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ANNUAL STATEMENT

For the Year Ended December 31, 2007

of the Condition and Affairs of the

Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company

NAIC Group Code.....876, 876 (Current Period) (Prior Period) NAIC Company Code..... 83470 Employer's ID Number..... 71-0226428

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

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

Incorporated/Organized..... December 10, 1948 Commenced Business..... March 2, 1949

Statutory Home Office	601 S. Gaines….. Little Rock ..... AR ..... 72201 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	601 S. Gaines….. Little Rock ..... AR ..... 72201 *(Street and Number) (City or Town, State and Zip Code)*	501-378-2000 *(Area Code) (Telephone Number)*
Mail Address	601 S. Gaines….. Little Rock ..... AR ..... 72201 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	601 S. Gaines….. Little Rock ..... AR ..... 72201 *(Street and Number) (City or Town, State and Zip Code)*	501-378-2000 *(Area Code) (Telephone Number)*
Internet Website Address	www.arkansasbluecross.com	
Statutory Statement Contact	Steven James Short *(Name)*	501-378-2581 *(Area Code) (Telephone Number) (Extension)*
	sjshort@arkbluecross.com *(E-Mail Address)*	501-378-5633 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Robert Lee Shoptaw	Chief Executive Officer	2. James Lee Douglass	Secretary
3. Paul Mark White	Treasurer	4. Sharon Kay Allen	President & COO

OTHER

Stephen William Abell
David Frank Bridges
Richard Shelby Cooper
James Lee Douglass
Calvin Eugene Kellogg
Karen Cox Raley
Joseph Steven Smith
Paul Mark White
James Sterling Adamson Jr., MD
Michael Wayne Brown
Ronald Walter DeBerry
James Robert Heard
Samuel Patterson Partin III
Steven James Short
Steven Aaron Spaulding

DIRECTORS OR TRUSTEES

Carolyn Frazier Blakely PhD
Bradley Dean Jesson
Hayes Candour McClerkin
Ben Edwin Owens
James Leslie Wyatt PhD
Susan Glover Brittain
James Virgil Kelley
George Key Mitchell MD
Robert Lee Shoptaw
Robert Vincent Brothers
Mahlon Ogden Maris MD
Robert Daniel Nabholz
Patty Fulbright Smith
Mark William Greenway
James Thomas May
Marla Johnson Norris #
Sherman Ellis Tate

State of..... Arkansas
County of..... Pulaski

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 of the enclosed statement (except for formatting differences due to electronic filing). The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Robert Lee Shoptaw	James Lee Douglass	Paul Mark White
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chief Executive Officer	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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed	49,333,659	389,517	29,338	51,563	51,563	49,752,513
0299999. Total group	49,333,659	389,517	29,338	51,563	51,563	49,752,513
0599999. Accident and health premiums due and unpaid (Page 2, Line 13)	49,333,659	389,517	29,338	51,563	51,563	49,752,513

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
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually	2,968,889	494,988	494,988	1,471,864	1,471,864	3,958,865
0199999. Total Pharmaceutical Rebate Receivables	2,968,889	494,988	494,988	1,471,864	1,471,864	3,958,865
Other Receivables						
Federal Employee Program Receivable	23,922,611					23,922,611
Miscellaneous Receivables	2,984,975			822,467	822,467	2,984,975
0699999. Total Other Receivables	26,907,586	0	0	822,467	822,467	26,907,586
0799999. Total Health Care Receivables	29,876,475	494,988	494,988	2,294,331	2,294,331	30,866,451

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)						
0399999. Aggregate accounts not individually listed - covered	6,333,683	1,166,790	12,757			7,513,230
0499999. Subtotals	6,333,683	1,166,790	12,757	0	0	7,513,230
0599999. Unreported claim and other claim reserves						102,643,272
0799999. Total claims unpaid						110,156,502
0899999. Accrued medical incentive pool and bonus amounts						44,259

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							
Pinnacle Business Solutions, Inc.	12,118,415	8,996,158	11,715,282			12,118,415	20,711,440
HMO Partners, Inc.	6,837,064					6,837,064	
USAble Corporation	4,660,827	1,325,678				4,660,827	1,325,678
0199999. Individually listed receivables	23,616,306	10,321,836	11,715,282	0	0	23,616,306	22,037,118
0299999. Receivables not individually listed	251,562	2,416	117,228			251,562	119,644
0399999. Total gross amounts receivable	23,867,868	10,324,252	11,832,510	0	0	23,867,868	22,156,762

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Pinnacle Business Solutions, Inc.	Intercompany	6,719,623	338,480	6,381,143
HMO Partners, Inc.	Intercompany	2,019,648	2,019,648	
0199999. Individually listed payables		8,739,271	2,358,128	6,381,143
0299999. Payables not individually listed		908,124	908,124	
0399999. Total gross payables		9,647,395	3,266,252	6,381,143

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.0				
2. Intermediaries		0.0				
3. All other providers		0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service		0.0	XXX	XXX		
6. Contractual fee payments	805,510,885	100.0	XXX	XXX	588,352,110	217,158,775
7. Bonus/withhold arrangements - fee-for-service		0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments		0.0	XXX	XXX		
9. Non-contingent salaries		0.0	XXX	XXX		
10. Aggregate cost arrangements		0.0	XXX	XXX		
11. All other payments		0.0	XXX	XXX		
12. Total other payments	805,510,885	100.0	XXX	XXX	588,352,110	217,158,775
13. Total (Line 4 plus Line 12)	805,510,885	100.0	XXX	XXX	588,352,110	217,158,775

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

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	27,521,452		21,604,647	6,147,805	6,147,805	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	27,521,452	0	21,604,647	6,147,805	6,147,805	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company 2. Little Rock, AR

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

NAIC Group Code.....876

NAIC Company Code.....83470

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	425,159	93,734	147,035	108,537		13,856	54,234			7,763
2. First quarter	419,682	92,875	138,421	107,247	3,883	13,984	55,239	318		7,715
3. Second quarter	416,214	93,227	135,244	106,145	3,980	14,277	55,216	386		7,739
4. Third quarter	413,276	93,242	132,119	105,970	4,037	14,421	55,326	424		7,737
5. Current year	413,480	93,001	131,571	106,133	4,153	14,656	55,561	466		7,939
6. Current year member months	4,988,795	1,115,058	1,618,073	1,280,559	43,911	170,691	662,677	4,590		93,236
Total Member Ambulatory Encounters for Year:										
7. Physician	22,284,225	1,704,299	3,615,070	16,683,369		281,487				
8. Non-physician	2,316,472	427,735	1,130,575	758,162						
9. Totals	24,600,697	2,132,034	4,745,645	17,441,531	0	281,487	0	0	0	0
10. Hospital patient days incurred	422,728	14,322	40,494	367,912						
11. Number of inpatient admissions	56,621	3,968	11,575	41,078						
12. Health premiums written (b)	946,661,223	168,093,159	348,841,950	175,169,873	402,787	18,365,941	209,180,090	353,731		26,253,692
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	945,312,073	167,853,598	348,344,792	174,920,227	402,213	18,339,767	208,881,973	353,227		26,216,276
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	805,510,885	127,230,700	297,406,444	152,457,420	320,418	14,377,538	194,138,364	326,266		19,253,735
18. Amount incurred for provision of health care services	806,716,643	128,081,451	291,899,767	153,897,220	334,929	13,897,157	197,090,641	326,622		21,188,856

(a) For health business: number of persons insured under PPO managed care products.....276,339 and number of persons insured under indemnity only products.....137,141.

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company 2. Little Rock, AR

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

NAIC Group Code.....876

NAIC Company Code.....83470

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	425,159	93,734	147,035	108,537		13,856	54,234			7,763
2. First quarter	419,682	92,875	138,421	107,247	3,883	13,984	55,239	318		7,715
3. Second quarter	416,214	93,227	135,244	106,145	3,980	14,277	55,216	386		7,739
4. Third quarter	413,276	93,242	132,119	105,970	4,037	14,421	55,326	424		7,737
5. Current year	413,480	93,001	131,571	106,133	4,153	14,656	55,561	466		7,939
6. Current year member months	4,988,795	1,115,058	1,618,073	1,280,559	43,911	170,691	662,677	4,590		93,236
Total Member Ambulatory Encounters for Year:										
7. Physician	22,284,225	1,704,299	3,615,070	16,683,369		281,487				
8. Non-physician	2,316,472	427,735	1,130,575	758,162						
9. Totals	24,600,697	2,132,034	4,745,645	17,441,531	0	281,487	0	0	0	0
10. Hospital patient days incurred	422,728	14,322	40,494	367,912						
11. Number of inpatient admissions	56,621	3,968	11,575	41,078						
12. Health premiums written (b)	946,661,223	168,093,159	348,841,950	175,169,873	402,787	18,365,941	209,180,090	353,731		26,253,692
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	945,312,073	167,853,598	348,344,792	174,920,227	402,213	18,339,767	208,881,973	353,227		26,216,276
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	805,510,885	127,230,700	297,406,444	152,457,420	320,418	14,377,538	194,138,364	326,266		19,253,735
18. Amount incurred for provision of health care services	806,716,643	128,081,451	291,899,767	153,897,220	334,929	13,897,157	197,090,641	326,622		21,188,856

(a) For health business: number of persons insured under PPO managed care products.....276,339 and number of persons insured under indemnity only products.....137,141.

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

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year	43,064,771
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	(2,573,286)
2.2	Totals, Part 3, Column 8	
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	3,401,192
4.2	Totals, Part 3, Column 10	
5.	Total profit (loss) on sales, Part 3, Column 15	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 9	
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	
8.	Book/adjusted carrying value at end of current period	43,892,677
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	43,892,677
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	43,892,677

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		56,416,481
2.	Cost of acquisitions during year:		
2.1	Actual cost at time of acquisitions	4,210,456	
2.2	Additional investment made after acquisitions	500,000	4,710,456
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		(1,144,298)
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		59,982,639
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		59,982,639
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		59,982,639

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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Class 1	104,045,503	129,079,466				233,124,969	66.7	202,498,436	64.6	233,124,969	
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	104,045,503	129,079,466	0	0	0	233,124,969	66.7	202,498,436	64.6	233,124,969	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	7,343,204	24,553,035				31,896,239	9.1	26,774,560	8.5	31,896,239	
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	7,343,204	24,553,035	0	0	0	31,896,239	9.1	26,774,560	8.5	31,896,239	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Class 1		1,772,618				1,772,618	0.5	1,806,411	0.6	1,772,618	
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	1,772,618	0	0	0	1,772,618	0.5	1,806,411	0.6	1,772,618	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Class 1	7,493,039	3,278,811				10,771,850	3.1	16,515,875	5.3	10,771,850	
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	7,493,039	3,278,811	0	0	0	10,771,850	3.1	16,515,875	5.3	10,771,850	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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Class 1	658,969	1,977,526				2,636,495	0.8	680,620	0.2	2,636,496	
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	658,969	1,977,526	0	0	0	2,636,495	0.8	680,620	0.2	2,636,496	0
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Class 1	32,296,798	27,178,312				59,475,110	17.0	46,720,170	14.9	59,475,111	
7.2 Class 2	4,038,833	2,967,313				7,006,146	2.0	14,482,627	4.6	7,006,146	
7.3 Class 3		2,770,061		217,887		2,987,948	0.9	2,735,999	0.9	2,987,948	
7.4 Class 4						0	0.0	1,398,867	0.4		
7.5 Class 5						0	0.0		0.0		
7.6 Class 6						0	0.0		0.0		
7.7 Totals	36,335,631	32,915,686	0	217,887	0	69,469,204	19.9	65,337,663	20.8	69,469,205	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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. **Total Bonds Current Year**											
10.1 Class 1	151,837,513	187,839,768	0	0	0	339,677,281	97.1	XXX	XXX	339,677,283	0
10.2 Class 2	4,038,833	2,967,313	0	0	0	7,006,146	2.0	XXX	XXX	7,006,146	0
10.3 Class 3	0	2,770,061	0	217,887	0	2,987,948	0.9	XXX	XXX	2,987,948	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	155,876,346	193,577,142	0	217,887	0	(b) 349,671,375	100.0	XXX	XXX	349,671,377	0
10.8 Line 10.7 as a % of Col. 6	44.6	55.4	0.0	0.1	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. **Total Bonds Prior Year**											
11.1 Class 1	114,412,526	179,675,421	689,762		218,363	XXX	XXX	294,996,072	94.1	294,996,072	
11.2 Class 2	3,477,218	11,005,409				XXX	XXX	14,482,627	4.6	14,482,627	
11.3 Class 3		2,735,999				XXX	XXX	2,735,999	0.9	2,735,999	
11.4 Class 4	1,398,867					XXX	XXX	1,398,867	0.4	1,398,867	
11.5 Class 5						XXX	XXX	(c) 0	0.0		
11.6 Class 6						XXX	XXX	(c) 0	0.0		
11.7 Totals	119,288,611	193,416,829	689,762	0	218,363	XXX	XXX	(b) 313,613,565	100.0	313,613,565	0
11.8 Line 11.7 as a % of Col. 8	38.0	61.7	0.2	0.0	0.1	XXX	XXX	100.0	XXX	100.0	0.0
12. **Total Publicly Traded Bonds**											
12.1 Class 1	151,837,513	187,839,769				339,677,282	97.1	294,996,072	94.1	339,677,282	XXX
12.2 Class 2	4,038,833	2,967,313				7,006,146	2.0	14,482,627	4.6	7,006,146	XXX
12.3 Class 3		2,770,061		217,887		2,987,948	0.9	2,735,999	0.9	2,987,948	XXX
12.4 Class 4						0	0.0	1,398,867	0.4	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	155,876,346	193,577,143	0	217,887	0	349,671,376	100.0	313,613,565	100.0	349,671,376	XXX
12.8 Line 12.7 as a % of Col. 6	44.6	55.4	0.0	0.1	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	44.6	55.4	0.0	0.1	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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Issuer Obligations	104,045,503	129,079,466				233,124,969	66.7	202,498,436	64.6	233,124,969	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0		0.0		
1.7 Totals	104,045,503	129,079,466	0	0	0	233,124,969	66.7	202,498,436	64.6	233,124,969	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	7,343,204	24,553,035				31,896,239	9.1	26,774,560	8.5	31,896,239	
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	7,343,204	24,553,035	0	0	0	31,896,239	9.1	26,774,560	8.5	31,896,239	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Issuer Obligations		1,772,618				1,772,618	0.5	1,806,411	0.6	1,772,618	
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	1,772,618	0	0	0	1,772,618	0.5	1,806,411	0.6	1,772,618	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Issuer Obligations	7,493,039	3,278,811				10,771,850	3.1	16,515,875	5.3	10,771,850	
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	7,493,039	3,278,811	0	0	0	10,771,850	3.1	16,515,875	5.3	10,771,850	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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Issuer Obligations	658,969	1,977,526				2,636,495	0.8	680,620	0.2	2,636,496	
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	658,969	1,977,526	0	0	0	2,636,495	0.8	680,620	0.2	2,636,496	0
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Issuer Obligations	36,335,631	32,915,687		217,887		69,469,205	19.9	65,337,664	20.8	69,469,205	
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	36,335,631	32,915,687	0	217,887	0	69,469,205	19.9	65,337,664	20.8	69,469,205	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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. **Total Bonds Current Year**											
10.1 Issuer Obligations	155,876,346	193,577,143	0	217,887	0	349,671,376	100.0	XXX	XXX	349,671,377	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	155,876,346	193,577,143	0	217,887	0	349,671,376	100.0	XXX	XXX	349,671,377	0
10.8 Line 10.7 as a % of Col. 6	44.6	55.4	0.0	0.1	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. **Total Bonds Prior Year**											
11.1 Issuer Obligations	119,288,612	193,416,830	689,762		218,363	XXX	XXX	313,613,567	100.0	313,613,567	
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	119,288,612	193,416,830	689,762	0	218,363	XXX	XXX	313,613,567	100.0	313,613,567	0
11.8 Line 11.7 as a % of Col. 8	38.0	61.7	0.2	0.0	0.1	XXX	XXX	100.0	XXX	100.0	0.0
12. **Total Publicly Traded Bonds**											
12.1 Issuer Obligations	155,876,346	193,577,144		217,887		349,671,377	100.0	313,613,567	100.0	349,671,377	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	155,876,346	193,577,144	0	217,887	0	349,671,377	100.0	313,613,567	100.0	349,671,377	XXX
12.8 Line 12.7 as a % of Col. 6	44.6	55.4	0.0	0.1	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	44.6	55.4	0.0	0.1	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 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value December 31 of prior year	59,925,876	59,925,876			
2. Cost of short-term investments acquired	712,928,515	712,928,515			
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	680,788,895	680,788,895			
7. Book/adjusted carrying value, current year	92,065,496	92,065,496	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	92,065,496	92,065,496	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	92,065,496	92,065,496	0	0	0
12. Income collected during year	3,748,712	3,748,712			
13. Income earned during year	3,765,322	3,765,322			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

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

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
Affiliates											
95442	71-0747497	04/01/1996	HMO Partners, Inc.	Little Rock, AR	OTH/A/G	61,747,333			7,262,603		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	Little Rock, AR	ASL/A/G	1,299,266			330,924		
94358	71-0505232	10/01/2002	USAble Life	Little Rock, AR	QA/A/G	10,944,999			1,568,041		
0199999.	Total - Affiliates					73,991,598	0	0	9,161,568	0	0
0399999.	Totals					73,991,598	0	0	9,161,568	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates						
76031	59-2876465	07/01/2005	Florida Combined Life Insurance Company	Jacksonville, FL	1,411,950	1,248,792
0499999.	Total - Affiliates				1,411,950	1,248,792
Accident and Health - Non-Affiliates						
67660	23-1305366	01/01/2006	Pennsylvania Life Insurance Company	Lemoyne, Pennsylvania	15,506,917	146,922
	20-2840526	01/01/2006	Pharmacare Captive RE LLC	Lincoln, Rhode Island	15,506,917	146,922
0599999.	Total - Non-Affiliates				31,013,834	293,843
0699999.	Total - Accident and Health				32,425,784	1,542,635
0799999.	Totals - Life, Annuity and Accident and Health				32,425,784	1,542,635

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Affiliates												
76031	59-2876465	02/01/2005	Florida Combined Life Insurance Company	Jacksonville, FL	OTH/I	246,568		147,191				
76031	59-2876465	02/01/2005	Florida Combined Life Insurance Company	Jacksonville, FL	OTH/G	135,062		80,626				
76031	59-2876465	02/01/2005	Florida Combined Life Insurance Company	Jacksonville, FL	OTH/I	15,777,998		1,020,975				
76031	59-2876465	02/01/2005	Florida Combined Life Insurance Company	Jacksonville, FL	OTH/G	4,060,219						
0199999.	Total - Authorized General Account - Affiliates					20,219,847	0	1,248,792	0	0	0	0
Authorized General Account - Non-Affiliates												
67660	23-1305366	01/01/2006	Pennsylvania Life Insurance Company	Lemoyne, PA	OTH/I	8,627,037		146,922				
0299999.	Total - Authorized General Account - Non-Affiliates					8,627,037	0	146,922	0	0	0	0
0399999.	Total - Authorized General Account					28,846,884	0	1,395,714	0	0	0	0
Unauthorized General Account - Non-Affiliates												
	20-2840526	01/01/2006	Pharmacare Captive RE LLC	Lincoln, RI	OTH/I	8,627,037		146,922				
0599999.	Total - Unauthorized General Account - Non-Affiliates					8,627,037	0	146,922	0	0	0	0
0699999.	Total - Unauthorized General Account					8,627,037	0	146,922	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					37,473,921	0	1,542,636	0	0	0	0
1599999.	Totals					37,473,921	0	1,542,636	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
GENERAL ACCOUNTS, ACCIDENT AND HEALTH													
Non-Affiliates													
	20-2840526	01/01/2006	Pharmacare Captive RE LLC	146,922	15,653,839		15,800,760			2,114,457			2,114,457
0599999.	Total - General Account-A&H - Non-Affiliates			146,922	15,653,839	0	15,800,760	0	0	2,114,457	0	0	2,114,457
0699999.	Total - General Account - Accident and Health			146,922	15,653,839	0	15,800,760	0	0	2,114,457	0	0	2,114,457
0799999.	Total - General Account - Life, Annuity and Accident and Health			146,922	15,653,839	0	15,800,760	0	0	2,114,457	0	0	2,114,457
1199999.	Total (General Account and Separate Accounts Combined)			146,922	15,653,839	0	15,800,760	0	0	2,114,457	0	0	2,114,457

SCHEDULE S - PART 5

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

	1 2007	2 2006	3 2005	4 2004	5 2003
A. OPERATIONS ITEMS					
1. Premiums	37,474	35,720	8,824		
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	32,426	15,146	7,021		
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset	2,114				
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	2,114				
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

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)	753,739,493		753,739,493
2.	Accident and health premiums due and unpaid (Line 13)	49,752,513		49,752,513
3.	Amounts recoverable from reinsurers (Line 14.1)	32,425,784	32,425,784	64,851,568
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	121,823,858		121,823,858
6.	Totals assets (Line 26)	957,741,648	32,425,784	990,167,432
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	108,613,867	1,542,635	110,156,502
8.	Accrued medical incentive pool and bonus payments (Line 2)	44,259		44,259
9.	Premiums received in advance (Line 8)	10,770,864		10,770,864
10.	Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)	4,228,914	4,228,914	8,457,828
11.	Reinsurance in unauthorized companies (Line 18)			0
12.	All other liabilities (balance)	322,752,280	26,654,235	349,406,515
13.	Total liabilities (Line 22)	446,410,184	32,425,784	478,835,968
14.	Total capital and surplus (Line 31)	511,331,465	XXX	511,331,465
15.	Total liabilities, capital and surplus (Line 32)	957,741,649	32,425,784	990,167,433
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	1,542,635		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	(32,425,784)		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	(30,883,149)		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	(4,228,914)		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	(26,654,235)		
26.	Total ceded reinsurance payables/offsets	(30,883,149)		
27.	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 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL						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						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

NONE

SCHEDULE Y (Continued)

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
83470	71-0226428	Arkansas Blue Cross and Blue Shield	487,357				125,446,202	5,132,722			131,066,281	(7,593,527)
	71-0525643	Educational Benefits, Inc.	(424,914)				(242,889)				(667,803)	
	71-0628367	Group Service Underwriters, Inc.					(943,815)				(943,815)	
95442	71-0747497	HMO Partners, Inc.	(487,357)				(23,621,971)	(5,132,722)			(29,242,050)	7,593,527
	71-0246079	USAble Corp.									0	
94358	71-0505232	USAble Life	424,914				9,590,823	(5,210,834)			4,804,903	
	71-0653848	Select Data Services					(3,747,577)				(3,747,577)	
76031	59-2876465	Florida Combined Life Insurance Company					12,903	5,210,834			5,223,737	
	27-0111456	Pinnacle Business Solutions, Inc.					(106,493,676)				(106,493,676)	
	20-2621814	Life & Speciality Ventures, LLC									0	
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 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?	YES
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?	YES
	APRIL FILING	
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
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:

83470200720500000

83470200720700000

83470200742000000

83470200721100000

83470200721300000

Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Expense Reimbursement	(289,293)	(163,683)	(1,484,158)		(1,937,134)
2505. Miscellaneous	15,958	(24,819)	1,471,668		1,462,808
2597. Summary of remaining write-ins for Line 25	(273,335)	(188,501)	(12,490)	0	(474,326)

Overflow Page for Write-Ins

NONE

2007 ALPHABETICAL INDEX

(http://www.naic.org/committees_e_app_blanks.htm)

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* 8 3 4 7 0 2 0 0 7 3 6 0 0 4 1 0 0 *

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2007
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....876
Address (City, State and Zip Code).....Little Rock, AR
Person Completing This Exhibit.....Begina Proctor
Title.....Accountant

NAIC Company Code.....83470

Telephone Number.....501-378-5632

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2004				Policies Issued in 2005, 2006 & 2007			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	A71-MP 1/90	P	NO	3, 5	01/01/1984			06/14/1905	Medi-Pak Plus	29,680,533	27,377,027	92.2	13,547	68,451	36,108	52.8	40
YES	A71-MS 1/90	P	NO	3, 5	01/01/1966			06/14/1905	Medi-Pak Standard	1,656,205	1,362,286	82.3	737	36,612	27,782	75.9	20
YES	A71-MO 1/89	P	NO	3, 5	01/01/1989			06/14/1905	Medi-Pak Lo Option	437,777	515,570	117.8	438			0.0	
YES	71-MPA	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	Plan A	727,097	721,597	99.2	644	47,107	27,223	57.8	41
YES	71-MPB	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	Plan B	2,770,886	2,528,763	91.3	1,978	185,558	137,046	73.9	135
YES	71-MPC	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	Plan C	41,657,588	37,052,090	88.9	25,394	6,765,012	5,068,244	74.9	4,186
YES	71-MPD	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	Plan D	17,359,615	15,364,440	88.5	10,054	171,820	121,689	70.8	99
YES	71-MPF	P	NO	1, 2, 3, 4, 6	01/01/1992				Plan F	48,615,200	43,385,811	89.2	29,640	14,958,941	11,501,962	76.9	9,583
YES	71-MPG	P	NO	1, 2, 3, 4, 6	01/01/1992				Plan G	2,363,332	2,385,796	101.0	2,022	1,711,084	1,331,634	77.8	1,667
YES	71-MPI	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	Plan I	1,049,379	702,265	66.9	296	13,557	2,209	16.3	4
YES	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	01/01/1992				Plan INRX			0.0		303,965	336,917	110.8	148
YES	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007				Plan A			0.0		9,661	10,773	111.5	20
YES	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007				Plan B			0.0		73,268	82,749	112.9	120
YES	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007				Plan C			0.0		996,589	1,000,141	100.4	1,212
YES	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007				Plan D			0.0		80,535	66,109	82.1	103
YES	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007				Plan J			0.0		3,025,019	2,562,405	84.7	4,253
YES	EEPMA5-86, 870 and	P	NO	7					Employer's Equitable	155,434	188,584	121.3	89			0.0	
0199999.	Total Policy Experience on Individual Policies									146,473,046	131,584,229	89.8	84,839	28,447,179	22,312,991	78.4	21,631

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 601 Gaines Street LIttle Rock AR 72201
   2.2 Contact person and phone number..... Jean Lockett 501-378-2087
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 601 Gaines Street LIttle Rock AR 72201
   3.2 Contact person and phone number..... Begina Proctor 501-378-5632
4. Explain any policies identified as policy type "O".

* 8 3 4 7 0 2 0 0 7 3 6 5 0 0 1 0 0 *

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code....876 NAIC Company Code.....83470

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected:					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	8,539,392	XXX		XXX	8,539,392
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits	544,590	XXX		XXX	544,590
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	27,595	XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	4,029	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	(480,217)	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	8,566,987	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	(480,217)	XXX	0	XXX	XXX
5.2 Supplemental Benefits	548,619	XXX	0	XXX	XXX
6. Total Premiums	8,635,389	XXX	0	XXX	9,083,982
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	8,584,278	XXX		XXX	8,584,278
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	175,160	XXX		XXX	175,160
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	44,121	XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	446	XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	1,732,642	XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	6,895,757	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	175,606	XXX	0	XXX	XXX
11. Total Claims	7,071,363	XXX	0	XXX	8,759,438
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net To Reimbursements Applied	XXX	19,124,964	XXX		19,124,964
12.2 Reimbursements Received but Not Applied-Change	XXX	15,725,359	XXX		15,725,359
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	1,508,734	XXX		XXX	1,508,734
15. Expenses Incurred	3,547,522	XXX		XXX	XXX
16. Underwriting Gain/Loss	(1,983,496)	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(4,583,795)

83470200720700000

PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2007

Of the.....Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company

ADDRESS .....Little Rock AR 72201

NAIC Group Code.....876 NAIC Company Code.....83470 Employer's ID Number.....71-0226428

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 2007 of the **Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company**

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

* 8 3 4 7 0 2 0 0 7 2 0 8 5 9 1 0 0 *

NAIC Group Code.....876 NAIC Company Code....83470

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 Direct Premiums Written	2 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 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 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

PS32.GT

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