



ANNUAL STATEMENT

For the Year Ended December 31, 2007
of the Condition and Affairs of the

United HealthCare of Arkansas, Inc.

NAIC Group Code.....0707, 0707 (Current Period) (Prior Period) NAIC Company Code..... 95446 Employer's ID Number..... 63-1036819
 Organized under the Laws of Arkansas State of Domicile or Port of Entry Arkansas Country of Domicile US
 Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X]
 Incorporated/Organized..... September 27, 1990 Commenced Business..... April 1, 1992
 Statutory Home Office 1401 Capitol Ave. 3rd Floor, Ste 375..... Little Rock AR 72205
 (Street and Number) (City or Town, State and Zip Code)
 Main Administrative Office 1401 Capitol Ave. 3rd Floor, Ste 375..... Little Rock AR 72205 501-664-7700
 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)
 Mail Address 10 Cadillac Drive, Suite 200..... Brentwood TN 37027
 (Street and Number or P. O. Box) (City or Town, State and Zip Code)
 Primary Location of Books and Records 10 Cadillac Drive, Suite 200..... Brentwood TN 37027 615-372-3622
 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)
 Internet Website Address www.uhc.com
 Statutory Statement Contact Stephen Lewis Wilson 615-372-3488
 (Name) (Area Code) (Telephone Number) (Extension)
 Stephen_L_Wilson@uhc.com 615-372-3640
 (E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Garland Greever Scott III	Chairman/President/CEO	2. Juanita Valarae Bolland Luis	Assistant Secretary
3. Donald Alan Powers	VP-Finance/Assistant Treasurer		

OTHER

Robert Worth Oberrender	Treasurer	Forrest Gregory Burke	Secretary
Timothy Gilbert Caron	Assistant Secretary	Mary Lynn Stanislav	Assistant Secretary

DIRECTORS OR TRUSTEES

Garland Greever Scott III	Daniel Laurence Ohman
State of Tennessee County of Williamson	State of Minnesota County of Hennepin
	State of Minnesota County of Hennepin

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) Garland Greever Scott III 1. (Printed Name) Chairman/President/CEO (Title)	_____ (Signature) Juanita Valarae Bolland Luis 2. (Printed Name) Assistant Secretary (Title)	_____ (Signature) Donald Alan Powers 3. (Printed Name) VP-Finance/Assistant Treasurer (Title)
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Subscribed and sworn to before me This _____ day of _____	Subscribed and sworn to before me This _____ day of _____	Subscribed and sworn to before me This _____ day of _____
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_____ (Signature)	_____ (Signature) a. Is this an original filing? b. If no 1. State the amendment number 2. Date filed 3. Number of pages attached	_____ (Signature) Yes [X] No []
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ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	301,336		301,336	306,034
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....(45,610), Sch. E-Part 1), cash equivalents (\$....4,995,041, Sch. E-Part 2) and short-term investments (\$....4,734,333, Sch. DA).....	9,683,764		9,683,764	11,343,340
6. Contract loans (including \$.....0 premium notes).....			0	
7. Other invested assets (Schedule BA).....			0	
8. Receivables for securities.....			0	
9. Aggregate write-ins for invested assets.....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9).....	9,985,100	0	9,985,100	11,649,374
11. Title plants less \$.....0 charged off (for Title insurers only).....			0	
12. Investment income due and accrued.....	1,246		1,246	6,941
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in course of collection.....	56,034		56,034	49,564
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
13.3 Accrued retrospective premiums.....			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers.....			0	
14.2 Funds held by or deposited with reinsured companies.....			0	
14.3 Other amounts receivable under reinsurance contracts.....			0	
15. Amounts receivable relating to uninsured plans.....			0	
16.1 Current federal and foreign income tax recoverable and interest thereon.....	129,582		129,582	80,496
16.2 Net deferred tax asset.....	63,394		63,394	
17. Guaranty funds receivable or on deposit.....			0	
18. Electronic data processing equipment and software.....			0	
19. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
21. Receivables from parent, subsidiaries and affiliates.....			0	72,590
22. Health care (\$.....0) and other amounts receivable.....	31,683	31,683	0	
23. Aggregate write-ins for other than invested assets.....	235,895	2,614	233,281	336,932
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	10,502,934	34,297	10,468,637	12,195,897
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
26. TOTALS (Lines 24 and 25).....	10,502,934	34,297	10,468,637	12,195,897

DETAILS OF WRITE-INS

0901.....			0	
0902.....			0	
0903.....			0	
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0
2301. Prepaid Taxes.....	233,281		233,281	336,932
2302. Prepaid Commissions.....	2,614	2,614	0	
2303.....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	235,895	2,614	233,281	336,932

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,284,842		2,284,842	2,819,931
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	36,738		36,738	45,334
4. Aggregate health policy reserves.....	175,122		175,122	181,153
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....	74,745		74,745	126,533
8. Premiums received in advance.....	411,958		411,958	508,434
9. General expenses due or accrued.....	139,808		139,808	235,341
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	43,557
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....	11,865		11,865	4,326
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	277,785		277,785	
16. Payable for securities.....			0	
17. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....			0	
18. Reinsurance in unauthorized companies.....			0	
19. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
20. Liability for amounts held under uninsured plans.....	205,226		205,226	339,626
21. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
22. Total liabilities (Lines 1 to 21).....	3,618,089	0	3,618,089	4,304,235
23. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
24. Common capital stock.....	XXX	XXX	100,000	100,000
25. Preferred capital stock.....	XXX	XXX		
26. Gross paid in and contributed surplus.....	XXX	XXX	5,470,954	5,470,954
27. Surplus notes.....	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
29. Unassigned funds (surplus).....	XXX	XXX	1,279,594	2,320,708
30. Less treasury stock at cost:				
30.1 .....0.000 shares common (value included in Line 24 \$.....0).....	XXX	XXX		
30.2 .....0.000 shares preferred (value included in Line 25 \$.....0).....	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30).....	XXX	XXX	6,850,548	7,891,662
32. Total liabilities, capital and surplus (Lines 22 and 31).....	XXX	XXX	10,468,637	12,195,897

DETAILS OF WRITE-INS

2101.			0	
2102.			0	
2103.			0	
2198. Summary of remaining write-ins for Line 21 from overflow page.....	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above).....	0	0	0	0
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page.....	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	67,679	93,723
2. Net premium income (including \$.....0 non-health premium income).....	XXX	23,898,283	30,752,839
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(47,047)	(92,603)
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	23,851,236	30,660,236
Hospital and Medical:			
9. Hospital/medical benefits.....		12,877,535	16,907,226
10. Other professional services.....		15,182	32,387
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....		2,591,143	3,326,991
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	15,483,860	20,266,604
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	15,483,860	20,266,604
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$....31,496 cost containment expenses.....		585,250	712,067
21. General administrative expenses.....		3,744,795	4,650,001
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....		62,100	29,550
23. Total underwriting deductions (Lines 18 through 22).....	0	19,876,005	25,658,222
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	3,975,231	5,002,014
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		579,980	768,188
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....		7,581	86,986
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	587,561	855,174
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	4,562,792	5,857,188
31. Federal and foreign income taxes incurred.....	XXX	1,699,965	1,888,000
32. Net income (loss) (Lines 30 minus 31).....	XXX	2,862,827	3,969,188

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	7,891,662	12,024,789
34. Net income or (loss) from Line 32.....	2,862,827	3,969,188
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	106,950	(123,908)
39. Change in nonadmitted assets.....	(10,891)	21,593
40. Change in unauthorized reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....	(4,000,000)	(8,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(1,041,114)	(4,133,127)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	6,850,548	7,891,662

DETAILS OF WRITE-INS

4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	23,680,159	30,699,322
2. Net investment income.....	599,384	864,609
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	24,279,543	31,563,931
5. Benefit and loss related payments.....	16,079,014	21,823,979
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	4,467,538	5,200,365
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	1,749,051	1,993,035
10. Total (Lines 5 through 9).....	22,295,603	29,017,379
11. Net cash from operations (Line 4 minus Line 10).....	1,983,940	2,546,552
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	300,000	11,693,029
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	300,000	11,693,029
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	301,430	5,577,429
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	301,430	5,577,429
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 and 14).....	(1,430)	6,115,600
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....	4,000,000	8,000,000
16.6 Other cash provided (applied).....	357,914	555,506
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(3,642,086)	(7,444,494)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(1,659,576)	1,217,658
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	11,343,340	10,125,682
19.2 End of year (Line 18 plus Line 19.1).....	9,683,764	11,343,340

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

20.0001		
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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	20,147,481		20,415	20,127,066
2. Medicare supplement.....				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal employees health benefits plan.....				0
6. Title XVIII - Medicare.....	3,774,948		3,731	3,771,217
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8).....	23,922,429	0	24,146	23,898,283
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	23,922,429	0	24,146	23,898,283

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	16,079,012	13,938,656					2,140,356			
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	16,079,012	13,938,656	0	0	0	0	2,140,356	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	2,284,843	1,595,670					689,173			
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	2,284,843	1,595,670	0	0	0	0	689,173	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	74,745	60,987					13,758			
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	74,745	60,987	0	0	0	0	13,758	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	8,277	6,311					1,966			
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	2,819,931	2,053,397					766,534			
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	2,819,931	2,053,397	0	0	0	0	766,534	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	126,532	112,008					14,524			
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	126,532	112,008	0	0	0	0	14,524	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	15,483,860	13,423,597	0	0	0	0	2,060,263	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	15,483,860	13,423,597	0	0	0	0	2,060,263	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	818,574	534,971					175,767			107,836
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	818,574	534,971	0	0	0	0	175,767	0	0	107,836
2. Incurred but unreported:										
2.1 Direct.....	1,466,268	1,060,698					513,406			(107,836)
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	1,466,268	1,060,698	0	0	0	0	513,406	0	0	(107,836)
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	2,284,842	1,595,669	0	0	0	0	689,173	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	2,284,842	1,595,669	0	0	0	0	689,173	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical).....	1,486,597	12,452,059	106,636	1,550,020	1,593,233	2,165,405
2. Medicare supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal employees health benefits plan.....					0	
6. Title XVIII - Medicare.....	395,039	1,745,318	8,222	694,709	403,261	781,059
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	1,881,636	14,197,377	114,858	2,244,729	1,996,494	2,946,464
10. Healthcare receivables (a).....		31,548		135	0	23,407
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9 - 10 + 11 + 12).....	1,881,636	14,165,829	114,858	2,244,594	1,996,494	2,923,057

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	8,239	(28)			
2. 2003.....	75,362	6,854	(161)		
3. 2004.....	.XXX	36,327	4,661	(491)	
4. 2005.....	.XXX	.XXX	32,141	3,474	16
5. 2006.....	.XXX	.XXX	.XXX	18,841	1,865
6. 2007.....	.XXX	.XXX	.XXX	.XXX	14,197

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	518,931	518,777	518,777	518,777	518,777
2. 2003.....	83,645	82,281	82,054	82,054	82,054
3. 2004.....	.XXX	42,065	41,159	40,497	40,497
4. 2005.....	.XXX	.XXX	36,496	35,689	35,632
5. 2006.....	.XXX	.XXX	.XXX	21,714	20,821
6. 2007.....	.XXX	.XXX	.XXX	.XXX	16,442

12.GT

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....	122,675	82,054	4,004	4.9	86,058	70.2			86,058	70.2
2. 2004.....	60,217	40,497	1,586	3.9	42,083	69.9			42,083	69.9
3. 2005.....	49,204	35,632	1,168	3.3	36,800	74.8			36,800	74.8
4. 2006.....	30,691	20,706	712	3.4	21,418	69.8	115		21,533	70.2
5. 2007.....	23,875	14,197	585	4.1	14,782	61.9	2,245	37	17,064	71.5

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	8,231	(28)			
2. 2003.....	75,290	6,854	(161)		
3. 2004.....	.XXX	36,327	4,661	(480)	
4. 2005.....	.XXX	.XXX	32,022	3,393	.11
5. 2006.....	.XXX	.XXX	.XXX	17,369	1,476
6. 2007.....	.XXX	.XXX	.XXX	.XXX	12,452

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	425,299	425,145	425,145	425,145	425,145
2. 2003.....	83,573	82,210	81,982	81,982	81,982
3. 2004.....	.XXX	42,065	41,159	40,509	40,509
4. 2005.....	.XXX	.XXX	36,376	35,488	35,426
5. 2006.....	.XXX	.XXX	.XXX	19,462	18,951
6. 2007.....	.XXX	.XXX	.XXX	.XXX	14,002

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....	122,539	81,982	4,004	4.9	85,986	70.2			85,986	70.2
2. 2004.....	60,190	40,509	1,586	3.9	42,095	69.9			42,095	69.9
3. 2005.....	48,686	35,426	1,157	3.3	36,583	75.1			36,583	75.1
4. 2006.....	27,638	18,844	652	3.5	19,496	70.5	107		19,603	70.9
5. 2007.....	20,144	12,452	471	3.8	12,923	64.2	1,550	.21	14,494	72.0

12.HM

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

12.MS

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....				.00	.0	.00			.0	.00
2. 2004.....				.00	.0	.00			.0	.00
3. 2005.....				.00	.0	.00			.0	.00
4. 2006.....				.00	.0	.00			.0	.00
5. 2007.....				.00	.0	.00			.0	.00

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

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SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....				.00	.0	.00			.0	.00
2. 2004.....				.00	.0	.00			.0	.00
3. 2005.....				.00	.0	.00			.0	.00
4. 2006.....				.00	.0	.00			.0	.00
5. 2007.....				.00	.0	.00			.0	.00

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

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SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....				.00	.0	.00			.0	.00
2. 2004.....				.00	.0	.00			.0	.00
3. 2005.....				.00	.0	.00			.0	.00
4. 2006.....				.00	.0	.00			.0	.00
5. 2007.....				.00	.0	.00			.0	.00

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	590	590	590	590	590
2. 2003.....					
3. 2004.....	.XXX				
4. 2005.....	.XXX	.XXX			
5. 2006.....	.XXX	.XXX	.XXX		
6. 2007.....	.XXX	.XXX	.XXX	.XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....				.00	.0	.00			.0	.00
2. 2004.....				NONE	.0	.00			.0	.00
3. 2005.....					.0	.00			.0	.00
4. 2006.....					.00	.0	.00		.0	.00
5. 2007.....					.00	.0	.00		.0	.00

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	.8				
2. 2003.....	.72				
3. 2004.....	.XXX			(11)	
4. 2005.....	.XXX	.XXX	.120	.81	.3
5. 2006.....	.XXX	.XXX	.XXX	1,472	.395
6. 2007.....	.XXX	.XXX	.XXX	.XXX	1,745

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	93,042	93,042	93,042	93,042	93,042
2. 2003.....	.72	.72	.72	.72	.72
3. 2004.....	.XXX			(11)	(11)
4. 2005.....	.XXX	.XXX	.120	.202	.204
5. 2006.....	.XXX	.XXX	.XXX	2,252	1,872
6. 2007.....	.XXX	.XXX	.XXX	.XXX	2,440

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....	136	.72		0.0	.72	.52.9			.72	.52.9
2. 2004.....	.27	(11)		0.0	(11)	(40.7)			(11)	(40.7)
3. 2005.....	.518	.204	.11	5.4	.215	41.5			.215	41.5
4. 2006.....	3,053	1,864	.60	3.2	1,924	63.0	.8		1,932	63.3
5. 2007.....	3,732	1,745	.115	6.6	1,860	49.8	.695	.16	2,571	68.9

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

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SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....				.00	.0	.00			.0	.00
2. 2004.....				.00	.0	.00			.0	.00
3. 2005.....				.00	.0	.00			.0	.00
4. 2006.....				.00	.0	.00			.0	.00
5. 2007.....				.00	.0	.00			.0	.00

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior.....	NONE				
2. 2003.....					
3. 2004.....		.XXX			
4. 2005.....		.XXX	.XXX		
5. 2006.....		.XXX	.XXX	.XXX	
6. 2007.....		.XXX	.XXX	.XXX	.XXX

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SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2003.....				.00	.0	.00			.0	.00
2. 2004.....				.00	.0	.00			.0	.00
3. 2005.....				.00	.0	.00			.0	.00
4. 2006.....				.00	.0	.00			.0	.00
5. 2007.....				.00	.0	.00			.0	.00

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
POLICY RESERVE									
1. Unearned premium reserves.....	3,852	3,852							
2. Additional policy reserves (a).....	150,650	150,650							
3. Reserve for future contingent benefits.....	0								
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income.....)	20,620						20,620		
5. Aggregate write-ins for other policy reserves.....	0	0	0	0	0	0	0	0	0
6. Totals (gross).....	175,122	154,502	0	0	0	0	20,620	0	0
7. Reinsurance ceded.....	0								
8. Totals (net) (Page 3, Line 4).....	175,122	154,502	0	0	0	0	20,620	0	0
CLAIM RESERVE									
9. Present value of amounts not yet due on claims.....	0								
10. Reserve for future contingent benefits.....	74,745	60,987					13,758		
11. Aggregate write-ins for other claim reserves.....	0	0	0	0	0	0	0	0	0
12. Totals (gross).....	74,745	60,987	0	0	0	0	13,758	0	0
13. Reinsurance ceded.....	0								
14. Totals (net) (Page 3, Line 7).....	74,745	60,987	0	0	0	0	13,758	0	0
DETAILS OF WRITE-INS									
0501.	0								
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0	0	0	0	0	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0	0	0	0	0	0

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(a) Includes \$.....150,650 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....	452	9,256	55,199		64,907
2. Salaries, wages and other benefits.....	11,506	246,063	1,252,779		1,510,348
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....	2,443	8,304	861,446		872,193
4. Legal fees and expenses.....	648	55,248	29,424		85,320
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....	1,611	42,684	70,034		114,329
7. Traveling expenses.....	1,403	35,251	133,006		169,660
8. Marketing and advertising.....	8,658	93,627	443,926		546,211
9. Postage, express and telephone.....	2,059	14,494	93,484		110,037
10. Printing and office supplies.....	220	1,443	15,736		17,399
11. Occupancy, depreciation and amortization.....	330	8,258	32,897		41,485
12. Equipment.....	58	1,014	7,362		8,434
13. Cost or depreciation of EDP equipment and software.....	724	8,634	55,657		65,015
14. Outsourced services including EDP, claims, and other services.....	68	5,807	15,450		21,325
15. Boards, bureaus and association fees.....	45	445	3,877		4,367
16. Insurance, except on real estate.....	31	8,803	187,106		195,940
17. Collection and bank service charges.....	322	407	58,888		59,617
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....	2	139	391		532
23.2 State premium taxes.....			269,607		269,607
23.3 Regulator authority licenses and fees.....	57	2,155	20,685		22,897
23.4 Payroll taxes.....	775	11,518	65,565		77,858
23.5 Other (excluding federal income and real estate taxes).....			52,881		52,881
24. Investment expenses not included elsewhere.....				4,664	4,664
25. Aggregate write-ins for expenses.....	84	204	19,395	0	19,683
26. Total expenses incurred (Lines 1 to 25).....	31,496	553,754	3,744,795	4,664	(a).....4,334,709
27. Less expenses unpaid December 31, current year.....		36,738	139,808		176,546
28. Add expenses unpaid December 31, prior year.....		45,334	235,341		280,675
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	31,496	562,350	3,840,328	4,664	4,438,838

DETAILS OF WRITE-INS

2501. Other Miscellaneous.....	84	204	19,395		19,683
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	84	204	19,395	0	19,683

(a) Includes management fees of \$.....2,865,068 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....16,881	.....11,186
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....573,458	.....573,458
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....590,339	.....584,644
11. Investment expenses.....	.....	(g).....4,664
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....4,664
17. Net investment income (Line 10 minus Line 16).....	.....	.....579,980

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

- (a) Includes \$.....0 accrual of discount less \$.....6,127 amortization of premium and less \$.....2,492 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....342,649 accrual of discount less \$.....0 amortization of premium and less \$.....90,330 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			.....0		
1.1 Bonds exempt from U.S. tax.....			.....0		
1.2 Other bonds (unaffiliated).....			.....0		
1.3 Bonds of affiliates.....			.....0		
2.1 Preferred stocks (unaffiliated).....			.....0		
2.11 Preferred stocks of affiliates.....			.....0		
2.2 Common stocks (unaffiliated).....			.....0		
2.21 Common stocks of affiliates.....			.....0		
3. Mortgage loans.....			.....0		
4. Real estate.....			.....0		
5. Contract loans.....			.....0		
6. Cash, cash equivalents and short-term investments.....			.....0		
7. Derivative instruments.....			.....0		
8. Other invested assets.....			.....0		
9. Aggregate write-ins for capital gains (losses).....	.....7,581	.....0	.....7,581	.....0	.....0
10. Total capital gains (losses).....	.....7,581	.....0	.....7,581	.....0	.....0

DETAILS OF WRITE-INS

0901. Worldcom Settlement prior years received in 2007.....	.....7,581		.....7,581		
0902. ....			.....0		
0903. ....			.....0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....7,581	.....0	.....7,581	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Other invested assets (Schedule BA).....			.0
8. Receivables for securities.....			.0
9. Aggregate write-ins for invested assets.....	.0	.0	.0
10. Subtotals, cash and invested assets (Lines 1 to 9).....	.0	.0	.0
11. Title plants (for Title insurers only).....			.0
12. Investment income due and accrued.....			.0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection.....			.0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
13.3 Accrued retrospective premiums.....			.0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers.....			.0
14.2 Funds held by or deposited with reinsured companies.....			.0
14.3 Other amounts receivable under reinsurance contracts.....			.0
15. Amounts receivable relating to uninsured plans.....			.0
16.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
16.2 Net deferred tax asset.....			.0
17. Guaranty funds receivable or on deposit.....			.0
18. Electronic data processing equipment and software.....			.0
19. Furniture and equipment, including health care delivery assets.....			.0
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0
21. Receivable from parent, subsidiaries and affiliates.....			.0
22. Health care and other amounts receivable.....	31,683	23,406	(8,277)
23. Aggregate write-ins for other than invested assets.....	2,614	.0	(2,614)
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23).....	34,297	23,406	(10,891)
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
26. TOTALS (Lines 24 and 25).....	34,297	23,406	(10,891)

DETAILS OF WRITE-INS

0901.....			.0
0902.....			.0
0903.....			.0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.0	.0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.0	.0	.0
2301. Prepaid Commissions.....	2,614		(2,614)
2302.....			.0
2303.....			.0
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	2,614	.0	(2,614)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	6,720	6,274	5,635	5,253	4,910	67,679
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	6,720	6,274	5,635	5,253	4,910	67,679

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

UNITED HEALTHCARE OF ARKANSAS, INC.

NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2007 AND 2006

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Operation — United HealthCare of Arkansas, Inc. (the “Company”), a for-profit health maintenance organization (HMO), offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of UnitedHealthcare, Inc. (UHC). UHC is a wholly owned subsidiary of UHS, an HMO management corporation which provides services to the Company under the terms of a management agreement. UHS is a wholly owned subsidiary of UnitedHealthGroup Incorporated (UHG). The Company has entered into contracts with physicians, hospitals, and other health care providers pursuant to which such providers deliver medical care to its enrollees primarily on a modified fee-for-service or capitated basis. The Company was incorporated on September 27, 1990, and in December 1991 received its certificate of authority to operate as an HMO in the state of Arkansas.

Effective January 2006, the Company began offering its Evercare product in various counties.

Evercare offers complete, individualized care planning and care benefits for aging, disabled, and chronically ill individuals. Evercare offers these long-term care services in nursing homes, community-based settings, and private homes.

Beginning January 1, 2006, the Company began serving as a plan sponsor offering the Medicare Part D prescription drug insurance coverage under a contract with the Center for Medicare and Medicaid Services (CMS). Under the Medicare Part D program, there are six separate elements of payment received by the Company during the plan year, these payment elements are: CMS premium, member premium, low-income premium subsidy, catastrophic reinsurance subsidy, low-income member cost sharing subsidy, and CMS risk share.

The CMS Premium, the Member Premium, and the Low-Income Premium Subsidy of \$342,000 and \$393,000 during 2007 and 2006 respectively represent payments for the Company’s insurance risk coverage under the Medicare Part D program and therefore are recorded as premium revenues in the statutory basis statements of operations. Premium revenues are recognized ratably over the period in which eligible individuals are entitled to receive prescription drug benefits. The Company has estimated accrued retrospective premiums based on guidelines determined by CMS. The Company records premium payments received in advance of the applicable service period as unearned premiums in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

The Catastrophic Reinsurance Subsidy and the Low-Income Member Cost Sharing Subsidies of \$205,000 and \$340,000 during 2007 and 2006 respectively represent cost reimbursements under the Medicare Part D program. The Company is fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to the Company. Amounts received for these subsidies are not reflected as premium revenues, but rather are accounted for as deposits, with the related liability recorded in other policy liabilities in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Related cash flows are presented within operating expenses paid within operating cash flows in the statutory basis statements of cash flows.

The CMS Risk Share is a settlement with CMS that is based on whether the ultimate per member per month benefit costs of any Medicare Part D regional plan varies more than 2.5 percentage points above or below the level estimated in the original bid submitted by the Company and approved by CMS. The estimated risk share adjustment of \$43,000 and \$93,000 in 2007 and 2006 respectively is recorded as an adjustment to premium revenues in the statutory basis statements of operations and other policy liabilities in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

Pharmacy benefit costs and administrative costs under the Medicare Part D program are expensed as incurred and are recognized in medical services expenses and operating expenses, respectively, in the statutory basis statements of operations.

Total premium revenues from CMS related to the Medicare Part D program were approximately 1.4% and 1.3% of our total revenues for the year ending December 31, 2007 and 2006, respectively.

Basis of Presentation — The Company prepares its financial statements on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department (the “Department”). These practices differ from accounting principles generally accepted in the United States of America (“generally accepted accounting principles”) as certain assets including certain aged premium and health care receivables are considered nonadmitted assets for statutory purposes and are excluded from the statutory basis statements of admitted assets, liabilities, and capital and surplus. The change in nonadmitted assets has been reflected in accumulated surplus in the accompanying statutory basis financial statements. Under generally accepted accounting principles, these amounts would be included in total assets in the balance sheet. In addition, certain debt investments that would be shown at market value under generally accepted accounting principles are presented in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus at amortized cost.

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial condition and results of operations of a HMO and for determining its solvency under Arkansas insurance law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted with modifications as a component of prescribed or permitted practices by the state of Arkansas. Differences between the statutory accounting practices prescribed or permitted by the state of Arkansas and NAIC SAP did not affect statutory basis capital and surplus. No significant differences exist between the statutory practices prescribed or permitted by the state of Arkansas and those prescribed or permitted by the NAIC SAP.

Use of Estimates — These statutory basis financial statements include certain amounts that are based on the Company’s best estimates and judgments. These estimates require the Company to apply complex assumptions and judgments often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to medical services expenses and medical services payable. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of income in the period in which the estimate is adjusted.

Cash and Invested Assets — Cash and short-term investments represent cash held by the Company in disbursement accounts and money market instruments with a maturity of one year or less at the time of purchase. Claims and other payments are made from the disbursement accounts daily. Cash and short-term investments are reported at cost which approximates market value. Cash overdrafts are a result of timing differences in funding disbursement accounts for claims payments.

Cash and invested assets also consist of the Company's share of an investment pool sponsored and administered by United HealthCare Services, Inc. (UHS) for the benefit of the Company, which is a UHS-owned health plan. The investment pool consists principally of investments with original maturities of less than one year, with the average life of the individual investments being less than 60 days. The Company's share of the pool represents an undivided ownership interest in the pool and is immediately convertible to cash at no cost or penalty. The investments within the pool have an individual fund number to track those investments owned by the Company. The pool is primarily invested in governmental obligations, commercial paper, certificates of deposit, and short-term agency notes and are recorded at cost. Interest income from the pool accrues daily to participating members based upon ownership percentage.

The Department has determined that the Company's investments in the investment pool administered by UHS be considered as investment in 'one person' and is to be limited to no more than 5% of the Company's total admitted assets, pursuant to ACA 23-63-805(1)(A), unless the Commissioner authorizes the Company to exceed the statutory limit. The Company requested permission to exceed the statutory limit and the Department has agreed to allow the Company to invest up to 20% of the Company's total admitted assets in the UHS investment pool.

Cash and invested assets include corporate bonds, government obligations, and municipal securities and are stated at amortized cost if they meet NAIC designation of one or two, and are stated at the lower of amortized cost or an NAIC determined market value if they meet an NAIC designation of three or higher. Amortization of bond premium or discount is calculated using the constant-yield interest method. Cash and invested assets are valued and reported using market prices published by the NAIC Securities Valuation Office (SVO) in accordance with the NAIC Valuations of Securities manual prepared by the SVO.

The Company continually monitors the difference between the cost and estimated fair value of its other invested assets. If any of the Company's other invested assets experience a decline in value that the Company believes is other than temporary, the Company records a realized loss in investment and other income in the statutory basis statements of operations. No such losses were incurred and recorded during the years ended December 31, 2007 and 2006.

Medical Services Expenses and Payables — Medical services expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, and estimates for the costs of health care services enrollees have received, but for which claims have not yet been submitted.

The estimates for incurred but not yet reported claims are developed using actuarial methods based upon historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during the years ended December 31, 2007 and 2006. Management believes the amount of medical services payable is adequate to cover the Company's liability for unpaid claims as of December 31, 2007; however, actual claim payments may differ from those established estimates. Adjustments to medical services payable estimates are reflected in operating results in the period in which the change in estimate is identified.

Other Policy Liabilities — Other policy liabilities include deposits under the Medicare Part D program and customer balances related to experience-rate insurance products. Customer balances represent excess customer payments and deposit accounts under experience-rated contracts. At the customer's option, these balances may be refunded or used to pay future premiums or claims under eligible contracts.

Income Taxes — Statutory accounting requires an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax bases of assets and liabilities, subject to limitations on deferred tax assets. The Company's operations are included in the consolidated federal income tax return of UnitedHealth Group Incorporated (UHG). Federal income taxes are paid to or refunded by UHG pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis. Income taxes incurred in the current and prior years will be available for recoupment by the Company only in the event of future net losses of consolidated UHG. The Company receives a benefit at the federal rate in the current year for net losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of UHG.

Claims Adjustment Expense and Loss Adjustment Expense — Claims adjustment expenses (CAE) and loss adjustment expenses (LAE) as defined by Statement of Statutory Accounting Principles (SSAP) No. 85, *Claim Adjustment Expenses, Amendments to SSAP No. 55 — Unpaid Claims, Losses, and Loss Adjustment Expenses*, are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to UHS in exchange for administrative and management services. A detailed review of UHS's and the Company's administrative expenses is performed to determine the allocation between CAE and general administrative expenses in accordance with SSAP No. 85. It is the responsibility of UHS to pay claims adjustment expenses in the event the Company ceases operations. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims. Management believes the amount of the liability for unpaid claims adjustment expenses at December 31, 2007 and 2006, is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ immaterially from those established estimates. The method used for determining CAE and LAE is periodically reviewed and updated, and any adjustments are reflected in accompanying statutory statements of admitted assets, liabilities and capital surplus and the statutory statements of operations in the period in which the change in methodology is identified.

Premiums — Member premium and government program revenues are recognized in the period in which enrollees are entitled to receive health care services. Premiums received prior to the period of service are recorded as unearned premiums in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus.

Reinsurance Ceded — The Company has an insolvency-only reinsurance agreement. Reinsurance premiums paid were deducted from premium revenue in the accompanying statutory basis financial statements. The Company also has catastrophic reinsurance coverage with CMS for the Medicare Part D program. The Company has no risk associated with this coverage, as described above in Organization and Operation.

Medical Risk Sharing — The Company has agreements with certain independent physicians and physician network organizations that provide for the establishment of a fund into which the Company places monthly premiums payable for members assigned to the physician. The Company manages the disbursement of funds from this account as well as reviews the utilization of nonprimary care medical services of members assigned to the physicians. Any surpluses or deficits in the fund are shared by the Company and the physician based upon predetermined risk-sharing percentages and are included in medical services payable or health care receivables and included in or offset against medical services expenses in the accompanying statutory basis financial statements. The Company has a risk-sharing arrangement with CMS related to the Medicare Part D program related to estimated versus actual per member per month benefit costs, as described above in Organization and Operation.

Pharmacy Rebate Receivables — Pharmacy rebate receivables are estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's unaffiliated pharmaceutical benefit managers. Pharmacy rebate receivables are considered nonadmitted assets for statutory purposes if they do not meet the criteria established in SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*. Accordingly, the Company has excluded these receivables from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

Premium Deficiency Reserves — Premium deficiency reserves and the related expense, as defined by SSAP No. 54, *Individual and Group Accident and Health Contracts*, as well as actuarial practice guidelines, are recognized when it is probable that expected future health care expenses, claim adjustment expenses, and administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts. The methods for making such estimates and for establishing the resulting reserves are periodically reviewed and updated, and any adjustments are reflected in medical services expenses in the accompanying statutory basis statements of operations in the period in which the change in estimate is identified. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54.

Vulnerability due to Certain Concentrations — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business. The Company has one customer that accounted for approximately 18% of total premium revenue at December 31, 2007.

Reclassifications — Certain 2006 amounts in the accompanying statutory basis financial statements have been reclassified to conform to the 2007 presentation. These reclassifications had no effect on statutory basis net income or capital and surplus, as previously reported.

Restricted Cash Reserves — The Department requires the Company to maintain a minimum regulatory deposit (currently \$300,000). This restricted cash reserve consists principally of government obligations and is stated at amortized cost. This reserve is included in bonds in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus, as it is not available for working capital purposes. Interest earned on this reserve accrues to the Company.

Minimum Capital and Surplus — Under the laws of the state of Arkansas, the Department requires the Company to maintain a minimum capital and surplus of not less than \$100,000. The Company has approximately \$6.851,000 in capital and surplus, which is in compliance with the required amount as of December 31, 2007.

The Company is subject to Risk Based Capital ("RBC") requirements by the Arkansas Department of Insurance, which establish that certain required amounts of capital be maintained. As of December 31, 2007 and 2006, the Company's RBC exceeded the required amount, in connection with its NAIC filing.

Recently Issued Accounting Standards — Effective January 1, 2007 the NAIC adopted SSAP No. 96, *Settlement Requirements for Intercompany Transactions, An Amendment to SSAP No. 25*. This statement requires a provision for timely settlement of amounts owed with affiliates and other related parties including a specific due date. If amounts owed to the Company are not covered by a due date or the amounts owed are ninety days past the due date, uncollectible amounts shall be nonadmitted. The Company reported no significant changes in the accompanying statutory statements of admitted assets, liabilities and capital and surplus as a result of adopting SSAP No. 96.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No changes in accounting principles have been recorded during the year ended December 31, 2007.

3. BUSINESS COMBINATIONS AND GOODWILL

The Company was not party to a business combination during the years ended December 31, 2007 and 2006, and does not carry goodwill on its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

The Company did not discontinue any operations during the years ended December 31, 2007 and 2006.

5. INVESTMENTS

The Company has no mortgage loans, restructured debt, reverse mortgages, or repurchase agreements, or investments in low-income housing tax credits. For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. There were no gross realized gains and losses on sales of investments for the year ended December 31, 2007. The gross realized gains and losses on sales of investments were \$43,000 and \$125,000, respectively, for the year ended December 31, 2006. The net realized gain or loss is included in investment and other income in the accompanying statutory basis statements of operations.

As of December 31, 2007 and 2006, the amortized cost, fair value, and gross unrealized holding gains and losses of the Company's investments, excluding cash and cash equivalents of approximately \$4,949,000 and \$6,960,000, respectively, are as follows (in thousands):

	2007				Fair Value
	Amortized Cost	Gross Unrealized Holding Gains	Gross Unrealized Holding Losses < 1 Year	Gross Unrealized Holding Losses > 1 Year	
U.S. government and agency Commercial paper	\$ 5,035,669	\$ 15,281	\$ -	\$ -	\$ 5,050,950
Total	<u>\$ 5,035,669</u>	<u>\$ 15,281</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,050,950</u>
Years to Maturity					
Less than one year	\$ 4,734,333	\$ -	\$ -	\$ -	\$ 4,734,333
One to Five Years	<u>301,336</u>	<u>15,281</u>	<u>-</u>	<u>-</u>	<u>316,617</u>
Total	<u>\$ 5,035,669</u>	<u>\$ 15,281</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,050,950</u>
	2006				Fair Value
	Amortized Cost	Gross Unrealized Holding Gains	Gross Unrealized Holding Losses < 1 Year	Gross Unrealized Holding Losses > 1 Year	
U.S. government and agency Commercial paper	\$ 306	\$ -	\$ -	\$ (4)	\$ 302
Total	<u>4,383</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,383</u>
Total	<u>\$ 4,689</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (4)</u>	<u>\$ 4,685</u>
Years to Maturity					
	Cost	Gains	< 1 Year	> 1 Year	Value
Less than one year	<u>\$ 4,689</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (4)</u>	<u>\$ 4,685</u>

The tables above show the gross unrealized losses and fair value of investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment type and length of time that individual securities have been in a continuous unrealized loss position.

The unrealized losses on investments in U.S. government and agency obligations, municipalities and local agency obligations, and corporate obligations at December 31, 2007 and 2006, were mainly caused by interest rate increases and not on unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its amortized cost. The contractual cash flows of the U.S. government and agency obligations are either guaranteed by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, as the Company has the ability to hold, and does not intend to sell the investment until the unrealized loss is fully recovered. The Company evaluated the credit ratings of the municipalities and local agency obligations and corporate obligations, noting neither a significant deterioration since purchase nor other factors which may indicate an other-than-temporary impairment, such as the length of time and extent to which market value has been less than cost, the financial condition and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer, and our intent and ability to hold the investment for a sufficient time in order to enable recovery of our cost.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

The Company has no investments in joint ventures, partnerships, or limited liability companies.

7. INVESTMENT INCOME

The Company has admitted all investment income due and accrued in the statements of admitted assets, liabilities, and capital and surplus.

8. DERIVATIVE INSTRUMENTS

The Company has no derivative instruments.

9. INCOME TAXES

As described in note 1, the Company's operations are included in the consolidated federal income tax return of UnitedHealth Group Incorporated. Federal income taxes are paid to or refunded by UnitedHealth Group, Incorporated, pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis. Income taxes incurred in the current and prior years will be available for recoupment by the Company only in the event of future net losses of consolidated UnitedHealth Group, Incorporated. The Company receives a benefit at the federal rate in the current year for net losses incurred in that year to the extent the losses can be utilized in the consolidated federal income tax return of UnitedHealth Group, Incorporated. Federal income taxes recoverable of \$ 130,000 in 2007 and \$80,000 in 2006 are included in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus. Federal income taxes paid, net of tax refunds in 2007 and 2006, were \$ 1,749,000 and \$1,993,000 respectively.

The components of the net deferred tax asset (liability) at December 31, 2007 and 2006, are as follows
 (in thousands)

	2007	2006
Deferred tax assets (admitted and nonadmitted)	\$ 64	\$ 85
Deferred tax liabilities	<u>(1)</u>	<u>(129)</u>
Net deferred tax assets	<u>\$ 63</u>	<u>\$ (44)</u>
Deferred tax assets non-admitted	<u>0</u>	<u>0</u>
Total deferred tax assets admitted	<u>\$ 63</u>	<u>\$ (44)</u>
Net change in total deferred tax assets non-admitted	<u>\$ 0</u>	<u>\$ 0</u>

The components of income taxes as of December 31, 2007 and 2006, are as follows (in thousands):

	2007	2006
Total current federal income tax provision	<u>\$ 1,700</u>	<u>\$ 1,888</u>
Change in deferred tax assets	\$ (20)	\$ 21
Change in deferred tax liabilities	<u>127</u>	<u>103</u>
Total change in net deferred income taxes	<u>\$ 107</u>	<u>\$ 124</u>

The Company has no deferred tax liabilities that are not recognized.

The main components of the 2007 and 2006 deferred tax assets and liabilities are as follows (in thousands):

	2007	2006
Deferred tax assets:		
Medical reserves	\$ 28	\$ 25
Receivables	6	2
Accrued expenses		
Unearned premium	30	34
Capital gains	<u>-</u>	<u>24</u>
Total deferred tax assets	<u>\$ 64</u>	<u>\$ 85</u>

Bond premium	-	<u>29</u>
Total deferred tax liabilities	<u>\$ 1</u>	<u>\$ 129</u>
Net admitted deferred tax asset	<u>\$ 63</u>	<u>\$ (44)</u>

The Company's income tax expense differs from the amount obtained by applying the federal statutory rate of 35% to income before income taxes for the following reasons (in thousands):

	2007	2006
Tax provision at the federal statutory rate	\$ 1,597	\$ 2,050
Tax-exempt income	-	(30)
Other income	<u>(4)</u>	<u>(8)</u>
Total statutory income taxes	<u>\$ 1,593</u>	<u>\$ 2,012</u>
Provision for current income taxes	\$ 1,700	\$ 1,888
Change in net deferred income tax	<u>(107)</u>	<u>124</u>
Total statutory income taxes	<u>\$ 1,593</u>	<u>\$ 2,012</u>

At December 31, 2007 and 2006, the Company had no net operating loss carryforwards.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

Pursuant to the terms of a management agreement, UHS will provide management services to the Company, until terminated upon the written agreement of both parties, for a fee based primarily on a percentage of member premiums and government program revenues. Management fees under this arrangement totaled approximately \$ 2,865,000 in 2007 and \$3,683,000 in 2006 and are included in operating expenses in the accompanying statutory basis statements of operations. In addition, UHS pays, on the Company's behalf, certain expenses not covered within the scope of the management agreement. UHS is reimbursed for these expenses by the Company, which are included in operating expenses in the accompanying statutory basis statements of operations. Operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company. The Company has some premium payments that are received and some claim payments that are processed by an affiliated UHG entity. Both premiums and claims applicable to the Company are settled through the intercompany settlement process and any amounts outstanding are reflected in the related party balances in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus.

UHS contracts on behalf of the Company to provide administrative services related to pharmacy management and claims processing for its enrollees. Fees related to these agreements, which are calculated on a per-claim basis, of approximately \$ 13,900 in 2007 and \$12,500 in 2006 are included in operating expenses in the accompanying statutory basis statements of operations. Additionally, UHS collects rebates on certain pharmaceutical products based on member utilization. Rebates related to these agreements of approximately \$556,000 in 2007 and \$637,000 in 2006 are included as a reduction of medical service expenses in the accompanying statutory basis statements of operations.

Beginning December 1, 1999, the Company entered into a \$3,000,000 subordinated revolving credit agreement with UHS at an interest rate of LIBOR plus a margin of 0.50%. The credit agreement is for a

one-year term and automatically renews annually, unless terminated by either party. The agreement was renewed effective December 1, 2007. No amounts were outstanding under the line of credit as of December 31, 2007 and 2006. There was no interest paid under the line of credit in 2007 and 2006.

The Company has a contract with United Behavioral Health, a wholly owned subsidiary of UHS, to provide mental health and substance abuse services for its enrollees. Fees related to this agreement, which are calculated on a per-member per-month basis, of approximately \$ 430,000 in 2007 and \$518,000 in 2006 are included in medical services expenses in the accompanying statutory basis statements of operations.

The Company contracts with United Resource Network, a division of UHS, to provide access to a network of transplant providers for its enrollees. Fees related to this agreement, which are calculated on a per member per month basis, of approximately \$ 13,000 in 2007 and \$19,000 in 2006 are included in medical services expenses in the accompanying statutory basis statements of operations.

The Company has an agreement with OPTUM, a division of UHS, to provide a 24-hour call-in service, called Care24, to its enrollees. Fees related to this agreement, which are calculated on a per member per month basis, of approximately \$ 62,000 in 2007 and \$87,000 in 2006 are included in medical services expenses in the accompanying statutory basis statements of operations.

The Company has an insolvency-only reinsurance agreement with United HealthCare Insurance Company (UHC), a wholly owned subsidiary of UHC Holdings, Inc. (formerly known as Unimerica, Inc.), which is a wholly owned subsidiary of UHS, to provide insolvency protection for its enrollees. Reinsurance premiums, which are calculated on a percentage of member premium revenues, of approximately \$ 24,000 in 2007 and \$31,000 in 2006 are netted against premium revenues in the accompanying statutory basis statement of operations. Reinsurance contracts do not relieve the Company from its obligations to policyholders. Failure of reinsurers to honor their obligations could result in losses to the Company.

At December 31, 2007 and 2006, the Company reported \$ 278,000 and \$73,000, respectively, as a related-party payable in 2007 and receivable in 2006, which is included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The balances are generally settled within 90 days from the incurred date.

The Company has a contract with ACN Group, Inc., a wholly owned subsidiary of UHS, to provide chiropractic and physical therapy services for its enrollees. Fees related to this agreement, which are calculated on a per member per month basis, were approximately \$ 21,000 in 2007 and \$38,000 in 2006 and are included in medical services expenses in the accompanying statutory basis statements of operations.

The Company has a contract with Spectera, Inc., a division of UHS, to provide administrative services related to vision benefit management and claims processing for its enrollees. Fees related to this agreement, which are calculated on a per member per month basis, were approximately \$ 5,000 in 2007 and \$8,000 in 2006, and are included in medical services expenses in the accompanying statutory basis statements of operations.

11. DEBT

The Company had no outstanding debt during 2007 and 2006 with third parties.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES, AND OTHER POSTRETIREMENT BENEFIT PLANS

The Company has no retirement, deferred compensation, and other benefit plans, since all personnel are employees of UHS, which provides services to the Company under the terms of a management agreement. (Note 10)

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

The Company has 2,000 shares authorized and 2,000 shares issued and outstanding of \$50 par value common stock. The Company has no preferred stock outstanding.

Payment of dividends may be restricted by the Department and Arkansas law, which generally require that dividends be paid out of accumulated surplus.

The Company paid extraordinary dividends to UHC of \$4,000,000 on October 4, 2007 and \$8,000,000 on September 28, 2006, which were subject to prior approval by the Department.

The company does not have any outstanding surplus notes.

The portion of accumulated surplus represented or reduced by each item below is as follows (in thousands):

Nonadmitted asset values	<u>\$ 34</u>	<u>\$ 23</u>
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14. CONTINGENCIES

Because of the nature of our business, we are routinely made party to a variety of legal actions related to the design and management of our service offerings. We record liabilities for our estimates of probable costs resulting from these matters. These matters include, but are not limited to, claims relating to health care benefits coverage, medical malpractice actions, contract disputes and claims related to disclosure of certain business practices. Although the outcomes of any such legal actions cannot be predicted, in the opinion of management, the resolution of any currently pending or threatened actions will not have a material adverse effect upon the admitted assets, liabilities, and capital and surplus or results of operations of the Company. The Company believes there are no assets that it considers to be impaired.

15. LEASES

According to the management agreement (see Note 10) between the Company and UHS, operating leases for the rental of office facilities and equipment are the responsibility of UHS. Fees associated with the agreement are included in the Company's management fee.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

The Company does not hold any financial instruments with off-balance sheet risk or concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

The Company did not participate in any transfer of receivables, financial assets, or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED ACCIDENT AND HEALTH PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

The Company did not have any uninsured or partially insured accident and health plans.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators.

20. OTHER DISCLOSURES

The Company elected to use rounding in reporting amounts in the statutory basis financial statements.

21. EVENTS SUBSEQUENT

There are no events subsequent to December 31, 2007, that require disclosure.

22. REINSURANCE

Unsecured Reinsurance Recoverables — The Company does not have an unsecured aggregate reinsurance recovery receivable with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company's policyholder surplus.

Reinsurance Recoverable in Dispute — The Company does not have a reinsurance recoverable balance that is being disputed by any individual reinsurer.

Reinsurance Assumed and Ceded — The Company does not have a provision in its reinsurance contract to return commission to the reinsurer in the event that the Company cancels its reinsurance policy.

Uncollectible Reinsurance — During 2007 and 2006, there were no uncollectible reinsurance recoverables.

Commutation of Reinsurance — Effective January 1, 2005, the Company has an insolvency-only reinsurance agreement with UHC to provide insolvency protection for its enrollees. The Company also has catastrophic reinsurance coverage with CMS for the Medicare Part D program. The Company has no risk associated with this arrangement. There was no commutation of reinsurance in 2007 or 2006.

Retroactive Reinsurance — The Company did not have a retroactive reinsurance agreement in 2007 or 2006.

23. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

The Company has Medicare business which is subject to a retrospective rating feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to Part D premiums based on guidelines determined by CMS. The formula is tiered and based on bid medical loss ratio. The amount of Part D premium subject to retrospective rating was \$342,000 and \$393,000 representing 1.43% and 1.28% of total net premiums written as of December 31, 2007 and 2006, respectively.

The Company does not have any other retrospectively rated contracts or contracts subject to redetermination as of December 31, 2007 or 2006.

24. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSE

Changes in estimates related to prior years' incurred claims are included in medical services expenses in the current year in the accompanying statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in the unpaid claim reserve, excluding premium deficiency reserves (see Note 29), for the years ended December 31, 2007 and 2006 (in thousands):

	<u>2007</u>		
	Current Year Incurred Claims	Prior Years' Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (2,946)	\$ (2,946)
Paid claims	14,197	1,882	16,079
End of year claim reserve	<u>2,245</u>	<u>115</u>	<u>2,360</u>
Incurred claims	<u>\$ 16,442</u>	<u>\$ (949)</u>	<u>\$ 15,493</u>
	<u>2006</u>		
	Current Year Incurred Claims	Prior Years' Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (4,526)	\$ (4,526)
Paid claims	18,841	2,983	21,824
End of year claim reserve	<u>2,872</u>	<u>74</u>	<u>2,946</u>
Incurred claims	<u>\$ 21,713</u>	<u>\$ (1,469)</u>	<u>\$ 20,244</u>

The Company incurred claims adjustment expenses of approximately \$585,000 in 2007 and \$712,000 in 2006. These costs are included in the management service fees paid by the Company to UHS as a part of its management agreements (Note 10). The following tables disclose paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in the unpaid claim adjustment reserve, for the years ended December 31, 2007 and 2006 (in thousands):

	2007	2006
Total expenses incurred	<u>\$ 585</u>	<u>\$ 712</u>
Less: current year unpaid claims adjustment expenses	37	45
Add: prior year unpaid claims adjustment expenses	45	
Total expenses paid	<u>\$ 593</u>	<u>\$ 667</u>

25. INTERCOMPANY POOLING ARRANGEMENTS

The Company did not have any intercompany pooling arrangements in 2007 or 2006.

26. STRUCTURED SETTLEMENTS

The Company did not have any structured settlements in 2007 or 2006.

27. HEALTH CARE RECEIVABLES

The Company did not admit any health care receivables in 2007 or 2006.

28. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2007 or 2006.

29. PREMIUM DEFICIENCY RESERVES

As of December 31, 2007, the Company had a liability of \$151,000 for premium deficiency reserves, all of which was related to conversion policies, which may be issued when an individual's group health coverage terminates. As of December 31, 2006, the Company had a liability of \$89,000 for premium deficiency reserves, all of which was related to conversion groups. Premium deficiency reserves are included in medical services payable in the statutory basis statements of admitted assets, liabilities, capital and surplus. The Company did consider anticipated investment income when calculating its premium deficiency reserves.

30. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2007 and 2006, the Company had no specific accruals established for outstanding subrogation as it is considered as a component of the actuarial calculations used to develop the estimates of medical services payable.

* * * * *

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities.....	301,336	3.0	301,336	3.0
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies.....		0.0		0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0		0.0
1.3 Foreign government (including Canada, excluding mortgage-backed securities).....		0.0		0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations.....		0.0		0.0
1.42 Political subdivisions of states, territories & possessions & political subdivisions general obligations.....		0.0		0.0
1.43 Revenue and assessment obligations.....		0.0		0.0
1.44 Industrial development and similar obligations.....		0.0		0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA.....		0.0		0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0		0.0
1.513 All other.....		0.0		0.0
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0		0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521.....		0.0		0.0
1.523 All other.....		0.0		0.0
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO).....		0.0		0.0
2.2 Unaffiliated foreign securities.....		0.0		0.0
2.3 Affiliated securities.....		0.0		0.0
3. Equity interests:				
3.1 Investments in mutual funds.....		0.0		0.0
3.2 Preferred stocks:				
3.21 Affiliated.....		0.0		0.0
3.22 Unaffiliated.....		0.0		0.0
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated.....		0.0		0.0
3.32 Unaffiliated.....		0.0		0.0
3.4 Other equity securities:				
3.41 Affiliated.....		0.0		0.0
3.42 Unaffiliated.....		0.0		0.0
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated.....		0.0		0.0
3.52 Unaffiliated.....		0.0		0.0
4. Mortgage loans:				
4.1 Construction and land development.....		0.0		0.0
4.2 Agricultural.....		0.0		0.0
4.3 Single family residential properties.....		0.0		0.0
4.4 Multifamily residential properties.....		0.0		0.0
4.5 Commercial loans.....		0.0		0.0
4.6 Mezzanine real estate loans.....		0.0		0.0
5. Real estate investments:				
5.1 Property occupied by company.....		0.0		0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0		0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0		0.0
6. Contract loans.....		0.0		0.0
7. Receivables for securities.....		0.0		0.0
8. Cash, cash equivalents and short-term investments.....	9,683,764	97.0	9,683,764	97.0
9. Other invested assets.....		0.0		0.0
10. Total invested assets.....	9,985,100	100.0	9,985,100	100.0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]
- 1.3 State regulating? _____

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

- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2005
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/22/2007
- 3.4 By what department or departments? Arkansas Insurance Department

- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under a common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]

- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information: _____

- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,%
- 7.21 State the percentage of foreign control.
- 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. _____

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
Exante Bank	Salt Lake City, Utah	NO	NO	NO	YES	NO

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche, LLP, Minneapolis, MN

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Allen J. Sorbo, President, Chief Executive Officer and Chief Actuary of United HealthCare Insurance Company, Hartford, CT, an affiliate of United HealthCare of Arkansas, Inc.

- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 11.11 Name of real estate holding company _____
- 11.12 Number of parcels involved
- 11.13 Total book/adjusted carrying value
- 11.2 If yes, provide explanation. _____

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? _____

- 12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 12.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules and regulations;
 - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - e. Accountability for adherence to the code.

13.11 If the response to 13.1 is No, please explain:

13.2 Has the code of ethics for senior managers been amended? Yes No

13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No

13.31 If the response to 13.3 is yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes No

15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes No

16. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes No

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

- 18.11 To directors or other officers \$.....0
- 18.12 To stockholders not officers \$.....0
- 18.13 Trustees, supreme or grand (Fraternal only) \$.....0

18.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

- 18.21 To directors or other officers \$.....0
- 18.22 To stockholders not officers \$.....0
- 18.23 Trustees, supreme or grand (Fraternal only) \$.....0

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No

19.2 If yes, state the amount thereof at December 31 of the current year:

- 19.21 Rented from others
- 19.22 Borrowed from others
- 19.23 Leased from others
- 19.24 Other

20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes No

20.2 If answer is yes:

- 20.21 Amount paid as losses or risk adjustment
- 20.22 Amount paid as expenses
- 20.23 Other amounts paid

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

21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

INVESTMENT

22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? Yes No

22.2 If no, give full and complete information relating thereto.

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1) Yes No

23.2 If yes, state the amount thereof at December 31 of the current year:

- 23.21 Loaned to others \$.....0
- 23.22 Subject to repurchase agreements \$.....0
- 23.23 Subject to reverse repurchase agreements \$.....0
- 23.24 Subject to dollar repurchase agreements \$.....0
- 23.25 Subject to reverse dollar repurchase agreements \$.....0
- 23.26 Pledged as collateral \$.....0
- 23.27 Placed under option agreements \$.....0
- 23.28 Letter stock or securities restricted as to sale \$.....0
- 23.29 On deposit with state or other regulatory body \$.....301,336
- 23.291 Other \$.....0

23.3 For category (23.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
 If no, attach a description with this statement.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

26. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, G - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
State Street Bank	801 Pennsylvania, Kansas City, MO 64105

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

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

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [] No [X]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
0	Internally Managed	0

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj. Carrying Value
27.2999. TOTAL		0

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds.....	5,035,669	5,050,950	15,281
28.2 Preferred stocks.....			0
28.3 Totals.....	5,035,669	5,050,950	15,281

28.4 Describe the sources or methods utilized in determining the fair values:

For those securities that had prices in the NAIC SVO ISIS database, those prices were used;
 for those securities that did not have prices in the NAIC SVO ISIS database, GAAP pricing was used. GAAP pricing was obtained from HUB which is an external data sources vendor.
 HUB data utilizes various pricing products.

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

29.2 If no, list exceptions:

OTHER

30.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

31.1 Amount of payments for legal expenses, if any? \$.....52,586

31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Mitchell, Williams, Selig, Gates, Woodyard, PLLC	52,586

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?
- 1.31 Reason for excluding

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance.
- 1.6 Individual policies:
 - Most current three years:
 - 1.61 Total premium earned
 - 1.62 Total incurred claims
 - 1.63 Number of covered lives
 - All years prior to most current three years:
 - 1.64 Total premium earned
 - 1.65 Total incurred claims
 - 1.66 Number of covered lives
- 1.7 Group policies:
 - Most current three years:
 - 1.71 Total premium earned
 - 1.72 Total incurred claims
 - 1.73 Number of covered lives
 - All years prior to most current three years:
 - 1.74 Total premium earned
 - 1.75 Total incurred claims
 - 1.76 Number of covered lives

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	23,898,283	30,752,839
2.2 Premium Denominator.....	23,898,283	30,752,839
2.3 Premium Ratio (2.1/2.2).....	100.0	100.0
2.4 Reserve Numerator.....	2,534,709	3,127,618
2.5 Reserve Denominator.....	2,534,709	3,127,617
2.6 Reserve Ratio (2.4/2.5).....	100.0	100.0

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:

- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
Entity has insolvency only reinsurance agreement.

- 5.3 Maximum retained risk (see instructions):
 - 5.31 Comprehensive medical \$.....0
 - 5.32 Medical only \$.....0
 - 5.33 Medicare supplement \$.....0
 - 5.34 Dental \$.....0
 - 5.35 Other limited benefit plan \$.....0
 - 5.36 Other \$.....0

- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Hold harmless clauses in provider agreements and continuation of coverage endorsements in reinsurance agreement.

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes [X] No []
- 7.2 If no, give details:

- 8. Provide the following information regarding participating providers:
 - 8.1 Number of providers at start of reporting year3,291
 - 8.2 Number of providers at end of reporting year3,849

- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
 - 9.21 Business with the rate guarantees between 15-36 months
 - 9.22 Business with rate guarantees over 36 months

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
 - 10.21 Maximum amount payable bonuses
 - 10.22 Amount actually paid for year bonuses
 - 10.23 Maximum amount payable withholds
 - 10.24 Amount actually paid for year withholds

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such net worth. Arkansas
- 11.4 If yes, show the amount required. \$.....2,323,390
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation:
NAIC RBC Model, 200% of Authorized Control Level

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Arkansas
Ashley
Benton
Bradley
Carroll
Chicot
Clay
Cleburne
Cleveland
Columbia
Conway
Craighead
Crawford
Crittenden
Cross
Dallas
Desha
Drew
Faulkner
Franklin
Fulton
Garland
Grant
Hempstead
Howard
Hot Springs
Izard
Jackson
Jefferson
Johnson
Lawrence
Lincoln
Little River
Logan
Lonoke
Madison
Miller
Montgomery
Ouachita
Perry
Pike
Polk
Poinsett
Pope
Prairie
Pulaski
Saline
Scott
Searcy
Sebastian
Sevier
Sharp
Van Buren
Washington
White
Woodruff
Yell

FIVE-YEAR HISTORICAL DATA

	1 2007	2 2006	3 2005	4 2004	5 2003
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26).....	10,468,637	12,195,897	17,350,569	20,924,333	34,834,395
2. Total liabilities (Page 3, Line 22).....	3,618,089	4,304,235	5,325,780	6,933,073	10,003,832
3. Statutory surplus.....	2,323,390	2,844,648	3,666,986	3,994,658	6,936,952
4. Total capital and surplus (Page 3, Line 31).....	6,850,548	7,891,662	12,024,789	13,991,260	24,830,563
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	23,851,236	30,660,236	49,153,822	59,994,532	122,187,049
6. Total medical and hospital expenses (Line 18).....	15,483,860	20,266,604	35,409,745	40,547,352	79,522,396
7. Claims adjustment expenses (Line 20).....	585,250	712,067	1,168,079	1,586,253	4,004,178
8. Total administrative expenses (Line 21).....	3,744,795	4,650,001	7,362,542	8,879,705	18,209,538
9. Net underwriting gain (loss) (Line 24).....	3,975,231	5,002,014	5,185,456	9,031,444	20,369,715
10. Net investment gain (loss) (Line 27).....	587,561	855,174	931,590	1,402,052	2,357,223
11. Total other income (Lines 28 plus 29).....					340
12. Net income or (loss) (Line 32).....	2,862,827	3,969,188	4,068,046	7,641,496	14,406,278
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	1,983,940	2,546,552	3,051,730		
Risk-Based Capital Analysis					
14. Total adjusted capital.....	6,850,548	7,891,662	12,024,789	13,991,260	24,830,563
15. Authorized control level risk-based capital.....	1,161,695	1,422,324	1,833,493	1,997,329	3,468,476
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	4,910	6,720	13,944	17,859	37,072
17. Total member months (Column 6, Line 7).....	67,679	93,723	185,623	240,268	529,754
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	64.9	66.1	72.0	67.6	66.0
20. Cost containment expenses.....	0.1	0.3	0.2	0.2	XXX
21. Other claims adjustment expenses.....	2.3	2.1	2.6	2.3	3.3
22. Total underwriting deductions (Line 23).....	83.3	83.7	89.5	84.9	84.4
23. Total underwriting gain (loss) (Line 24).....	16.7	16.3	10.5	15.1	16.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	1,996,493	3,056,674	4,666,842	6,891,399	8,364,550
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	2,923,057	4,480,433	5,712,275	8,409,052	12,486,806
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 25, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 39, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 53, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 7).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States.....	301,336	316,617	301,430	300,000
	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	301,336	316,617	301,430	300,000
States, Territories and Possessions (Direct and guaranteed)	5. United States.....				
	6. Canada.....				
	7. Other Countries.....				
	8. Totals.....	0	0	0	0
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States.....				
	10. Canada.....				
	11. Other Countries.....				
	12. Totals.....	0	0	0	0
Special Revenue and Special Assessment Obligations and all Non-guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	13. United States.....				
	14. Canada.....				
	15. Other Countries.....				
	16. Totals.....	0	0	0	0
Public Utilities (Unaffiliated)	17. United States.....				
	18. Canada.....				
	19. Other Countries.....				
	20. Totals.....	0	0	0	0
Industrial and Miscellaneous and Credit Tenant Loans (Unaffiliated)	21. United States.....				
	22. Canada.....				
	23. Other Countries.....				
	24. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	25. Totals.....				
	26. Total Bonds.....	301,336	316,617	301,430	300,000
PREFERRED STOCKS					
Public Utilities (Unaffiliated)	27. United States.....				
	28. Canada.....				
	29. Other Countries.....				
	30. Totals.....	0	0	0	0
Banks, Trust and Insurance Companies (Unaffiliated)	31. United States.....				
	32. Canada.....				
	33. Other Countries.....				
	34. Totals.....	0	0	0	0
Industrial and Miscellaneous (Unaffiliated)	35. United States.....				
	36. Canada.....				
	37. Other Countries.....				
	38. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	39. Totals.....				
	40. Total Preferred Stocks.....	0	0	0	0
COMMON STOCKS					
Public Utilities (Unaffiliated)	41. United States.....				
	42. Canada.....				
	43. Other Countries.....				
	44. Totals.....	0	0	0	0
Banks, Trust and Insurance Companies (Unaffiliated)	45. United States.....				
	46. Canada.....				
	47. Other Countries.....				
	48. Totals.....	0	0	0	0
Industrial and Miscellaneous (Unaffiliated)	49. United States.....				
	50. Canada.....				
	51. Other Countries.....				
	52. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	53. Totals.....				
	54. Total Common Stocks.....	0	0	0	0
	55. Total Stocks.....	0	0	0	0
	56. Total Bonds and Stocks.....	301,336	316,617	301,430	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year.....	306,034	7. Amortization of premium.....	6,128
2. Cost of bonds and stocks acquired, Column 7, Part 3.....	301,430	8. Foreign exchange adjustment:	
3. Accrual of discount.....		8.1 Column 15, Part 1.....	
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2, Section 1.....	
4.1 Columns 12 - 14, Part 1.....		8.3 Column 16, Part 2, Section 2.....	
4.2 Columns 15 - 17, Part 2, Section 1.....		8.4 Column 15, Part 4.....	0
4.3 Column 15, Part 2, Section 2.....		9. Book/adjusted carrying value at end of current period.....	301,336
4.4 Columns 11 - 13, Part 4.....	0	10. Total valuation allowance.....	
5. Total gain (loss), Column 19, Part 4.....		11. Subtotal (Lines 9 plus 10).....	301,336
6. Deduct consideration for bonds and stocks disposed of, Column 7, Part 4.....	300,000	12. Total nonadmitted amounts.....	
		13. Statement value of bonds and stocks, current year.....	301,336

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Is Insurer Licensed? (YES or NO)	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama.....AL	..NO								0
2. Alaska.....AK	..NO								0
3. Arizona.....AZ	..NO								0
4. Arkansas.....AR	..YES	20,147,481	3,774,948					23,922,429	
5. California.....CA	..NO								0
6. Colorado.....CO	..NO								0
7. Connecticut.....CT	..NO								0
8. Delaware.....DE	..NO								0
9. District of Columbia.....DC	..NO								0
10. Florida.....FL	..NO								0
11. Georgia.....GA	..NO								0
12. Hawaii.....HI	..NO								0
13. Idaho.....ID	..NO								0
14. Illinois.....IL	..NO								0
15. Indiana.....IN	..NO								0
16. Iowa.....IA	..NO								0
17. Kansas.....KS	..NO								0
18. Kentucky.....KY	..NO								0
19. Louisiana.....LA	..NO								0
20. Maine.....ME	..NO								0
21. Maryland.....MD	..NO								0
22. Massachusetts.....MA	..NO								0
23. Michigan.....MI	..NO								0
24. Minnesota.....MN	..NO								0
25. Mississippi.....MS	..NO								0
26. Missouri.....MO	..NO								0
27. Montana.....MT	..NO								0
28. Nebraska.....NE	..NO								0
29. Nevada.....NV	..NO								0
30. New Hampshire.....NH	..NO								0
31. New Jersey.....NJ	..NO								0
32. New Mexico.....NM	..NO								0
33. New York.....NY	..NO								0
34. North Carolina.....NC	..NO								0
35. North Dakota.....ND	..NO								0
36. Ohio.....OH	..NO								0
37. Oklahoma.....OK	..NO								0
38. Oregon.....OR	..NO								0
39. Pennsylvania.....PA	..NO								0
40. Rhode Island.....RI	..NO								0
41. South Carolina.....SC	..NO								0
42. South Dakota.....SD	..NO								0
43. Tennessee.....TN	..NO								0
44. Texas.....TX	..NO								0
45. Utah.....UT	..NO								0
46. Vermont.....VT	..NO								0
47. Virginia.....VA	..NO								0
48. Washington.....WA	..NO								0
49. West Virginia.....WV	..NO								0
50. Wisconsin.....WI	..NO								0
51. Wyoming.....WY	..NO								0
52. American Samoa.....AS	..NO								0
53. Guam.....GU	..NO								0
54. Puerto Rico.....PR	..NO								0
55. U.S. Virgin Islands.....VI	..NO								0
56. Northern Mariana Islands.....MP	..NO								0
57. Canada.....CN	..NO								0
58. Aggregate Other alien.....OT	..XXX	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		20,147,481	3,774,948	0	0	0	0	23,922,429	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....(a)	.....1	20,147,481	3,774,948	0	0	0	0	23,922,429	0

DETAILS OF WRITE-INS

5801.								0	
5802.								0	
5803.								0	
5898. Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 + 5898) (Line 58 above)....		0	0	0	0	0	0	0	0

Explanation of basis of allocation by states, premiums by state, etc.

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

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

PART 1 - ORGANIZATIONAL CHART

Company	State of Domicile	NAIC #	FEIN	Company	State of Domicile	NAIC #	FEIN	Company	State of Domicile	NAIC #	FEIN
UnitedHealth Group Incorporated	MN		41-1321939	--- --- Ingenix Pharmaceutical Services de Argentina S. R. L.	Argentina		N/A	--- --- ACN Group, Inc.	MN		41-1591944
--- AmeriChoice Corporation	DE		54-1743136	--- --- Ingenix International (Czech Republic) S.R.O.	Czech		N/A	--- --- Managed Physical Network, Inc.	NY		14-1782475
--- --- AmeriChoice Health Services, Inc.	DE		54-1743141	--- --- Worldwide Clinical Trials, SL	Spain		N/A	--- --- ACN Group IPA of New York, Inc.	NY		41-1913523
--- --- AmeriChoice Alliance, Inc.	NV		47-0875734	--- --- Ingenix International Hungary Ltd.	Hungary		N/A	--- --- ACN Group of California, Inc.	CA		27-0015861
--- --- AmeriChoice of New Jersey, Inc.	NJ	95497	22-3368602	--- --- Ingenix Pharmaceutical Svcs. (RSA) Proprietary Limited	South Africa		N/A	--- --- Dental Benefit Providers, Inc.	DE		41-2014834
--- --- UnitedHealthcare of New York, Inc	NY	95475	06-1172891	--- --- Ingenix International (Finland) Oy	Finland		N/A	--- --- Dental Benefit Providers of California, Inc.	CA		52-1452809
--- --- AmeriChoice of Pennsylvania, Inc.	PA	95033	54-1495918	--- --- Ingenix Canada Partnership	Ontario		N/A	--- --- Dental Benefit Providers of Illinois, Inc.	IL	52053	36-4008355
--- --- Great Lakes Health Plan, Inc.	MI	95467	38-3204052	--- United HealthCare Services, Inc.	MN		41-1289245	--- --- DBP Services of New York IPA, Inc.	NY		52-1811176
--- --- Information Network Corporation	AZ		86-0477097	--- --- UnitedHealthcare, Inc.	DE		41-1922511	--- --- Dental Benefit Providers of Maryland, Inc.	MD	47040	52-1500049
--- --- UnitedHealth Cares, Inc.	GA		Exempt	--- --- Neighborhood Health Partnership, Inc.	FL	95123	65-0996107	--- --- United Behavioral Health	CA		94-2649097
--- UnitedHealthcare International Asia, LLC	DE		Exempt	--- --- United HealthCare of Alabama, Inc.	AL	95784	63-0899562	--- --- U.S. Behavioral Health Plan, California	CA		94-3077084
--- --- UnitedHealthcare Asia Limited	Hong Kong		N/A	--- --- United HealthCare of Florida, Inc.	AZ	96016	86-0507074	--- --- Behavioral Health Administrators	CA		94-3111105
--- --- UnitedHealthcare International Malaysia Sdn. Bhd.	Malaysia		N/A	--- --- Arizona Physicians IPA, Inc.	AZ		86-0813232	--- --- United Behavioral Health of New York, IPA, Inc.	NY		41-1868911
--- --- United Health Connect Sdn. Bhd	Malaysia		N/A	--- --- United HealthCare of Arkansas, Inc.	AR	95446	63-1036819	--- --- Ovations, Inc.	DE		41-1921007
--- H & W Indemnity, Ltd	Cayman Islands		98-0213198	--- --- United HealthCare of Colorado, Inc.	CO	95090	84-1004639	--- --- Lifemark Corporation	DE		36-3338328
--- UHC International Services, Inc.	DE		41-1913059	--- --- United HealthCare of Florida, Inc.	FL	95264	59-1293865	--- --- Evercare of Arizona, Inc.	AZ		86-0618309
---UnitedHealth International, Inc.	DE		41-1917398	--- --- United HealthCare of Georgia, Inc.	GA	95850	58-1653544	--- --- Evercare of Texas, LLC	TX	11141	91-2008361
--- --- Hygeia Corporation	DE		36-4331825	--- --- UnitedHealthcare of Illinois, Inc.	IL	95776	36-3280214	--- --- Evercare Collaborative Solutions, Inc.	DE		86-0964571
--- --- Hygeia Travel Health Holdings Company	Nova Scotia		N/A	--- --- United HealthCare of Louisiana, Inc.	LA	95833	72-1074008	--- --- Evercare Hospice, Inc.	DE		30-0226127
--- --- Hygeia Corporation (Ontario)	Ontario		N/A	--- --- UnitedHealthcare of the Mid-Atlantic, Inc.	MD	95025	52-1130183	--- --- EverCare of New York, IPA, Inc.	NY		41-1962017
--- UnitedHealth Group International B.V.	Netherlands		N/A	--- --- United HealthCare of the Midlands, Inc	NE	95591	47-0676824	--- --- Uniprise, Inc.	DE		41-1921009
--- UnitedHealthcare International Mauritius Limited	Mauritius		N/A	--- --- United HealthCare of the Midwest, Inc.	MO	96385	43-1361841	--- --- HealthAllies, Inc.	DE		95-4763349
--- --- UnitedHealth Group Information Services Ptd. Ltd.	India		N/A	--- --- United HealthCare of Mississippi, Inc.	MS	95716	63-1036817	--- --- Definity Health Corporation	DE		41-1966185
--- --- MediExpress Sdn. Bhd	Malaysia		N/A	--- --- UnitedHealthcare of North Carolina, Inc	NC	95103	56-1461010	--- --- United HealthCare (Ireland) Limited	Ireland		Exempt
--- --- UnitedHealthcare India (Private) Limited	India		N/A	--- --- United HealthCare of Tennessee, Inc.	TN	11147	63-1036814	--- --- UHIC Holdings, Inc.	DE		41-1921008
--- --- Omega Insurance Advisors Private Limited	India		N/A	--- --- United HealthCare of Texas, Inc.	TX	95765	95-3939697	--- --- United HealthCare Insurance Company	CT	79413	36-2739571
--- Golden Rule Financial Corporation	DE		35-0855368	--- --- United HealthCare of Utah	UT	95501	41-1488563	--- --- United HealthCare Insurance Company of Ohio	OH	73518	31-1169935
--- --- American Medical Security Life Insurance Company (Ins)	WI	97179	86-0207231	--- --- UnitedHealthcare of Wisconsin, Inc.	WI	95710	39-1555888	--- --- United HealthCare Insurance Company of Illinois	IL	60318	36-3800349
--- --- Golden Rule Insurance Company	IN	62286	37-6028756	--- --- Arnett Health Plans, Inc.	IN		35-1812034	--- --- United HealthCare Insurance Company of New York	NY	60093	11-3283886
--- --- All Savers Insurance Company	IN	82406	35-1665915	--- --- Health Care Administrators, Inc.	IN		35-1812032	--- --- Unimerica Life Insurance Co. of New York	NY	11596	01-0637149
--- --- Rooney Life Insurance Company	CA	73130	35-1744596	--- --- Arnett HMO, Inc.	IN	95440	35-1736982	--- --- United HealthCare Products, LLC	DE		41-2012479
--- --- UnitedHealthOne Agency, Inc.	IN		37-0920164	--- --- Arnett Practice Association, LLC	IN		Exempt	--- --- United HealthCare Service, LLC	DE		36-2739571
--- --- Ingenix, Inc.	DE		41-1858498	--- --- Midwest Security Holding, Inc.	WI		39-1127271	--- --- UnitedHealthCare Alliance, LLC	DE		Exempt
--- --- Aperture Credentialing, Inc.	DE		61-1314126	--- --- Midwest Security Administrators, Inc.	WI		39-1653251	--- --- Duncan Printing Services, LLC	SC		Exempt
--- --- GeoAccess, Inc.	KS		48-1090471	--- --- Midwest Security Care, Inc.	WI		39-1624025	--- --- OneNet PPO, LLC	MD		Exempt
--- --- Ingenix Publishing, Inc.	DE		54-1526076	--- --- Midwest Security Life Insurance Company	WI	79480	35-1279304	--- --- MAMSI Insurance Resources, LLC	MD		Exempt
--- --- Ingenix Health Intelligence, Inc.	DE		35-2170347	--- --- United Medical Resources, Inc.	OH		31-1078580	--- Mid Atlantic Medical Services, LLC	DE		Exempt
--- --- i3 Research Limited	United Kingdom		N/A	--- --- IBA Health and Life Assurance Company	MI	81450	38-2346432	--- --- Optimum Choice, Inc.	MD	96940	52-1518174
--- --- Ingenix Public Sector Solutions, Inc.	DE		20-4581265	--- --- IBA Self Funded Group, Inc.	MI		38-2432067	--- --- MAMSI Life and Health Insurance Company	MD	60321	52-1803283
--- ---The Lewin Group, Inc.	NC		56-1970224	--- --- Southwest Michigan Health Network, Inc.	MI		38-2609888	--- --- Physicians Health Plan of Maryland, Inc.	MD		52-1162824
--- --- HWT, Inc.	DE		01-0533846	--- --- ProcessWorks, Inc.	WI		39-1579905	--- --- MD-Individual Practice Association, Inc. (FQ)	MD	96310	52-1169135
--- --- PsychCME, Inc.	DE		20-0666246	--- --- UnitedHealthcare Services Company of the River Valley, Inc.	DE		36-3355110	--- --- HomeCall Pharmaceutical Services, Inc.	MD		52-1638210
--- --- Electronic Network Systems, Inc.	DE		84-1162764	--- --- UnitedHealthcare Insurance Company of the River Valley	IL	12231	20-1902768	--- --- HomeCall, Inc.	MD		52-0998217
--- --- RSB Holdings, Inc.	DE		05-0519466	--- --- UnitedHealthcare Plan of the River Valley, Inc.	IL	95378	36-3379945	--- --- FirstCall, Inc.	MD		52-1456623
--- ---LighthouseMD, Inc.	RI		05-0471309	--- --- UnitedHealthcare of New England, Inc.	RI	95149	05-0413469	--- --- MLH Life Trust	MD		52-2085009
--- ---CareTracker Technologies, Inc.	MA		04-3545055	--- --- United HealthCare of Ohio, Inc.	OH	95186	31-1142815	--- --- Frederick Associates LLC	MD		Exempt
--- --- Healthia Consulting, Inc.	MN		41-1920557	--- --- United HealthCare of Kentucky, Ltd.	KY	96644	62-1240316	--- --- Oxford Health Plans LLC	DE		Exempt
--- ---Healthia Exchange, LLC	MN		16-1617628	--- --- UnitedHealth Europe Limited	United Kingdom		N/A	--- --- Oxford Health Plans (CT), Inc.	CT	96798	06-1181201
--- --- Ingenix Pharmaceutical Services, Inc.	DE		41-0975147	--- --- UnitedHealth Primary Care Limited	United Kingdom		N/A	--- --- Oxford Health Plans (NJ), Inc.	NJ	95506	22-2745725
--- --- i3 Canada, Inc.	Canada		N/A	--- --- UnitedHealth Primary Care Plus Limited	United Kingdom		N/A	--- --- Oxford Benefit Management, Inc.	CT		06-1587795
--- --- i3 Japan LLC	Japan		N/A	--- --- UnitedHealth Capital, LLC	DE		Exempt	--- --- Oxford Health Plans (NY), Inc.	NY	95479	06-1181200
--- --- Ingenix Pharmaceutical Svcs (Deutschland) GmbH	Germany		N/A	--- --- UnitedHealth Advisors, LLC	ME		01-0538317	--- --- Oxford Health Insurance, Inc.	NY	78026	22-2797560

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

PART 1 - ORGANIZATIONAL CHART

--- -- Ingenix International (Hong Kong) Limited	Hong Kong	N/A	--- -- Exante Financial Services, Inc.	DE	47-0858530	--- PacifiCare Health Systems, LLC	DE	20-3375956
--- -- Ingenix Pharmaceutical Services d.o.o.	Croatia	N/A	--- -- OptumHealth Bank, Inc.	UT	47-0858534	--- -- PacifiCare Health Plan Administrators, Inc.	IN	35-1508167
--- -- Pacific Pharma Partners Ptc Ltd.	Singapore	N/A	--- -- Gi Sanka Holdings, Inc.	MN	Exempt	--- -- PacifiCare of Texas, Inc. (HMO)	TX	95174 33-0115163
--- -- i3 Poland sp z.o.o.	Poland	N/A	--- -- A.E. Roberts Company	MN	Exempt	--- -- PacifiCare of Oklahoma, Inc. (HMO)	OK	96903 33-0115166
--- -- ClinPharm International Limited	United Kingdom	N/A	--- -- Administration Resource Corporation	MN	Exempt	--- -- PacifiCare of Washington, Inc. (HCSC)	WA	48038 91-1312551
--- -- Ingenix Pharmaceutical Svcs. (UK) LTD.	United Kingdom	N/A	--- -- Passport Coast-to-Coast LLC	DE	Exempt	--- -- PacifiCare of Oregon, Inc. (HMO)	OR	95893 93-0938819
--- -- Ingenix Pharmaceutical Svcs. (Spain) SL	Spain	N/A	--- -- Specialized Care Services, Inc.	DE	41-1921983	--- -- PacifiCare of California (Knox Keene)	CA	95-2931460
--- -- Ingenix Pharmaceutical Serv. (Australia) Pty Ltd	Australia	N/A	--- -- Spectera of New York, IPA, Inc.	NY	71-0886811	--- -- PacifiCare of Arizona, Inc. (HMO)	AZ	95617 94-3267522
--- -- Ingenix International (Italy) S. R. L.	Italy	N/A	--- -- Unimerica Insurance Company	WI	91529 52-1996029	--- -- PacifiCare of Nevada, Inc. (HMO)	NV	95685 86-0875231
--- -- Ingenix Pharmaceutical Services (France) SARL	France	N/A	--- -- United Resource Networks, Inc.	DE	41-1940493	--- -- PacifiCare of Colorado, Inc. (HMO)	CO	95434 84-1011378
--- -- Innovus Research (U.K.), Limited	United Kingdom	N/A	--- -- United Resource Networks IPA of New York, Inc.	NY	30-0318238	--- -- PacifiCare Life and Health Insurance Company (Ins)	IN	70785 35-1137395
--- -- European Health Economics (UK) Ltd.	United Kingdom	N/A	--- -- Specialty Resource Services, Inc.	DE	41-1925903	--- -- PacifiCare Life Assurance Company (Ins)	CO	84506 95-2829463
--- -- Statprobe, Inc.	MI	38-2831808	--- -- National Benefit Resources, Inc.	MN	41-1485369	--- -- FHP Reinsurance Limited	Bermuda	98-0132525
--- -- Ingenix International (Netherlands) BV	Netherlands	N/A	--- -- Disability Consulting Group, LLC	ME	01-0490022	--- -- PacifiCare Dental (Knox Keene)	CA	95-2797931
--- -- E.C. Investigaciones del Sur S.A.	Costa Rica	N/A	--- -- DCG Resource Options, LLC	ME	01-0518346	--- -- PacifiCare Dental of Colorado, Inc. (HMO)	CO	11189 94-3284628
--- -- i3 Latin America Argentina S.A.	Argentina	N/A	--- -- Distance Learning Network, Inc.	DE	30-0238641	--- -- PacifiCare International Limited	Ireland	98-0221131
--- -- i3 Latin America Chile S.A.	Chile	N/A	--- -- Medical Network, Inc.	NJ	22-3341467	--- -- RxSolutions, Inc.	CA	33-0441200
--- -- Ingenix Pharmaceutical Services Mexico S.A. de C.V.	Mexico	N/A	--- -- EnvisionCare Alliance, Inc.	IL	36-3903346	--- -- RxSolutions NY IPA, Inc.	NY	33-0538634
--- -- i3 Latin America Perú S.A.	Peru	N/A	--- -- Spectera, Inc.	MD	52-1260282	--- -- PacifiCare Insurance Company (Ins)	IN	12322 20-2596962
--- -- i Tres Latin America Costa Rica S.A.	Costa Rica	N/A	--- -- Special Risk International, Inc.	MD	52-1900090	--- -- Union Health Solutions, Inc.	CA	33-0446372
--- -- i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda.	Brazil	N/A	--- -- PacificDental Benefits, Inc.	DE	94-3252033	--- -- Salveo Holding, LLC	DE	Exempt
--- -- i3 Research d.o.o. Beograd	Serbia	N/A	--- -- Pacific Union Dental, Inc. (Knox Keene)	CA	94-2904953	--- -- Salveo Insurance Company, Ltd. (Ins)	Caymans	98-0361995
--- -- LatinTrials Uruguay S.R.L.	Uruguay	N/A	--- -- Nevada Pacific Dental (LSHMO)	NV	95758 88-0228572	--- -- PacifiCare Behavioral Health, Inc.	DE	33-0538634
--- -- Ingenix Pharmaceutical Svcs. (Sweden) AB	Sweden	N/A	--- -- National Pacific Dental, Inc. (HMO)	TX	95251 76-0196559	--- -- PacifiCare Behavioral Health of California, Inc. (Knox Keene)	DE	95-4166547
--- -- European Health Economics AB	Sweden	N/A	--- -- NPD Dental Services, Inc.	DE	91-2197277			
--- -- Red Oak E-Commerce Solutions, Inc.	VA	45-0483900	--- -- NPD Insurance Company, Inc. (Ins.)	NV	12225 20-1639614			
--- -- WorkComp.Net, LLC	IA	Exempt	--- United Health Foundation	MN	Exempt			

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

PART 1 - ORGANIZATIONAL CHART

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