,000,000)			(6,518,439)		(159,002)			(26,677,441)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.				(34,069,423)		(472,469)			(34,541,892)	106,418
95479	06-1181200	Oxford Health Plans (NY), Inc.	(449,000,000)			(97,174,427)					(546,174,427)	
		Oxford Heath Plans LLC				236,351,370					236,351,370	
	95-4166547	PacifiCare Behavioral Health of California, Inc.	(18,259,834)			(10,853,949)				(973,589)	(30,087,372)	
	33-0538634	PacifiCare Behavioral Health, Inc.				12,697,949				(405,469)	12,292,480	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.				1,527,591				(18,027)	1,509,564	
	35-1508167	PacifiCare Health Plan Administrators, Inc.	92,607,000									
70785	35-1137395	PacifiCare Life and Health Insurance Company	(79,000,000)			(95,472,850)		(199,264)		130,451,763	(44,220,351)	14,421
84506	95-2829463	PacifiCare Life Assurance Company	(14,397,000)			(8,871,558)		132,862		(1,484,577)	(24,620,273)	(589,515)
95617	94-3267522	PacifiCare of Arizona, Inc.	(50,000,000)			(146,533,395)		(1,158,855)			(197,692,250)	
	95-2931460	PacifiCare of California	(193,463,890)			(274,851,115)				(52,293,975)	(520,608,980)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(113,000,000)			(107,708,713)		(847,204)		(6,359,491)	(227,915,408)	
95685	86-0875231	PacifiCare of Nevada, Inc.	(9,716,377)			(11,509,845)		(132,862)		(562,183)	(21,921,267)	589,515
96903	33-0115166	PacifiCare of Oklahoma, Inc.	(29,000,000)			(45,212,362)				(2,492,786)	(76,705,148)	
95893	93-0938819	PacifiCare of Oregon, Inc.	(29,000,000)			(37,127,346)				(1,902,976)	(68,030,322)	
95174	33-0115163	PacifiCare of Texas, Inc.	(95,000,000)			(232,174,888)		(1,892,772)			(329,067,660)	
48038	91-1312551	PacifiCare of Washington, Inc.	(200,000,000)			(43,078,907)					(243,078,907)	
	94-3252033	PacificDental Benefits, Inc.				6,448,813					6,448,813	
	52-1162824	Physicians Heath Plan of Maryland, Inc.				1,348,531					1,348,531	
	33-0441200	RxSolutions, Inc.				53,474,818				(23,047,002)	30,427,816	
	98-0361580	Sheridan RE, Inc.		6,000,000							6,000,000	
71420	94-0734860	Sierra Health & Life Insurance Co., Inc.	(13,954,000)			(7,485,609)		284,492			(21,155,117)	
	88-0200415	Sierra Health Services, Inc.				106,952,146					106,952,146	
	88-0254322	Sierra Health-Care Options, Inc.				(136,753)					(136,753)	
	88-0385705	Sierra Home Medical Products, Inc.				30,044,383					30,044,383	
	88-0201420	Southwest Medical Associates, Inc.				322,719,232					322,719,232	
	52-1260282	Spectera, Inc.				82,861,362					82,861,362	

39.1

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, 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)
	25-1825549	Three Rivers Holdings, Inc.					392,520				392,520	
	94-3077084	U.S. Behavioral Health Plan, California	(1,000,000)				(7,161,663)				(8,161,663)	
	39-1995276	UMR, Inc.					288,255				288,255	
91529	52-1996029	Unimerica Insurance Company					(24,744,855)				(24,744,855)	
11596	01-0637149	Unimerica Life Insurance Company of New York					(1,231,154)				(1,231,154)	
	25-1877716	Unison Administrative Services, LLC					143,640,278				143,640,278	
12012	55-0867089	Unison Family Health Plan of Pennsylvania, Inc.	(3,359,000)				(7,277,385)				(10,636,385)	
	20-5917714	Unison Health Plan of Delaware, Inc.					(7,439,978)	(717,302)			(8,157,280)	424,230
	20-3330714	Unison Health Plan of New Jersey, Inc.					(43,453)				(43,453)	
12323	56-2451429	Unison Health Plan of Ohio, Inc.					(35,822,519)	312,908			(35,509,611)	1,331,563
95220	25-1756858	Unison Health Plan of Pennsylvania, Inc.	(38,641,000)				(74,246,103)				(112,887,103)	
11775	32-0062883	Unison Health Plan of South Carolina, Inc.					(23,434,537)				(27,434,537)	
			(4,000,000)				(10,253,929)				(13,002,929)	
11139	62-1839257	Unison Health Plan of Tennessee, Inc.	(2,749,000)									
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.		19,000,000			(797,937)				18,202,063	
	94-2649097	United Behavioral Health	(110,000,000)				361,122,175				251,122,175	
95833	72-1074008	United HealthCare of Louisiana, Inc.					(4,183,949)	(29,313)			(4,213,262)	
95716	63-1036817	United HealthCare of Mississippi, Inc.					69,678				69,678	
	41-1289245	United HealthCare Services, Inc.	(829,409,052)	(55,200,000)			5,227,753,499				4,343,144,447	
	41-1321939	UnitedHealth Group Incorporated	5,325,906,037	(33,400,000)			1,740,322,860				7,032,828,897	
79413	36-2739571	UnitedHealthcare Insurance Company	(1,275,183,775)	(33,692,093)			(5,205,584,247)	152,702,528		(16,837,498)	(6,378,595,085)	(677,110,254)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(43,000,000)				(35,497,318)				(78,497,318)	
60093	11-3283886	UnitedHealthcare Insurance Company of New York		(22,807,907)			(277,406,781)	(37,634,861)			(337,849,549)	281,175,871
73518	31-1169935	UnitedHealthcare Insurance Company of Ohio	(33,000,000)				(43,120,707)				(76,120,707)	
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley	(5,831,000)				(7,883,386)				(13,714,386)	
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(27,000,000)				(48,879,535)	(387,569)			(76,267,104)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	0				(17,556,521)	(127,071)			(17,683,592)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.					(2,924,141)	(18,158)			(2,942,299)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.	(11,000,000)				(550,998)	(2,639)			(11,553,637)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.					(190,187,341)	(1,300,901)			(191,488,242)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.		3,500,000			(20,349,637)	(157,852)			(17,007,489)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.		15,200,000			(10,159,286)	(80,605)			4,960,109	
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.					(5,266,963)	(49,002)			(5,315,965)	
95149	05-0413469	UnitedHealthcare of New England, Inc.	(12,705,000)				(58,011,929)	(6,586,324)			(77,303,253)	10,568,816
95085	06-1172891	UnitedHealthcare of New York, Inc.	(96,000,000)				(122,619,912)				(218,619,912)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(92,679,492)				(116,677,301)	(1,819,878)			(211,176,671)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(35,000,000)	8,000,000			(102,349,481)	(749,547)			(130,099,028)	

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Unison Health Plan of Tennessee, 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)
11147	63-1036814	UnitedHealthcare of Tennessee, Inc.					(4,364,996)				(4,364,996)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(2,531,019)	(32,437)			(2,563,456)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.										
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.		22,500,000			(96,938,428)	(678,355)			(75,116,783)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(52,000,000)				(20,116,712)	(569,728)			(20,686,440)	
95501	41-1488563	UnitedHealthcare of Utah, Inc.	(20,000,000)				(94,608,911)	2,165,455			(144,443,456)	7,978,744
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(60,000,000)				(19,408,267)	(120,082)			(39,528,349)	
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(35,000,000)				(140,236,099)	846,218			(199,389,881)	964,066
	47-0854646	UnitedHealthcare Service LLC	(75,615,409)				(264,728,424)	(2,333,046)			(302,061,470)	
	36-3355110	UnitedHealthcare Services Company of the River Valley, Inc.					6,208				(75,609,201)	
							203,182,354				203,182,354	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will 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.

MARCH FILING	
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
APRIL FILING	
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]	

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23
Exhibit 8 - Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI11
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E18
Schedule DB - Part A - Section 3	E19
Schedule DB - Part A - Verification Between Years	SI12
Schedule DB - Part B - Section 1	E19
Schedule DB - Part B - Section 2	E20
Schedule DB - Part B - Section 3	E20
Schedule DB - Part B - Verification Between Years	SI12
Schedule DB - Part C - Section 1	E21
Schedule DB - Part C - Section 2	E21
Schedule DB - Part C - Section 3	E22
Schedule DB - Part C - Verification Between Years	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Part D - Section 3	E23
Schedule DB - Part D - Verification Between Years	SI13
Schedule DB - Part E - Section 1	E24
Schedule DB - Part E - Verification	SI13
Schedule DB - Part F - Section 1	SI14
Schedule DB - Part F - Section 2	SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI16
Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	33
Schedule S - Part 5	34
Schedule S - Part 6	35
Schedule T - Part 2 - Interstate Compact	37
Schedule T - Premiums and Other Considerations	36
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14