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# ANNUAL STATEMENT

**For the Year Ending December 31, 2006**

of the Condition and Affairs of the

# HealthLink HMO, Inc.

NAIC Group Code.....671, 671 (Current Period) (Prior Period) NAIC Company Code..... 96475 Employer's ID Number..... 43-1616135

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

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized..... July 29, 1992 Commenced Business..... January 14, 1993

| | | |
|---|---|---|
| Statutory Home Office | 12443 Olive Boulevard….. St. Louis ..... MO ..... 63141<br>*(Street and Number) (City, State and Zip Code)* | |
| Main Administrative Office | 1831 Chestnut Street….. St. Louis ..... MO ..... 63103-2275<br>*(Street and Number) (City, State and Zip Code)* | 314-923-4444<br>*(Area Code) (Telephone Number)* |
| Mail Address | 6775 W Washington Street….. Milwaukee ..... WI ..... 53214<br>*(Street and Number or P. O. Box) (City, State and Zip Code)* | |
| Primary Location of Books and Records | 6775 W Washington Street….. Milwaukee ..... WI ..... 53214<br>*(Street and Number) (City, State and Zip Code)* | 414-459-6833<br>*(Area Code) (Telephone Number)* |
| Internet Website Address | www.healthlink.com | |
| Statutory Statement Contact | Brenda J Buss<br>*(Name)* | 414-459-6833<br>*(Area Code) (Telephone Number) (Extension)* |
| | Brenda.Buss@bcbswi.com<br>*(E-Mail Address)* | 414-459-6500<br>*(Fax Number)* |
| Policyowner Relations Contact | 12443 Olive Boulevard….. St. Louis ..... MO ..... 63141<br>*(Street and Number) (City, State and Zip Code)* | 314-989-6032<br>*(Area Code) (Telephone Number) (Extension)* |

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| 1. David Wilson Fields # | President | 2. Nancy Louise Purcell | Secretary |
| 3. Robert David Kretschmer | Treasurer | 4. | |

## OTHER

David Michael Henley Assistant Secretary

## DIRECTORS OR TRUSTEES

David Charles Colby Angela Rose Fick-Braly David Wilson Fields #

State of..... Missouri
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.

| | | |
|---|---|---|
| (Signature) | (Signature) | (Signature) |
| David Wilson Fields | Nancy Louise Purcell | Robert David Kretschmer |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| President | Secretary | Treasurer |
| (Title) | (Title) | (Title) |

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 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| **A&H Premiums Due and Unpaid** | | | | | | |
| Jefferson City Public School | 21,945 | | | | | 21,945 |
| 0299997. Group subscribers subtotal | 21,945 | 0 | 0 | 0 | 0 | 21,945 |
| 0299998. Premiums due and unpaid not individually listed | 803 | | | | | 803 |
| 0299999. Total group | 22,748 | 0 | 0 | 0 | 0 | 22,748 |
| 0599999. Accident and health premiums due and unpaid (Page 2, Line 13) | 22,748 | 0 | 0 | 0 | 0 | 22,748 |

# EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| **Claim Overpayment Receivables** | | | | | | |
| 0299998. Claim Overpayment Receivables Not Listed Individually | 14,072 | | | | 14,072 | 0 |
| 0299999. Total Claim Overpayment Receivables | 14,072 | 0 | 0 | 0 | 14,072 | 0 |
| **Other Receivables** | | | | | | |
| 0699998. Other Receivables Not Listed Individually | | | | 1,566 | 1,566 | 0 |
| 0699999. Total Other Receivables | 0 | 0 | 0 | 1,566 | 1,566 | 0 |
| 0799999. Total Health Care Receivables | 14,072 | 0 | 0 | 1,566 | 15,638 | 0 |

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

## Aging Analysis of Unpaid Claims

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| **Claims Unpaid (Reported)** | | | | | | |
| 0399999. Aggregate accounts not individually listed - covered | (2,775) | | | | | (2,775) |
| 0499999. Subtotals | (2,775) | 0 | 0 | 0 | 0 | (2,775) |
| 0699999. Total amounts withheld | | | | | | 575,000 |
| 0799999. Total claims unpaid | | | | | | 572,225 |

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | Admitted | |
|---|---|---|---|---|---|---|---|
| | | | | | | 7 | 8 |
| Name of Affiliate | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current | Non-Current |
| **Amounts Due From Parent, Subsidiaries and Affiliates** | | | | | | | |
| HealthLink, Inc. | 1,885,271 | | | | 537,629 | 1,347,642 | |
| 0199999. Individually listed receivables | 1,885,271 | 0 | 0 | 0 | 537,629 | 1,347,642 | 0 |
| 0299999. Receivables not individually listed | 49,262 | | | | | 49,262 | |
| 0399999. Total gross amounts receivable | 1,934,533 | 0 | 0 | 0 | 537,629 | 1,396,904 | 0 |

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

| 1<br>Affiliate | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|---|---|---|---|
| **Amounts Due To Parent, Subsidiaries and Affiliates** | | | | |
| HealthLink, Inc. | Fees Collected | 677,148 | 677,148 | |
| HealthLink, Inc. | Accounts Payable paid by Affiliate | 210,939 | 210,939 | |
| WellPoint, Inc. | Accounts Payable paid by Affiliate | 2,091,063 | 2,091,063 | |
| 0199999. Individually listed payables | | 2,979,150 | 2,979,150 | 0 |
| 0299999. Payables not individually listed | | 72,780 | 72,780 | |
| 0399999. Total gross payables | | 3,051,930 | 3,051,930 | 0 |

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

| Payment Method | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total Payment | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total Members | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|---|---|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 73,779 | 3.2 | 6,072 | 201.1 | | 73,779 |
| 2. Intermediaries | 35,770 | 1.5 | 4,193 | 138.8 | | 35,770 |
| 3. All other providers | 238,309 | 10.3 | 4,436 | 146.9 | | 238,309 |
| 4. Total capitation payments | 347,858 | 15.0 | 14,701 | 486.8 | 0 | 347,858 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | | 0.0 | XXX | XXX | | |
| 6. Contractual fee payments | | 0.0 | XXX | XXX | | |
| 7. Bonus/withhold arrangements - fee-for-service | | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 76,268 | 3.3 | XXX | XXX | | 76,268 |
| 9. Non-contingent salaries | | 0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | | 0.0 | XXX | XXX | | |
| 11. All other payments | 1,899,183 | 81.7 | XXX | XXX | 1,899,183 | |
| 12. Total other payments | 1,975,451 | 85.0 | XXX | XXX | 1,899,183 | 76,268 |
| 13. Total (Line 4 plus Line 12) | 2,323,309 | 100.0 | XXX | XXX | 1,899,183 | 424,126 |



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

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>Intermediary's Authorized Control Level RBC |
|---|---|---|---|---|---|
| **Transactions with Intermediaries** | | | | | |
| | BOYCE & BYNUM PATHOLOGY LAB PC | 19,995 | 1,666 | | |
| | NATIONAL HEALTH LAB INC DBA LAB CORP | 70 | 6 | | |
| | NETWORK REFERENCE LAB | 52 | 4 | | |
| | ROCHE BIOMEDICAL LABS DBA LABC | 15,127 | 1,261 | | |
| | TRI LAB LLC | 526 | 44 | | |
| 9999999. Totals | | 35,770 | XXX | XXX | XXX |

# EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

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

NAIC Group Code.....671

NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 1,515 | | 1,515 | | | | | | | | | | |
| 2. First quarter | 1,416 | | 1,416 | | | | | | | | | | |
| 3. Second quarter | 1,391 | | 1,391 | | | | | | | | | | |
| 4. Third quarter | 1,347 | | 1,347 | | | | | | | | | | |
| 5. Current year | 53 | | 53 | | | | | | | | | | |
| 6. Current year member months | 15,265 | | 15,265 | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 6,238 | | 6,238 | | | | | | | | | | |
| 8. Non-physician | 1,263 | | 1,263 | | | | | | | | | | |
| 9. Totals | 7,501 | 0 | 7,501 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 331 | | 331 | | | | | | | | | | |
| 11. Number of inpatient admissions | 99 | | 99 | | | | | | | | | | |
| 12. Health premiums written | 189,758 | | 189,758 | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 189,758 | | 189,758 | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 418,428 | | 418,428 | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 497,552 | | 497,552 | | | | | | | | | | |

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

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....671

NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 10,219 | 52 | 10,167 | | | | | | | | | | |
| 2. First quarter | 8,520 | 51 | 8,469 | | | | | | | | | | |
| 3. Second quarter | 8,009 | 34 | 7,975 | | | | | | | | | | |
| 4. Third quarter | 6,450 | 33 | 6,417 | | | | | | | | | | |
| 5. Current year | 3,020 | 31 | 2,989 | | | | | | | | | | |
| 6. Current year member months | 84,739 | 373 | 84,366 | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 27,693 | 115 | 27,578 | | | | | | | | | | |
| 8. Non-physician | 5,533 | 23 | 5,510 | | | | | | | | | | |
| 9. Totals | 33,226 | 138 | 33,088 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 1,544 | 7 | 1,537 | | | | | | | | | | |
| 11. Number of inpatient admissions | 467 | 2 | 465 | | | | | | | | | | |
| 12. Health premiums written | 1,684,020 | 8,023 | 1,675,997 | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 1,684,020 | 8,023 | 1,675,997 | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 2,323,309 | 9,814 | 2,313,495 | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 2,762,641 | 9,473 | 2,753,168 | | | | | | | | | | |

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

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

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

NAIC Group Code.....671

NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 0 | | | | | | | | | | | | |
| 2. First quarter | 0 | | | | | | | | | | | | |
| 3. Second quarter | 0 | | | | | | | | | | | | |
| 4. Third quarter | 0 | | | | | | | | | | | | |
| 5. Current year | 0 | | | | | | | | | | | | |
| 6. Current year member months | 0 | | | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 0 | | | | | | | | | | | | |
| 8. Non-physician | 0 | | | | | | | | | | | | |
| 9. Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 0 | | | | | | | | | | | | |
| 11. Number of inpatient admissions | 0 | | | | | | | | | | | | |
| 12. Health premiums written | 0 | | | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 0 | | | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 0 | | | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 0 | | | | | | | | | | | | |

NONE

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

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HealthLink HMO, Inc. 2. St. Louis, MO

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

NAIC Group Code.....671

NAIC Company Code.....96475

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| **Total Members at end of:** | | | | | | | | | | | | | |
| 1. Prior year | 8,704 | 52 | 8,652 | | | | | | | | | | |
| 2. First quarter | 7,104 | 51 | 7,053 | | | | | | | | | | |
| 3. Second quarter | 6,618 | 34 | 6,584 | | | | | | | | | | |
| 4. Third quarter | 5,103 | 33 | 5,070 | | | | | | | | | | |
| 5. Current year | 2,967 | 31 | 2,936 | | | | | | | | | | |
| 6. Current year member months | 69,474 | 373 | 69,101 | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | | | | |
| 7. Physician | 21,455 | 115 | 21,340 | | | | | | | | | | |
| 8. Non-physician | 4,270 | 23 | 4,247 | | | | | | | | | | |
| 9. Totals | 25,725 | 138 | 25,587 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital patient days incurred | 1,213 | 7 | 1,206 | | | | | | | | | | |
| 11. Number of inpatient admissions | 368 | 2 | 366 | | | | | | | | | | |
| 12. Health premiums written | 1,494,262 | 8,023 | 1,486,239 | | | | | | | | | | |
| 13. Life premiums direct | 0 | | | | | | | | | | | | |
| 14. Property/casualty premiums written | 0 | | | | | | | | | | | | |
| 15. Health premiums earned | 1,494,262 | 8,023 | 1,486,239 | | | | | | | | | | |
| 16. Property/casualty premiums earned | 0 | | | | | | | | | | | | |
| 17. Amount paid for provision of health care services | 1,904,881 | 9,814 | 1,895,067 | | | | | | | | | | |
| 18. Amount incurred for provision of health care services | 2,265,089 | 9,473 | 2,255,616 | | | | | | | | | | |

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

# SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

| | | | |
|---|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Increase (decrease) by adjustment: | | |
| | 2.1 Totals, Part 1, Column 11 | | |
| | 2.2 Totals, Part 3, Column 7 | | |
| 3. | Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) | | |
| 4. | Cost of additions and permanent improvements: | | |
| | 4.1 Totals, Part 1, Column 14 | | |
| | 4.2 Totals, Part 3, Column 9 | | |
| 5. | Total profit (loss) on sales, Part 3, Column 14 | | |
| 6. | Increase (decrease) by foreign exchange adjustment: | | |
| | 6.1 Totals, Part 1, Column 12 | | |
| | 6.2 Totals, Part 3, Column 8 | | |
| 7. | Amounts received on sales, Part 3, Column 11 and Part 1, Column 13 | | |
| 8. | Book/adjusted carrying value at end of current period | | 0 |
| 9. | Total valuation allowance | | |
| 10. | Subtotal (Lines 8 plus 9) | | 0 |
| 11. | Total nonadmitted amounts | | |
| 12. | Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) | | 0 |

NONE

# SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

| | | | |
|---|---|---|---|
| 1. | Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year | | |
| 2. | Amount loaned during year: | | |
| | 2.1 Actual cost at time of acquisitions | | |
| | 2.2 Additional investment made after acquisitions | | 0 |
| 3. | Accrual of discount and mortgage interest points and commitment fees | | |
| 4. | Increase (decrease) by adjustment | | |
| 5. | Total profit (loss) on sale | | |
| 6. | Amounts paid on account or in full during the year | | |
| 7. | Amortization of premium | | |
| 8. | Increase (decrease) by foreign exchange adjustment | | |
| 9. | Book value/recorded investment excluding accrued interest on mortgages owned at end of current period | | 0 |
| 10. | Total valuation allowance | | |
| 11. | Subtotal (Lines 9 plus 10) | | 0 |
| 12. | Total nonadmitted amounts | | |
| 13. | Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column) | | 0 |

NONE

# SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

| | | | |
|---|---|---|---|
| 1. | Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year | | |
| 2. | Cost of acquisitions during year: | | |
| | 2.1 Actual cost at time of acquisitions | | |
| | 2.2 Additional investment made after acquisitions | | 0 |
| 3. | Accrual of discount | | |
| 4. | Increase (decrease) by adjustment | | |
| 5. | Total profit (loss) on sale | | |
| 6. | Amounts paid on account or in full during the year | | |
| 7. | Amortization of premium | | |
| 8. | Increase (decrease) by foreign exchange adjustment | | |
| 9. | Book/adjusted carrying value of long-term invested assets at end of current period | | 0 |
| 10. | Total valuation allowance | | |
| 11. | Subtotal (Lines 9 plus 10) | | 0 |
| 12. | Total nonadmitted amounts | | |
| 13. | Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3) | | 0 |

NONE

# SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

| Quality Rating per the NAIC Designation | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. **U.S. Governments, Schedules D & DA (Group 1)** | | | | | | | | | | | |
| 1.1 Class 1 | 8,549,895 | 4,918,823 | | | | 13,468,718 | 53.4 | 1,190,875 | 25.5 | 13,468,718 | |
| 1.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 1.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 1.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 1.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 1.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 1.7 Totals | 8,549,895 | 4,918,823 | 0 | 0 | 0 | 13,468,718 | 53.4 | 1,190,875 | 25.5 | 13,468,718 | 0 |
| 2. **All Other Governments, Schedules D & DA (Group 2)** | | | | | | | | | | | |
| 2.1 Class 1 | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 3. **States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)** | | | | | | | | | | | |
| 3.1 Class 1 | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)** | | | | | | | | | | | |
| 4.1 Class 1 | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)** | | | | | | | | | | | |
| 5.1 Class 1 | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

| Quality Rating per the NAIC Designation | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)** | | | | | | | | | | | |
| 6.1 Class 1 | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)** | | | | | | | | | | | |
| 7.1 Class 1 | 11,733,158 | | | | | 11,733,158 | 46.6 | 3,481,889 | 74.5 | 11,733,158 | |
| 7.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.7 Totals | 11,733,158 | 0 | 0 | 0 | 0 | 11,733,158 | 46.6 | 3,481,889 | 74.5 | 11,733,158 | 0 |
| 8. **Credit Tenant Loans, Schedules D & DA (Group 8)** | | | | | | | | | | | |
| 8.1 Class 1 | | | | | | 0 | 0.0 | | 0.0 | | |
| 8.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 8.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 8.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 8.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 8.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 8.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)** | | | | | | | | | | | |
| 9.1 Class 1 | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.2 Class 2 | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.3 Class 3 | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.4 Class 4 | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.5 Class 5 | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.6 Class 6 | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

| Quality Rating per the NAIC Designation | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed (a) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10. **Total Bonds Current Year** | | | | | | | | | | | |
| 10.1 Class 1 | 20,283,053 | 4,918,823 | 0 | 0 | 0 | 25,201,876 | 100.0 | XXX | XXX | 25,201,876 | 0 |
| 10.2 Class 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.3 Class 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.4 Class 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.5 Class 5 | 0 | 0 | 0 | 0 | 0 | (c) 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.6 Class 6 | 0 | 0 | 0 | 0 | 0 | (c) 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.7 Totals | 20,283,053 | 4,918,823 | 0 | 0 | 0 | (b) 25,201,876 | 100.0 | XXX | XXX | 25,201,876 | 0 |
| 10.8 Line 10.7 as a % of Col. 6 | 80.5 | 19.5 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | 0.0 |
| 11. **Total Bonds Prior Year** | | | | | | | | | | | |
| 11.1 Class 1 | 3,913,889 | 758,875 | | | | XXX | XXX | 4,672,764 | 100.0 | 4,672,765 | |
| 11.2 Class 2 | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.3 Class 3 | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.4 Class 4 | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.5 Class 5 | | | | | | XXX | XXX | (c) 0 | 0.0 | | |
| 11.6 Class 6 | | | | | | XXX | XXX | (c) 0 | 0.0 | | |
| 11.7 Totals | 3,913,889 | 758,875 | 0 | 0 | 0 | XXX | XXX | (b) 4,672,764 | 100.0 | 4,672,765 | 0 |
| 11.8 Line 11.7 as a % of Col. 8 | 83.8 | 16.2 | 0.0 | 0.0 | 0.0 | XXX | XXX | 100.0 | XXX | 100.0 | 0.0 |
| 12. **Total Publicly Traded Bonds** | | | | | | | | | | | |
| 12.1 Class 1 | 20,283,053 | 4,918,823 | | | | 25,201,876 | 100.0 | 4,672,765 | 100.0 | 25,201,876 | XXX |
| 12.2 Class 2 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.3 Class 3 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.4 Class 4 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.5 Class 5 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.6 Class 6 | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.7 Totals | 20,283,053 | 4,918,823 | 0 | 0 | 0 | 25,201,876 | 100.0 | 4,672,765 | 100.0 | 25,201,876 | XXX |
| 12.8 Line 12.7 as a % of Col. 6 | 80.5 | 19.5 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 | 80.5 | 19.5 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 13. **Total Privately Placed Bonds** | | | | | | | | | | | |
| 13.1 Class 1 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.2 Class 2 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.3 Class 3 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.4 Class 4 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.5 Class 5 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.6 Class 6 | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.8 Line 13.7 as a % of Col. 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |
| 13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |

(a) Includes $.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $.....0 current year, $.....0 prior year of bonds with Z designations and $.....0 current year, $.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes $.....0 current year, $.....0 prior year of bonds with 5* designations and $.....0 current year, $.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

# SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

| Distribution by Type | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. **U.S. Governments, Schedules D & DA (Group 1)** | | | | | | | | | | | |
| 1.1 Issuer Obligations | 8,549,895 | 4,918,823 | | | | 13,468,718 | 53.4 | 1,190,875 | 25.5 | 13,468,718 | |
| 1.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| 1.7 Totals | 8,549,895 | 4,918,823 | 0 | 0 | 0 | 13,468,718 | 53.4 | 1,190,875 | 25.5 | 13,468,718 | 0 |
| 2. **All Other Governments, Schedules D & DA (Group 2)** | | | | | | | | | | | |
| 2.1 Issuer Obligations | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 2.3 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.4 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 2.5 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.6 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| 2.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 3. **States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)** | | | | | | | | | | | |
| 3.1 Issuer Obligations | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 3.3 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.4 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 3.5 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.6 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| 3.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)** | | | | | | | | | | | |
| 4.1 Issuer Obligations | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 4.3 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.4 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 4.5 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.6 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| 4.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)** | | | | | | | | | | | |
| 5.1 Issuer Obligations | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 5.3 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.4 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 5.5 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.6 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| 5.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

| Distribution by Type | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)** | | | | | | | | | | | |
| 6.1 Issuer Obligations | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 6.3 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.4 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 6.5 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.6 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| 6.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)** | | | | | | | | | | | |
| 7.1 Issuer Obligations | 11,733,158 | | | | | 11,733,158 | 46.6 | 3,481,889 | 74.5 | 11,733,158 | |
| 7.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 7.3 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.4 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 7.5 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.6 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| 7.7 Totals | 11,733,158 | 0 | 0 | 0 | 0 | 11,733,158 | 46.6 | 3,481,889 | 74.5 | 11,733,158 | 0 |
| 8. **Credit Tenant Loans, Schedules D & DA (Group 8)** | | | | | | | | | | | |
| 8.1 Issuer Obligations | | | | | | 0 | 0.0 | | 0.0 | | |
| 8.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)** | | | | | | | | | | | |
| 9.1 Issuer Obligations | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 9.3 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.4 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 9.5 Defined | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.6 Other | | | | | | 0 | 0.0 | | 0.0 | | |
| 9.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 |

# SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

| Distribution by Type | 1<br>1 Year or Less | 2<br>Over 1 Year Through 5 Years | 3<br>Over 5 Years Through 10 Years | 4<br>Over 10 Years Through 20 Years | 5<br>Over 20 Years | 6<br>Total Current Year | 7<br>Column 6 as a % of Line 10.7 | 8<br>Total from Column 6 Prior Year | 9<br>% from Col. 7 Prior Year | 10<br>Total Publicly Traded | 11<br>Total Privately Placed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10. **Total Bonds Current Year** | | | | | | | | | | | |
| 10.1 Issuer Obligations | 20,283,053 | 4,918,823 | 0 | 0 | 0 | 25,201,876 | 100.0 | XXX | XXX | 25,201,876 | 0 |
| 10.2 Single Class Mortgage-Backed/Asset-Backed Securities | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 10.3 Defined | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.4 Other | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 10.5 Defined | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.6 Other | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10.7 Totals | 20,283,053 | 4,918,823 | 0 | 0 | 0 | 25,201,876 | 100.0 | XXX | XXX | 25,201,876 | 0 |
| 10.8 Line 10.7 as a % of Col. 6 | 80.5 | 19.5 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | 0.0 |
| 11. **Total Bonds Prior Year** | | | | | | | | | | | |
| 11.1 Issuer Obligations | 3,913,889 | 758,875 | | | | XXX | XXX | 4,672,764 | 100.0 | 4,672,765 | |
| 11.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | XXX | XXX | 0 | 0.0 | | |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 11.3 Defined | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.4 Other | | | | | | XXX | XXX | 0 | 0.0 | | |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 11.5 Defined | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.6 Other | | | | | | XXX | XXX | 0 | 0.0 | | |
| 11.7 Totals | 3,913,889 | 758,875 | 0 | 0 | 0 | XXX | XXX | 4,672,764 | 100.0 | 4,672,765 | 0 |
| 11.8 Line 11.7 as a % of Col. 8 | 83.8 | 16.2 | 0.0 | 0.0 | 0.0 | XXX | XXX | 100.0 | XXX | 100.0 | 0.0 |
| 12. **Total Publicly Traded Bonds** | | | | | | | | | | | |
| 12.1 Issuer Obligations | 20,283,053 | 4,918,823 | | | | 25,201,876 | 100.0 | 4,672,765 | 100.0 | 25,201,876 | XXX |
| 12.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 12.3 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.4 Other | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 12.5 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.6 Other | | | | | | 0 | 0.0 | 0 | 0.0 | 0 | XXX |
| 12.7 Totals | 20,283,053 | 4,918,823 | 0 | 0 | 0 | 25,201,876 | 100.0 | 4,672,765 | 100.0 | 25,201,876 | XXX |
| 12.8 Line 12.7 as a % of Col. 6 | 80.5 | 19.5 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 | 80.5 | 19.5 | 0.0 | 0.0 | 0.0 | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 13. **Total Privately Placed Bonds** | | | | | | | | | | | |
| 13.1 Issuer Obligations | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.2 Single Class Mortgage-Backed/Asset-Backed Securities | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: | | | | | | | | | | | |
| 13.3 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.4 Other | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: | | | | | | | | | | | |
| 13.5 Defined | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.6 Other | | | | | | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.7 Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | XXX | 0 |
| 13.8 Line 13.7 as a % of Col. 6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |
| 13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | XXX | XXX | XXX | XXX | 0.0 |

# SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

| | 1<br>Total | 2<br>Bonds | 3<br>Mortgage Loans | 4<br>Other Short-term Investment Assets (a) | 5<br>Investments in Parent, Subsidiaries and Affiliates |
|---|---|---|---|---|---|
| 1. Book/adjusted carrying value December 31 of prior year | 3,481,889 | 3,481,889 | | | |
| 2. Cost of short-term investments acquired | 130,426,286 | 130,426,286 | | | |
| 3. Increase (decrease) by adjustment | 0 | | | | |
| 4. Increase (decrease) by foreign exchange adjustment | 0 | | | | |
| 5. Total profit (loss) on disposal of short-term investments | 0 | | | | |
| 6. Consideration received on disposal of short-term investments | 122,175,017 | 122,175,017 | | | |
| 7. Book/adjusted carrying value, current year | 11,733,158 | 11,733,158 | 0 | 0 | 0 |
| 8. Total valuation allowance | 0 | | | | |
| 9. Subtotal (Lines 7 plus 8) | 11,733,158 | 11,733,158 | 0 | 0 | 0 |
| 10. Total nonadmitted amounts | 0 | | | | |
| 11. Statement value (Lines 9 minus 10) | 11,733,158 | 11,733,158 | 0 | 0 | 0 |
| 12. Income collected during year | 457,711 | 457,711 | | | |
| 13. Income earned during year | 457,711 | 457,711 | | | |

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

## Sch. DB-Pt.A-Verification Between Years
NONE

## Sch. DB-Pt.B-Verification Between Years
NONE

## Sch. DB-Pt.C-Verification Between Years
NONE

## Sch. DB-Pt.D-Verification Between Years
NONE

## Sch. DB-Pt.E-Verification
NONE

## Sch. DB-Pt. F-Sn. 1
NONE

## Sch. DB-Pt. F-Sn. 2
NONE

## Sch. S-Pt. 1-Sn. 2
NONE

## Sch. S-Pt. 2
NONE

## Sch. S-Pt. 3-Sn. 2
NONE

## Sch. S-Pt. 4
NONE

## Sch. S-Pt.5
NONE

# SCHEDULE S - PART 6

## Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 10) | 25,500,439 | | 25,500,439 |
| 2. | Accident and health premiums due and unpaid (Line 13) | 22,748 | | 22,748 |
| 3. | Amounts recoverable from reinsurers (Line 14.1) | | | 0 |
| 4. | Net credit for ceded reinsurance | XXX | | 0 |
| 5. | All other admitted assets (balance) | 2,440,804 | | 2,440,804 |
| 6. | Totals assets (Line 26) | 27,963,991 | 0 | 27,963,991 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 7. | Claims unpaid (Line 1) | 572,225 | | 572,225 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | | | 0 |
| 9. | Premiums received in advance (Line 8) | | | 0 |
| 10. | Reinsurance in unauthorized companies (Line 18) | | | 0 |
| 11. | All other liabilities (balance) | 2,805,209 | | 2,805,209 |
| 12. | Total liabilities (Line 22) | 3,377,434 | 0 | 3,377,434 |
| 13. | Total capital and surplus (Line 31) | 24,586,557 | XXX | 24,586,557 |
| 14. | Total liabilities, capital and surplus (Line 32) | 27,963,991 | 0 | 27,963,991 |
| | **NET CREDIT FOR CEDED REINSURANCE** | | | |
| 15. | Claims unpaid | 0 | | |
| 16. | Accrued medical incentive pool | 0 | | |
| 17. | Premiums received in advance | 0 | | |
| 18. | Reinsurance recoverable on paid losses | 0 | | |
| 19. | Other ceded reinsurance recoverables | 0 | | |
| 20. | Total ceded reinsurance recoverables | 0 | | |
| 21. | Premiums receivable | 0 | | |
| 22. | Unauthorized reinsurance | 0 | | |
| 23. | Other ceded reinsurance payables/offsets | 0 | | |
| 24. | Total ceded reinsurance payables/offsets | 0 | | |
| 25. | Total net credit for ceded reinsurance | 0 | | |

# SCHEDULE T - PART 2

# INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| | | Direct Business Only | | | | | |
|---|---|---|---|---|---|---|---|
| | States, Etc. | 1<br>Life<br>(Group and Individual) | 2<br>Annuities<br>(Group and Individual) | 3<br>Disability Income<br>(Group and Individual) | 4<br>Long-Term Care<br>(Group and Individual) | 5<br>Deposit-Type Contracts | 6<br>Totals |
| 1. | Alabama AL | | | | | | 0 |
| 2. | Alaska AK | | | | | | 0 |
| 3. | Arizona AZ | | | | | | 0 |
| 4. | Arkansas AR | | | | | | 0 |
| 5. | California CA | | | | | | 0 |
| 6. | Colorado CO | | | | | | 0 |
| 7. | Connecticut CT | | | | | | 0 |
| 8. | Delaware DE | | | | | | 0 |
| 9. | District of Columbia DC | | | | | | 0 |
| 10. | Florida FL | | | | | | 0 |
| 11. | Georgia GA | | | | | | 0 |
| 12. | Hawaii HI | | | | | | 0 |
| 13. | Idaho ID | | | | | | 0 |
| 14. | Illinois IL | | | | | | 0 |
| 15. | Indiana IN | | | | | | 0 |
| 16. | Iowa IA | | | | | | 0 |
| 17. | Kansas KS | | | | | | 0 |
| 18. | Kentucky KY | | | | | | 0 |
| 19. | Louisiana LA | | | | | | 0 |
| 20. | Maine ME | | | | | | 0 |
| 21. | Maryland MD | | | | | | 0 |
| 22. | Massachusetts MA | | | | | | 0 |
| 23. | Michigan MI | | | | | | 0 |
| 24. | Minnesota MN | | | | | | 0 |
| 25. | Mississippi MS | | | | | | 0 |
| 26. | Missouri MO | | | | | | 0 |
| 27. | Montana MT | NONE | | | | | 0 |
| 28. | Nebraska NE | | | | | | 0 |
| 29. | Nevada NV | | | | | | 0 |
| 30. | New Hampshire NH | | | | | | 0 |
| 31. | New Jersey NJ | | | | | | 0 |
| 32. | New Mexico NM | | | | | | 0 |
| 33. | New York NY | | | | | | 0 |
| 34. | North Carolina NC | | | | | | 0 |
| 35. | North Dakota ND | | | | | | 0 |
| 36. | Ohio OH | | | | | | 0 |
| 37. | Oklahoma OK | | | | | | 0 |
| 38. | Oregon OR | | | | | | 0 |
| 39. | Pennsylvania PA | | | | | | 0 |
| 40. | Rhode Island RI | | | | | | 0 |
| 41. | South Carolina SC | | | | | | 0 |
| 42. | South Dakota SD | | | | | | 0 |
| 43. | Tennessee TN | | | | | | 0 |
| 44. | Texas TX | | | | | | 0 |
| 45. | Utah UT | | | | | | 0 |
| 46. | Vermont VT | | | | | | 0 |
| 47. | Virginia VA | | | | | | 0 |
| 48. | Washington WA | | | | | | 0 |
| 49. | West Virginia WV | | | | | | 0 |
| 50. | Wisconsin WI | | | | | | 0 |
| 51. | Wyoming WY | | | | | | 0 |
| 52. | American Samoa AS | | | | | | 0 |
| 53. | Guam GU | | | | | | 0 |
| 54. | Puerto Rico PR | | | | | | 0 |
| 55. | US Virgin Islands VI | | | | | | 0 |
| 56. | Northern Mariana Islands MP | | | | | | 0 |
| 57. | Canada CN | | | | | | 0 |
| 58. | Aggregate Other Alien OT | | | | | | 0 |
| 59. | Totals | 0 | 0 | 0 | 0 | 0 | 0 |

# SCHEDULE Y (Continued)

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affiliated Transactions** | | | | | | | | | | | | |
| | 76-0284205 | Affiliated Healthcare, Inc. | | | | | (458,201) | | | | (458,201) | |
| | 76-0402108 | AHI Healthcare Corporation | | | | | (561) | | | | (561) | |
| 12624 | 20-3568984 | Anthem Blue Cross Blue Shield Partnership Plan, Inc. | | 45,440,241 | | | (4,322,605) | (519,604) | | | 40,598,032 | |
| | | Anthem East, LLC | | | | | (521) | | | | (521) | |
| | 35-1898945 | Anthem Financial, Inc. | | | | | | | | 4,637,944 | 4,637,944 | |
| 95120 | 61-1237516 | Anthem Health Plans of Kentucky, Inc. | (191,500,000) | | | | (229,333,489) | | | 5,452 | (420,828,037) | |
| 52618 | 31-1705652 | Anthem Health Plans of Maine, Inc. | (35,600,000) | | | (124,925) | (132,172,006) | | | 229,641 | (167,667,290) | |
| 53759 | 02-0510530 | Anthem Health Plans of New Hampshire, Inc. | | | | | (43,180,526) | | | | (43,180,526) | |
| 71835 | 54-0357120 | Anthem Health Plans of Virginia, Inc. | (400,000,000) | | | | (515,265,026) | 1,527,226 | | (32,902,555) | (946,640,355) | (486,133) |
| 60217 | 06-1475928 | Anthem Health Plans, Inc. | (228,629,000) | | | | (339,970,387) | | | 6,906 | (568,592,481) | |
| | 61-1459939 | Anthem Holding Corp. | | | | | 124,019,369 | | | | 124,019,369 | |
| 28207 | 35-0781558 | Anthem Insurance Companies, Inc. | 360,404,456 | (365,683,095) | (2,793,174,201) | 124,925 | (63,549,834) | (16,482) | | (193,455,947) | (3,055,350,178) | (10,251,403) |
| 61069 | 35-0980405 | Anthem Life Insurance Company | (7,739,751) | (17,260,249) | | | (16,406,452) | (508,154) | | 4,214,285 | (37,700,321) | 1,257,070 |
| | 20-3803442 | Anthem Midwest, LLC | (13,205,817) | (30,996,008) | | | (186,301) | | | | (44,388,126) | |
| | 31-1714795 | Anthem Prescription Management, LLC | (65,000,000) | | | | (114,541,849) | | | 82,064,046 | (97,477,803) | |
| | 32-0031791 | Anthem Southeast, Inc. | 6,173,886 | | | | 1,798,438 | | | | 7,972,324 | |
| | 35-2129194 | Anthem UM Services, Inc. | | | | | 29,764,954 | | | (15,466,897) | 14,298,057 | |
| | 95-4640529 | Arcus Enterprises, Inc. | | | | | 5,104,930 | | | | 5,104,930 | |
| | 20-2858325 | Arcus Financial Services, Inc. | | | | | (2,460,844) | | | | (2,460,844) | |
| | 20-2858384 | Arcus HealthLiving Services, Inc. | | | | | (3,222,672) | | | | (3,222,672) | |
| | 61-1079399 | Arison Insurance Services, Inc. | | | | | (1,327,600) | | | | (1,327,600) | |
| | 35-1292384 | Associated Group, Inc. | | | | | 2,217,150 | | | 42,367,271 | 44,584,421 | |
| | 11-3713086 | ATH Holding Company, LLC | 12,521,907 | | 2,793,174,201 | | | | | | 2,805,696,108 | |
| 62825 | 95-4331852 | BC Life & Health Insurance Company | (207,200,000) | | | | (718,643,922) | (1,761,446) | | | (927,605,368) | 4,033,868 |
| | 02-0454980 | Behavioral Health Network, Inc. | | | | | 211,146 | | | | 211,146 | |
| 54801 | 58-0469845 | Blue Cross and Blue Shield of Georgia, Inc. | (167,800,000) | 16,256,593 | | | (225,418,918) | | | | (376,962,325) | |
| 96962 | 58-1638390 | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | (62,000,000) | | | | (240,344,091) | | | | (302,344,091) | |
| 54003 | 39-0138065 | Blue Cross Blue Shield of Wisconsin | (118,000,000) | 37,255,762 | | | (92,701,376) | (222,183) | | 43,942,226 | (129,725,571) | (91,171) |
| | 95-3760980 | Blue Cross of California | (537,500,000) | (85,000,000) | | | 196,790,559 | | | | (425,709,441) | |
| | 20-2994048 | Blue Cross of California Partnership Plan, Inc. | | 85,000,000 | | | (72,560,427) | | | | 12,439,573 | |
| | 58-2217138 | Cerulean Companies, Inc. | | (16,256,593) | | | (5,993,631) | | | | (22,250,224) | |
| | 39-1413702 | Claim Management Services, Inc. | | | | | (23,878,869) | | | | (23,878,869) | |
| 10345 | 31-1440175 | Community Insurance Company | (292,986,000) | (45,440,241) | | | (501,173,451) | 519,604 | | (17,821,315) | (856,901,403) | |
| 95693 | 39-1462554 | Compcare Health Services Insurance Corporation | | (37,207,886) | | | (47,464,964) | | | | (84,672,850) | |
| | 94-2785058 | Comprehensive Integrated Marketing Services, Inc. | | | | | 13,702,601 | | | | 13,702,601 | |
| | 33-0413979 | Cost Care, Inc. | | | | | 6,704,626 | | | | 6,704,626 | |
| | 20-0334650 | Crossroads Acquisition Corp. | | (3,247,876) | | | 3,848,299 | | | | 600,423 | |
| | 43-1394810 | Diversified Life Insurance Agency of Missouri, Inc. | | | | | (20,474) | | | | (20,474) | |
| | 13-3934328 | EHC Benefits Agency, Inc. | | | | | 30,013,615 | | | | 30,013,615 | |
| 55093 | 23-7391136 | Empire HealthChoice Assurance, Inc. | (25,000,000) | 15,000,000 | | | (780,440,555) | | | | (790,440,555) | |
| 95433 | 13-3874803 | Empire HealthChoice HMO, Inc. | (50,000,000) | | | | (208,745,779) | | | | (258,745,779) | |
| | 43-1047923 | Forty-Four Forty-Four Forest Park Redevelopment Corp. | | | | | (28,697) | | | | (28,697) | |
| | 95-2907752 | Golden West Health Plan, Inc. | | | | | (3,425,644) | | | | (3,425,644) | |
| 97217 | 58-1473042 | Greater Georgia Life Insurance Company | (2,200,000) | | | | (4,557,089) | | | | (6,757,089) | |
| | 51-0365660 | Health Core, Inc. | | | | | (5,254,537) | | | | (5,254,537) | |
| | 54-1237939 | Health Management Corporation | | | | | (4,438,167) | | | | (4,438,167) | |
| | 84-0976041 | Health Management Systems, Inc. | | | | | (4,342,475) | | | | (4,342,475) | |

# SCHEDULE Y (Continued)

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 36-3897701 | Health Ventures Partner, LLC | | | | | (91) | | | | (91) | |
| 95169 | 54-1356687 | HealthKeepers, Inc. | (47,049,663) | | | | (92,552,462) | (736,967) | | | (140,339,092) | |
| 96475 | 43-1616135 | HealthLink HMO, Inc. | | | | | 9,122,698 | | | | 9,122,698 | |
| | 43-1364135 | HealthLink, Inc. | | | | | (68,428,699) | | | | (68,428,699) | |
| | 06-1428584 | HealthReach Services, Inc. | | | | | 120,621 | | | | 120,621 | |
| 78972 | 86-0257201 | Healthy Alliance Life Insurance Company | (48,000,000) | | | | (158,473,179) | (2,661,517) | | | (209,134,696) | (2,200,000) |
| | 23-2903313 | Highway to Health, Inc. | | | | | | 5,816,205 | | | 5,816,205 | (13,830,049) |
| 95473 | 84-1017384 | HMO Colorado, Inc. | (14,328,941) | | | | (24,642,282) | | | | (38,971,223) | |
| 95358 | 37-1216698 | HMO Missouri, Inc. | | (9,809,372) | | | (37,073,196) | 2,661,517 | | | (44,221,051) | 2,200,000 |
| | 39-1582567 | HMO-W, Inc. | | | | | 25 | | | | 25 | |
| | 98-0408753 | HTH Re, Ltd. | | | | | | 1,761,446 | | | 1,761,446 | (4,033,868) |
| | 95-4613835 | Insurance4 Agency, Inc. | | | | | 438,705 | | | | 438,705 | |
| | 04-3371737 | Landmark Solutions, Inc. | | | | | 1,148,541 | | | | 1,148,541 | |
| | 94-3214943 | Lease Partners, Inc. | | | | | 10,067 | | | | 10,067 | |
| | 54-1958839 | Lumenos, Inc. | | | | | 27,288,873 | | | | 27,288,873 | |
| | 01-0316758 | Machigonne, Inc. | | | | | 209,178 | | | 10,471,959 | 10,681,137 | |
| 95527 | 02-0494919 | Matthew Thornton Health Plan, Inc. | | | | | (88,127,199) | | | | (88,127,199) | |
| | 39-2013971 | Meridian Resource Company, LLC | | | | | (13,497,208) | | | | (13,497,208) | |
| | 54-0946534 | Monticello Service Agency, Inc. | | | | | (195,857) | | | | (195,857) | |
| | 54-1759184 | National Capital Health Plan, Inc. | | | | | 532 | | | | 532 | |
| | 52-1519940 | National Capital Preferred Provider Organization, Inc. | | | | | (7,340,791) | | | | (7,340,791) | |
| | 35-1840597 | National Government Services, Inc. | | | | | (8,017,269) | | | 10,643,580 | 2,626,311 | |
| | 31-1188944 | OneNation Benefit Administrators, Inc. | | | | | 1,792,088 | | | (138,195) | 1,653,893 | |
| 85286 | 75-1461960 | OneNation Insurance Company | | | | | (13,128,380) | 524,636 | | 5,141,830 | (7,461,914) | 8,994,333 |
| 95167 | 54-1650230 | Peninsula Health Care, Inc. | (6,173,886) | | | | (11,052,823) | (879,915) | | | (18,106,624) | 472,912 |
| | 74-2974964 | Precision Rx, Inc. | | | | | (41,274,628) | | | | (41,274,628) | |
| 96512 | 54-1239244 | Priority Health Care, Inc. | (18,003,770) | | | | (27,115,416) | 89,656 | | | (45,029,530) | 13,221 |
| | 54-1619756 | Priority, Inc. | | | | | 3,517,721 | | | | 3,517,721 | |
| | 16-1279199 | Professional Claim Services, Inc. | | | | | 5,198,114 | | | | 5,198,114 | |
| 12490 | 20-3286427 | QualChoice Select, Inc. | | | | | (2,021,001) | | | | (2,021,001) | |
| | 43-1595640 | R & P Realty, Inc. | | | | | 637,127 | | | | 637,127 | |
| | 13-4045425 | Reliance Safeguard Solutions, Inc. | | | | | 319,478 | | | | 319,478 | |
| 83640 | 36-3506910 | RightCHOICE Insurance Company | | | | | (235,893) | | | | (235,893) | |
| | 47-0851593 | RightCHOICE Managed Care, Inc. | | 9,809,372 | | | 26,127,441 | | | | 35,936,813 | |
| | 84-1050592 | Rocky Mountain Health Care Corporation | | | | | 227,980 | | | | 227,980 | |
| 11011 | 84-0747736 | Rocky Mountain Hospital and Medical Service, Inc. | (86,043,947) | 48,256,257 | | | (180,642,388) | | | 622 | (218,429,456) | |
| | 20-0473316 | SellCore, Inc. | | | | | 2,965,974 | | | | 2,965,974 | |
| | 55-0712302 | Southeast Services, Inc. | | | | | 41,493,806 | | | | 41,493,806 | |
| | 20-3806260 | Summit Adminstrative Services, LLC | | | | | (1,284,377) | | | | (1,284,377) | |
| | 35-1835818 | The WellPoint Companies, Inc. | | | | | 2,447,039,798 | | | 56,059,147 | 2,503,098,945 | |
| | 43-1967924 | TrustSolutions, LLC | | 3,200,000 | | | (1,477,200) | | | | 1,722,800 | |
| 10076 | 76-0646301 | UNICARE Health Insurance Company of Texas | | | | | (1,732,826) | | | | (1,732,826) | |
| 70700 | 36-3304416 | UNICARE Health Insurance Company of the Midwest | | 5,000,000 | | | (52,414,812) | | | | (47,414,812) | |
| | 20-4842073 | UNICARE Health Plan of Kansas, Inc. | | | | | 480,755 | | | | 480,755 | |
| 52616 | 73-1580767 | UNICARE Health Plan of Oklahoma, Inc. | | | | | 460,788 | | | | 460,788 | |
| 12612 | 20-4842017 | UNICARE Healh Plan of South Carolina, Inc. | | | | | (8,146) | | | | (8,146) | |
| 11170 | 52-2305332 | UNICARE Health Plans of Virginia, Inc. | | | | | | 629,331 | | | 629,331 | |

# SCHEDULE Y (Continued)

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11810 | 84-1620480 | UNICARE Health Plan of West Virginia, Inc. | | 10,000,000 | | | (16,268,240) | | | | (6,268,240) | |
| | 36-3897080 | UNICARE Health Plans (partnership) | | | | | 16,268,940 | | | | 16,268,940 | |
| 95420 | 74-2151310 | UNICARE Health Plans of Texas, Inc. | | | | | (8,365,842) | | | | (8,365,842) | |
| 95505 | 36-3897076 | UNICARE Health Plans of the Midwest, Inc. | | | | | (34,073,864) | | | | (34,073,864) | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | | 435,025 | | | (223,492,137) | (6,223,353) | | | (229,280,465) | 13,921,220 |
| | 95-4635507 | UNICARE National Services, Inc. | 5,227,218 | (435,025) | | | 2,666,788 | | | | 7,458,981 | |
| | 76-0427315 | UNICARE of Texas Health Plans, Inc. | | | | | 390 | | | | 390 | |
| | 77-0494551 | UNICARE Specialty Services, Inc. | | | | | 51,928 | | | | 51,928 | |
| | 39-1946735 | United Government Services, LLC | | | | | (7,266,012) | | | | (7,266,012) | |
| 83500 | 31-1311460 | United Heartland Life Insurance Company | | | | | 423,699 | | | | 423,699 | |
| | 14-1846742 | WellChoice Holdings of New York, Inc. | | | | | 12,120 | | | | 12,120 | |
| 61705 | 51-0346846 | WellChoice Insurance Company of New Jersey, Inc. | | (15,000,000) | | | (683,359) | | | | (15,683,359) | |
| | 95-4613835 | WellPoint Behavioral Health, Inc. | | | | | (164,103) | | | | (164,103) | |
| | 95-4640531 | WellPoint California Services, Inc. | | | | | (2,588,795) | | | | (2,588,795) | |
| | 95-4657170 | WellPoint Dental Services, Inc. | | | | | (857,086) | | | | (857,086) | |
| | 95-4454589 | WellPoint Development Company, Inc. | | | | | 9,303,066 | | | | 9,303,066 | |
| | 20-3620996 | WellPoint Holding Corp. | (44,218,943) | | | | 807,707,961 | | | | 763,489,018 | |
| | 35-2145715 | WellPoint, Inc. | 2,283,852,251 | 350,683,095 | | | 1,711,116,612 | | | | 4,345,651,958 | |
| 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 Risk-Based Capital Report be filed with the NAIC by March 1? | YES |
| 4. | Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1? | YES |
| | **APRIL FILING** | |
| 5. | Will the Management's Discussion and Analysis be filed by April 1? | YES |
| 6. | Will the Supplemental Investment Risk Interrogatories be filed by April 1? | YES |
| 7. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| | **JUNE FILING** | |
| 8. | Will an audited financial report be filed by June 1? | YES |

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

| | | |
|---|---|---|
| | **MARCH FILING** | |
| 9. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 10. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 11. | Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| | **APRIL FILING** | |
| 14. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 15. | Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | NO |
| 16. | 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:**

**BAR CODE:**

*9647520063600000*
*9647520062050000*
*9647520062070000*
*9647520064200000*
*9647520063650000*
*9647520063300000*
*9647520062110000*
*9647520062130000*

# Overflow Page
# NONE


# Overflow Page
# NONE

* 9 6 4 7 5 2 0 0 6 2 0 7 0 0 0 0 0 *

# PROPERTY/CASUALTY SUPPLEMENTS

**NONE**

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2006

Of the.....HealthLink HMO, Inc.

ADDRESS .....St. Louis MO 63141

NAIC Group Code.....671 NAIC Company Code.....96475 Employer's ID Number.....43-1616135

## Sch. F-Pt. 1
NONE

## Sch. F-Pt. 3
NONE

## Sch. P-Pt. 1-Summary
NONE

## Sch. P-Pt. 1A
NONE

## Sch. P-Pt. 1B
NONE

## Sch. P-Pt. 1C
NONE

## Sch. P-Pt. 1D
NONE

## Sch. P-Pt. 1E
NONE

## Sch. P-Pt. 1F-Sn. 1
NONE

## Sch. P-Pt. 1F-Sn. 2
NONE

## Sch. P-Pt. 1G
NONE

## Sch. P-Pt. 1H-Sn. 1
NONE

## Sch. P-Pt. 1H-Sn. 2
NONE

## Sch. P-Pt. 1I
NONE

## Sch. P-Pt. 1J
NONE

## Sch. P-Pt. 1K
NONE

## Sch. P-Pt. 1L
NONE

## Sch. P-Pt. 1M
NONE

## Sch. P-Pt. 1N
NONE

## Sch. P-Pt. 1O
NONE

## Sch. P-Pt. 1P
NONE

## Sch. P-Pt. 1R-Sn. 1
NONE

## Sch. P-Pt. 1R-Sn. 2
NONE

## Sch. P-Pt. 1S
NONE

## Sch. P-Pt. 2-Summary
NONE

## Sch. P-Pt. 2A
NONE

## Sch. P-Pt. 2B
NONE

## Sch. P-Pt. 2C
NONE

## Sch. P-Pt. 2D
NONE

## Sch. P-Pt. 2E
NONE

## Sch. P-Pt. 2F-Sn. 1
NONE

## Sch. P-Pt. 2F-Sn. 2
NONE

## Sch. P-Pt. 2G
NONE

## Sch. P-Pt. 2H-Sn. 1
NONE

## Sch. P-Pt. 2H-Sn. 2
NONE

## Sch. P-Pt. 2I
NONE

## Sch. P-Pt. 2J
NONE

## Sch. P-Pt. 2K
NONE

## Sch. P-Pt. 2L
NONE

## Sch. P-Pt. 2M
NONE

## Sch. P-Pt. 2N
## NONE

## Sch. P-Pt. 2O
## NONE

## Sch. P-Pt. 2P
## NONE

## Sch. P-Pt. 2R-Sn. 1
## NONE

## Sch. P-Pt. 2R-Sn. 2
## NONE

## Sch. P-Pt. 2S
## NONE

Supplement for the year 2006 of the **HealthLink HMO, Inc.**

# EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

* 9 6 4 7 5 2 0 0 6 2 0 8 5 9 1 0 0 *

NAIC Group Code.....671 NAIC Company Code....96475

BUSINESS IN GRAND TOTAL DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied lines | | | | | | | | | | | | |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 3. Farmowners multiple peril | | | | | | | | | | | | |
| 4. Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | | | | |
| 9. Inland marine | | | | | | | | | | | | |
| 10. Financial guaranty | | | | | | | | | | | | |
| 11. Medical malpractice | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group accident and health (b) | | | | | | | | | | | | |
| 14. Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b) | | | | | | | | | | | | |
| 15.2 Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A & H (b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 All other A & H (b) | | | | | | | | | | | | |
| 15.7 Federal employees health benefits program premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17. Other liability | | | | | | | | | | | | |
| 18. Products liability | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | | | | |
| 27. Boiler and machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 33. Aggregate write-ins for other lines of business | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34. TOTALS (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**NONE**

**DETAILS OF WRITE-INS**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3301. | | | | | | | | | | | | |
| 3302. | | | | | | | | | | | | |
| 3303. | | | | | | | | | | | | |
| 3398. Summary of remaining write-ins for Line 33 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Finance and service charges not included in Lines 1 to 34 $.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

## Overflow Page for Write-Ins

# NONE