



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
Unison Health Plan of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 12323 Employer's ID Number 56-2451429
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes No

Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005

Statutory Home Office 1300 East Ninth Street, Cleveland, OH 44144
(Street and Number) (City or Town, State and Zip Code)

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

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

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

Internet Web Site Address www.unisonhealthplan.com

Statutory Statement Contact Jeffrey Brian Snelling, 412-501-0428
(Name) jeffrey.snelling@unisonhealthplan.com, 412-457-1344
(E-mail Address) (FAX Number)

OFFICERS

President	<u>Jeffrey Sean Corzine</u>	Treasurer	<u>Robert Worth Oberrender</u>
Secretary	<u>Christina Regina Palme-Krizak</u>	Chief Financial Officer	<u>Timothy Ray Binkley</u>

OTHER

DIRECTORS OR TRUSTEES

<u>Rodney Charles Armstead</u>	<u>Michael Paul Radu</u>	<u>Kara Jean Rios</u>
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State of <u>Ohio</u> County of <u>Franklin</u>	State of <u>Minnesota</u> County of <u>Hennepin</u>	State of <u>Ohio</u> County of <u>Franklin</u>
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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.

Jeffrey Sean Corzine
President

Christina Regina Palme-Krizak
Secretary

Timothy Ray Binkley
Chief Financial Officer

Subscribed and sworn to before me this

day of _____

Subscribed and sworn to before me this

day of _____

Subscribed and sworn to before me this

day of _____

a. Is this an original filing?..... Yes No

b. If no,

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	61,135,226		61,135,226	57,741,926
2. Stocks:				0
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				0
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 2,352,382), cash equivalents (\$ 0) and short-term investments (\$ 79,663,625)	82,016,007		82,016,007	49,731,402
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities	0		0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	143,151,233	0	143,151,233	107,473,328
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	555,370		555,370	749,159
15. Premiums and considerations:				0
15.1 Uncollected premiums and agents' balances in the course of collection	2,982,692		2,982,692	4,305,283
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				0
16.1 Amounts recoverable from reinsurers	(21,292)		(21,292)	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	9,211		9,211	2,822
18.1 Current federal and foreign income tax recoverable and interest thereon			0	4,661,962
18.2 Net deferred tax asset	474,343	0	474,343	544,938
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$ 2,026,624) and other amounts receivable	2,266,993	240,369	2,026,624	1,778,121
25. Aggregate write-ins for other than invested assets	279,365	0	279,365	120,983
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	149,697,914	240,369	149,457,545	119,636,596
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	149,697,914	240,369	149,457,545	119,636,596
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Sales and Use/Domestic HIC Franchise Tax/Franchise Fee Receivable	279,365		279,365	120,983
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	279,365	0	279,365	120,983

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 375,763 reinsurance ceded)	36,107,797		36,107,797	39,531,598
2. Accrued medical incentive pool and bonus amounts	0		0	0
3. Unpaid claims adjustment expenses	745,618		745,618	783,408
4. Aggregate health policy reserves	14,611		14,611	12,196
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves	1,402,541		1,402,541	1,460,580
8. Premiums received in advance	33,172,798		33,172,798	0
9. General expenses due or accrued	5,945,632		5,945,632	6,329,623
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	2,884,250		2,884,250	0
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	33,894		33,894	33,894
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	0		0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	19,066		19,066	7,238,574
16. Derivatives			0	0
17. Payable for securities	0		0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans	12,194		12,194	10,846
23. Aggregate write-ins for other liabilities (including \$ 2,576,881 current)	2,576,881	0	2,576,881	3,811,562
24. Total liabilities (Lines 1 to 23)	82,915,282	0	82,915,282	59,212,281
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	21,227,057	21,227,057
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	45,314,206	39,196,258
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	66,542,263	60,424,315
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	149,457,545	119,636,596
DETAILS OF WRITE-INS				
2301. Unearned Pay for Performance	2,560,563		2,560,563	3,797,587
2302. Unclaimed Property	16,318		16,318	13,975
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	2,576,881	0	2,576,881	3,811,562
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	358,492	359,287	1,454,833
2. Net premium income (including \$ non-health premium income).....	XXX	100,647,716	108,976,331	411,175,681
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(2,415)	8,179	17,332
4. Fee-for-service (net of \$ medical expenses).....	XXX			0
5. Risk revenue	XXX			0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	1,944,789
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	100,645,302	108,984,510	413,137,802
Hospital and Medical:				
9. Hospital/medical benefits		60,168,433	56,700,861	236,196,444
10. Other professional services		9,664,397	8,283,961	36,608,507
11. Outside referrals				0
12. Emergency room and out-of-area		5,609,722	5,639,369	21,244,402
13. Prescription drugs		406,829	6,250,042	6,906,965
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0		0
16. Subtotal (Lines 9 to 15)	0	75,849,381	76,874,233	300,956,318
Less:				
17. Net reinsurance recoveries		506,653	(59,269)	1,747,662
18. Total hospital and medical (Lines 16 minus 17)	0	75,342,728	76,933,502	299,208,656
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 1,422,172 cost containment expenses		1,779,940	2,927,545	7,292,205
21. General administrative expenses		15,011,943	13,823,409	61,500,467
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22).....	0	92,134,612	93,684,456	368,001,328
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	8,510,690	15,300,054	45,136,474
25. Net investment income earned		358,936	38,851	622,895
26. Net realized capital gains (losses) less capital gains tax of \$ 500		1,430		5,160
27. Net investment gains (losses) (Lines 25 plus 26)	0	360,366	38,851	628,055
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)] (amount charged off \$)]				
29. Aggregate write-ins for other income or expenses	0	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	8,871,056	15,338,905	45,764,529
31. Federal and foreign income taxes incurred	XXX	2,884,212	5,368,616	13,011,261
32. Net income (loss) (Lines 30 minus 31)	XXX	5,986,844	9,970,289	32,753,268
DETAILS OF WRITE-INS				
0601. Performance Based Revenue	XXX	0	0	1,944,789
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	1,944,789
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	60,424,315	60,525,524	60,525,524
34. Net income or (loss) from Line 32	5,986,844	9,970,289	32,753,268
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(70,595)	(69,620)	(3,122,415)
39. Change in nonadmitted assets	201,699	198,913	467,938
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			(30,200,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	6,117,948	10,099,582	(101,209)
49. Capital and surplus end of reporting period (Line 33 plus 48)	66,542,263	70,625,106	60,424,315
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	135,143,104	67,700,730	368,898,724
2. Net investment income	818,302	93,701	324,409
3. Miscellaneous income	(1,237,024)	785,150	3,517,282
4. Total (Lines 1 to 3)	134,724,382	68,579,581	372,740,415
5. Benefit and loss related payments	78,852,470	80,887,158	305,361,675
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	17,379,879	16,099,465	64,408,354
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 500 tax on capital gains (losses)	(4,662,000)	3,326,000	24,022,466
10. Total (Lines 5 through 9)	91,570,349	100,312,622	393,792,496
11. Net cash from operations (Line 4 minus Line 10)	43,154,033	(31,733,041)	(21,052,081)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	426,252	0	669,044
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	426,252	0	669,044
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,080,905	0	55,141,023
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	4,080,905	0	55,141,023
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,654,653)	0	(54,471,979)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	30,200,000
16.6 Other cash provided (applied)	(7,214,775)	1,952,884	10,554,821
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(7,214,775)	1,952,884	(19,645,179)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	32,284,605	(29,780,157)	(95,169,238)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	49,731,402	144,900,640	144,900,640
19.2 End of period (Line 18 plus Line 19.1)	82,016,007	115,120,483	49,731,402

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

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STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	119,095	0	0	0	0	0	0	8	119,087	0
2. First Quarter	119,725								119,725	
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	358,492								358,492	
Total Member Ambulatory Encounters for Period:										
7. Physician	319,168								319,168	
8. Non-Physician	37,680								37,680	
9. Total	356,848	0	0	0	0	0	0	0	356,848	0
10. Hospital Patient Days Incurred	18,944								18,944	
11. Number of Inpatient Admissions	4,147								4,147	
12. Health Premiums Written (a)	101,695,521							(3,682)	101,699,203	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	101,693,106							(6,097)	101,699,203	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	79,522,816							13,641	79,509,175	
18. Amount Incurred for Provision of Health Care Services	75,849,381							(23,442)	75,872,823	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (3,682)

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Doral Dental	592,506					592,506
0199999. Individually listed claims unpaid	592,506	0	0	0	0	592,506
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	15,138,809	202,758	35,086	930	153	15,377,736
0499999 Subtotals	15,731,315	202,758	35,086	930	153	15,970,242
0599999 Unreported claims and other claim reserves						20,513,318
0699999 Total amounts withheld						
0799999 Total claims unpaid						36,483,560
0899999 Accrued medical incentive pool and bonus amounts						

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	16,282	(17)	17,880		34,162	56,275
7. Title XIX - Medicaid	32,711,394	48,363,903	5,027,077	32,465,381	37,738,471	40,935,903
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	32,727,676	48,363,886	5,044,957	32,465,381	37,772,633	40,992,178
10. Healthcare receivables (a)	73,355	2,193,638			73,355	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	32,654,321	46,170,248	5,044,957	32,465,381	37,699,278	40,992,178

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

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Unison Health Plan of Ohio, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department).

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Ohio, for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Ohio Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) in effect for the accounting periods covered in the financial statement.

No significant differences exist between the statutory practices prescribed or permitted by the State of Ohio and those prescribed or permitted by the NAIC SAP which would materially affect the statutory basis capital and surplus.

A reconciliation of the Company's net income and capital and surplus for the differences between the State of Ohio basis and NAIC SAP is shown below:

	<u>3/31/2011</u>	<u>12/31/2010</u>
<u>Net income:</u>		
1. State of Ohio basis	\$ 5,986,844	\$ 32,753,268
2. State Prescribed Practices None	-	-
3. State Permitted Practices None	-	-
4. NAIC SAP basis	<u>\$ 5,986,844</u>	<u>\$ 32,753,268</u>

Statutory Capital & Surplus

5. State of Ohio basis	\$ 66,542,263	\$ 60,424,315
6. State Prescribed Practices None	-	-
7. State Permitted Practices None	-	-
8. NAIC SAP basis	<u>\$ 66,542,263</u>	<u>\$ 60,424,315</u>

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 – Investments

- A. No significant change.
- B. No significant change.
- C. No significant change.

NOTES TO FINANCIAL STATEMENTS

D. Loan-Backed Securities

- 1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from an external data source vendor.
- 2) The Company did not recognize other-than-temporary impairments on mortgage-type investments as of March 31, 2011.
- 3) The Company did not have mortgage-type investments with an other-than-temporary impairment to report by CUSIP as of March 31, 2011.
- 4) The table below represents impaired Mortgages, Collateralized Mortgage Obligations and Asset Back Securities - Structured Assets Only for which an other-than-temporary impairment has not been recognized in earnings as of March 31, 2011:

	<u>Less Than 12 Months</u>		<u>12 Months or Greater</u>		<u>Total Unrealized</u>	
	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses
Fixed Income-Mortgage	\$ 9,612,203	\$ (71,573)	\$ -	\$ -	\$ 9,612,203	\$ (71,573)

- 5) The Company believes that it will collect all principal and interest due on all investments that have an amortized cost in excess of fair value. The unrealized losses as of March 31, 2011 were primarily caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities.

E. No significant change.

F. No significant change.

G. No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

No significant change.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. The Company did not have any transfers of receivables reported as sales as of March 31, 2011 or December 31, 2010.
- B. The Company did not have any transfer and servicing of financial assets as of March 31, 2011 or December 31, 2010.
- C. No transactions involving wash sales of securities with a NAIC designation of 3 or below or unrated securities occurred during the year ended March 31, 2011 or December 31, 2010.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 – Fair Value Measurement

The Company does not have any financial assets that are measured and reported at fair value on the statutory basis statements of admitted assets, liabilities, and capital and surplus at March 31, 2011 and December 31, 2010.

Note 21 – Other Items

No significant change.

Note 22 - Events Subsequent

TYPE 1 – No significant change.

TYPE 2 – On February 7, 2011, the Department approved the Company's request to change its corporate name to UnitedHealthcare Community Plan of Ohio, Inc. effective April 1, 2011.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 25 - Change in Incurred Claims and Claims Adjustment Expenses

Changes in estimates related to the prior year incurred claims are included in total hospital and medical 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 claims unpaid and aggregate health claim reserves at March 31, 2011 and December 31, 2010 (in thousands):

	2011		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (40,992)	\$ (40,992)
Paid claims	46,170	32,654	78,824
End of year claim reserve	32,465	5,045	37,510
Incurred claims	\$ 78,635	\$ (3,293)	\$ 75,342
	2010		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (51,742)	\$ (51,742)
Paid claims	274,540	35,419	309,959
End of year claim reserve	40,825	167	40,992
Incurred claims	\$ 315,365	\$ (16,156)	\$ 299,209

The liability for claims unpaid and aggregate health claim reserves receivables at March 31, 2011 and December 31, 2010, exceeded actual claims incurred through March 31, 2011 and December 31, 2010, respectively, related to prior years by approximately \$3,293,000 and \$16,156,000 respectively. The primary drivers consist of favorable development as a result of ongoing analysis of loss development trends and changes to the provider settlement reserves.

The Company incurred claims adjustment expenses (CAE) of approximately \$1,817,000 and \$7,456,000 as of March 31, 2011 and December 31, 2010, respectively. These costs are included in the management service fees paid by the Company to UAS as a part of its management agreement. The following tables disclose paid CAE, incurred CAE, and the balance in the unpaid claim adjustment expenses reserve as of March 31, 2011 and December 31, 2010 (in thousands):

	2011	2010
Total claims adjustment expenses incurred	\$ 1,780	\$ 7,292
Less current year unpaid claims adjustment expenses	(746)	(783)
Add prior year unpaid claims adjustment expenses	783	947
Total claims adjustment expenses paid	\$ 1,817	\$ 7,456

NOTES TO FINANCIAL STATEMENTS

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care and Other Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No []

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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 []

2.2 If yes, date of change: 01/19/2011

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No []
If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []

4.2 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 Company Code	3 State of Domicile
OptumHealth Bank		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 06/21/2010

6.2 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. 12/31/2009

6.3 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). 01/01/2011

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []

7.1 Has this 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 []

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No []

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 [] No []

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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
OptumHealth Bank	Salt Lake City, Utah	NO	NO	NO	YES	NO

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.
GENERAL INTERROGATORIES

9.1 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.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
 13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	\$ 0	\$ 0
14.23 Common Stock	\$ 0	\$ 0
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 0	\$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
State Street Bank	801 Pennsylvania, Kansas City, MO 64105
Bank of New York Mellon	Global Liquidity Services, 1 Wall St. 14th Floor, New York, NY 10286

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

16.4 If yes, give full information relating thereto:

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

16.5 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	2 Name(s)	3 Address

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

17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent 76.0 %

1.2 A&H cost containment percent 1.4 %

1.3 A&H expense percent excluding cost containment expenses 15.1 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$.....

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date \$.....

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

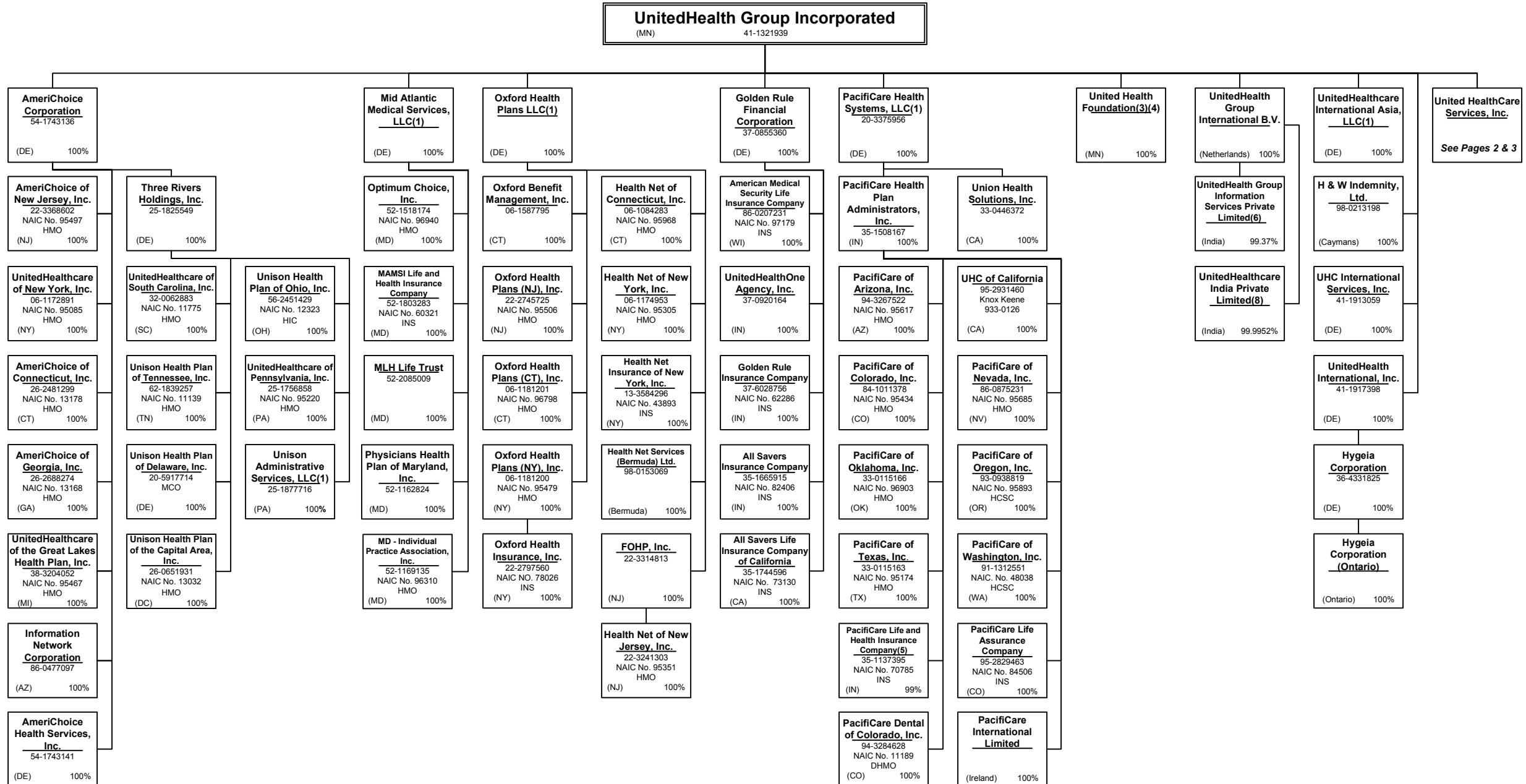
States, etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	
2. Alaska	AK	N						0	
3. Arizona	AZ	N						0	
4. Arkansas	AR	N						0	
5. California	CA	N						0	
6. Colorado	CO	N						0	
7. Connecticut	CT	N						0	
8. Delaware	DE	N						0	
9. District of Columbia	DC	N						0	
10. Florida	FL	N						0	
11. Georgia	GA	N						0	
12. Hawaii	HI	N						0	
13. Idaho	ID	N						0	
14. Illinois	IL	N						0	
15. Indiana	IN	N						0	
16. Iowa	IA	N						0	
17. Kansas	KS	N						0	
18. Kentucky	KY	N						0	
19. Louisiana	LA	N						0	
20. Maine	ME	N						0	
21. Maryland	MD	N						0	
22. Massachusetts	MA	N						0	
23. Michigan	MI	N						0	
24. Minnesota	MN	N						0	
25. Mississippi	MS	N						0	
26. Missouri	MO	N						0	
27. Montana	MT	N						0	
28. Nebraska	NE	N						0	
29. Nevada	NV	N						0	
30. New Hampshire	NH	N						0	
31. New Jersey	NJ	N						0	
32. New Mexico	NM	N						0	
33. New York	NY	N						0	
34. North Carolina	NC	N						0	
35. North Dakota	ND	N						0	
36. Ohio	OH	L	(3,682)	101,699,203				101,695,521	
37. Oklahoma	OK	N						0	
38. Oregon	OR	N						0	
39. Pennsylvania	PA	N						0	
40. Rhode Island	RI	N						0	
41. South Carolina	SC	N						0	
42. South Dakota	SD	N						0	
43. Tennessee	TN	N						0	
44. Texas	TX	N						0	
45. Utah	UT	N						0	
46. Vermont	VT	N						0	
47. Virginia	VA	N						0	
48. Washington	WA	N						0	
49. West Virginia	WV	N						0	
50. Wisconsin	WI	N						0	
51. Wyoming	WY	N						0	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CN	N						0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	0	(3,682)	101,699,203	0	0	101,695,521	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX						0	
61. Totals (Direct Business)	(a)	1	0	(3,682)	101,699,203	0	0	101,695,521	0
DETAILS OF WRITE-INS									
5801.		XXX							
5802.		XXX							
5803.		XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)		XXX	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

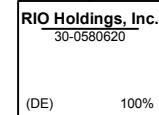
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

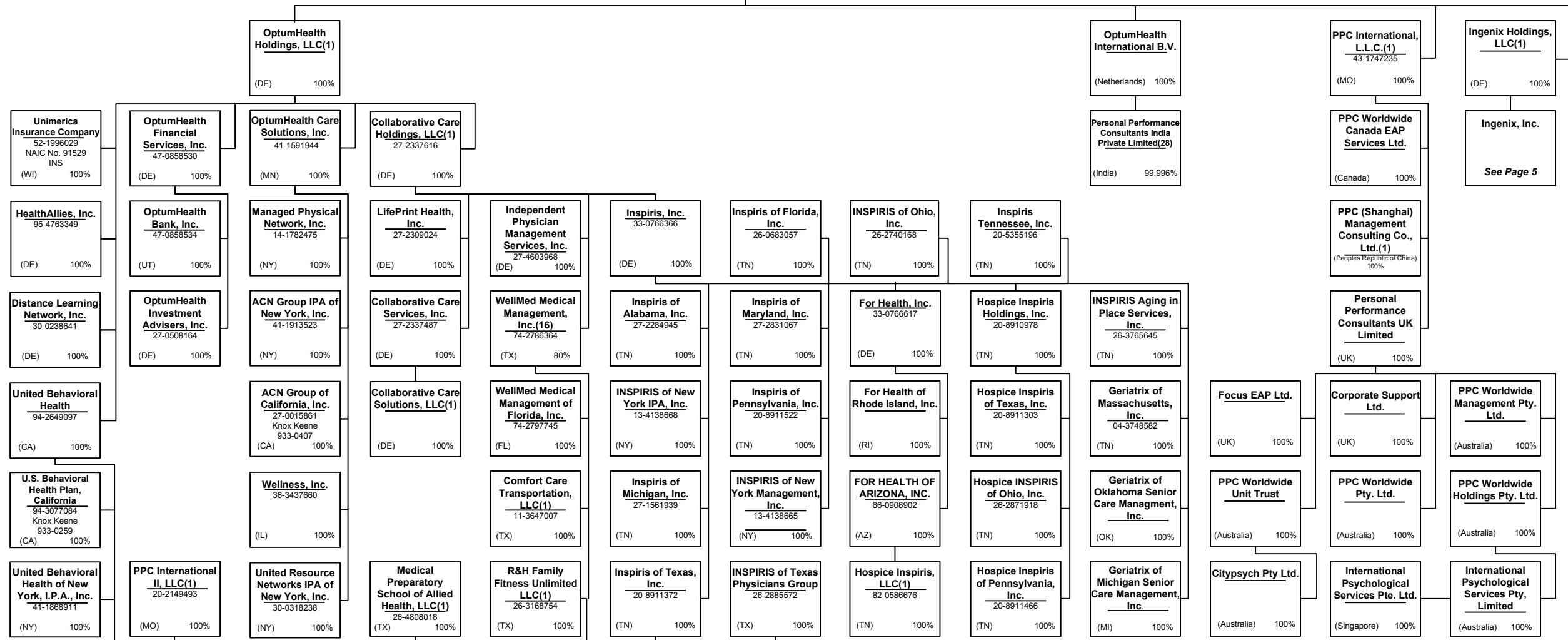


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

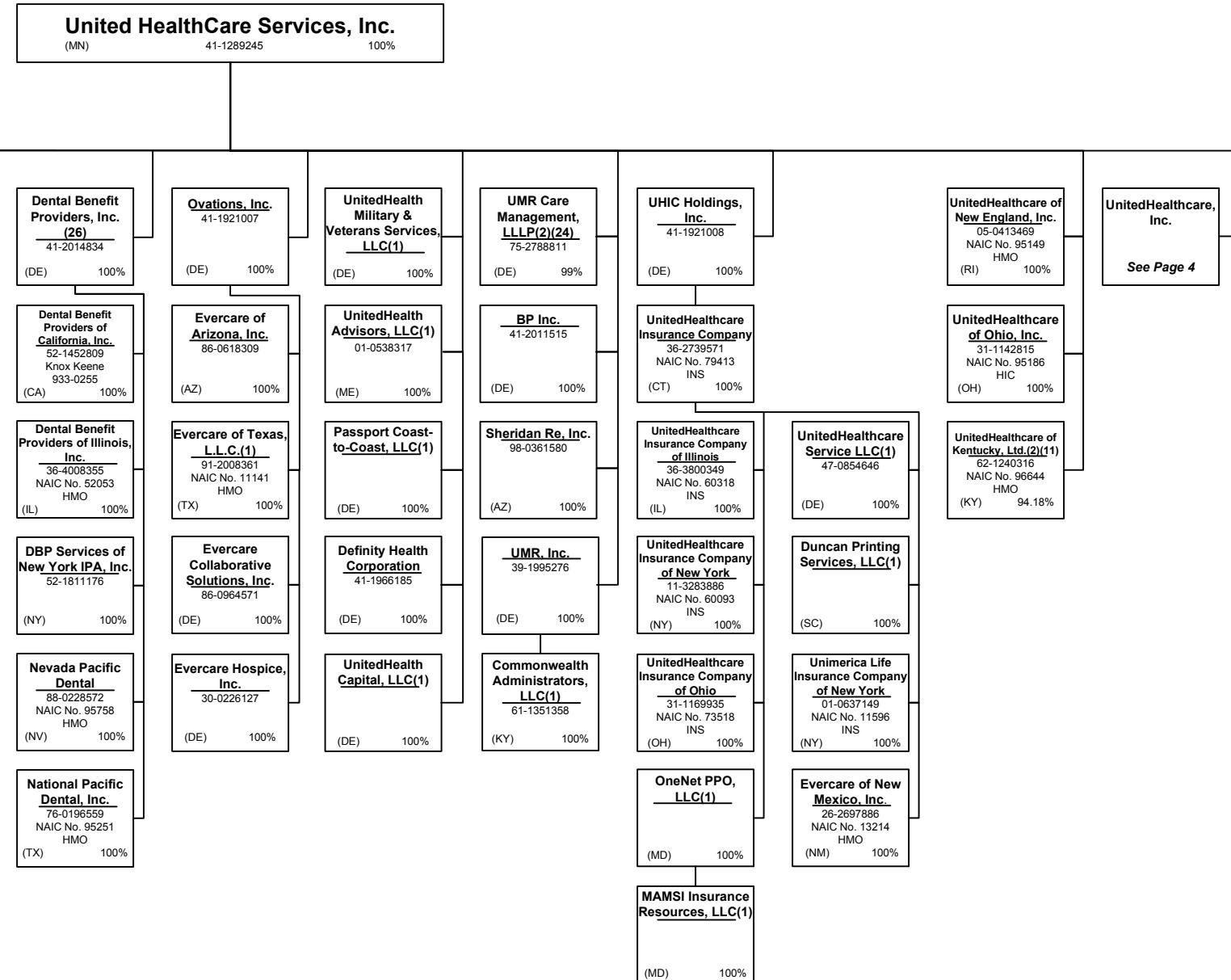


Continued on Page 3 →



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

PART 1 - ORGANIZATIONAL CHART

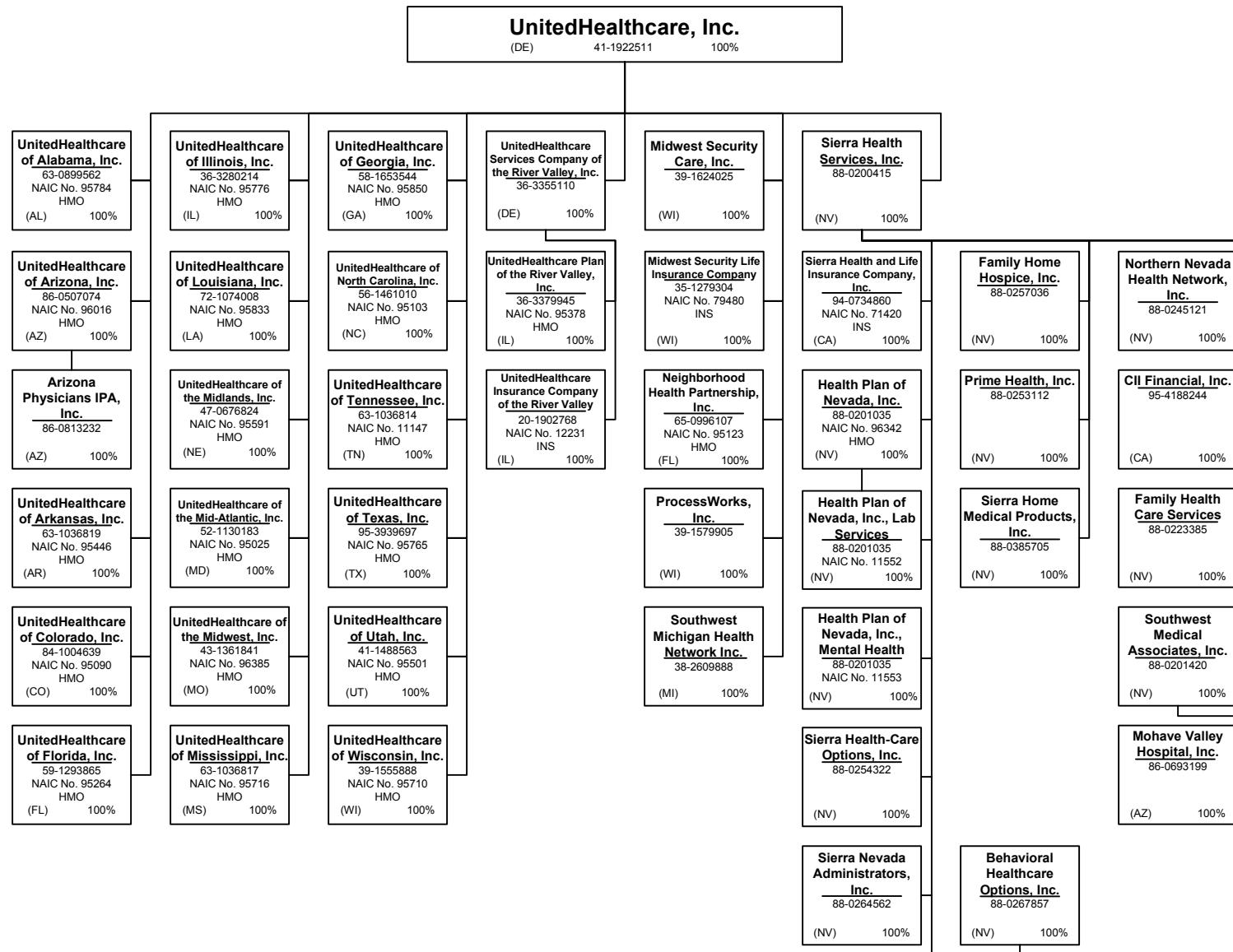


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Page 2

Page 4

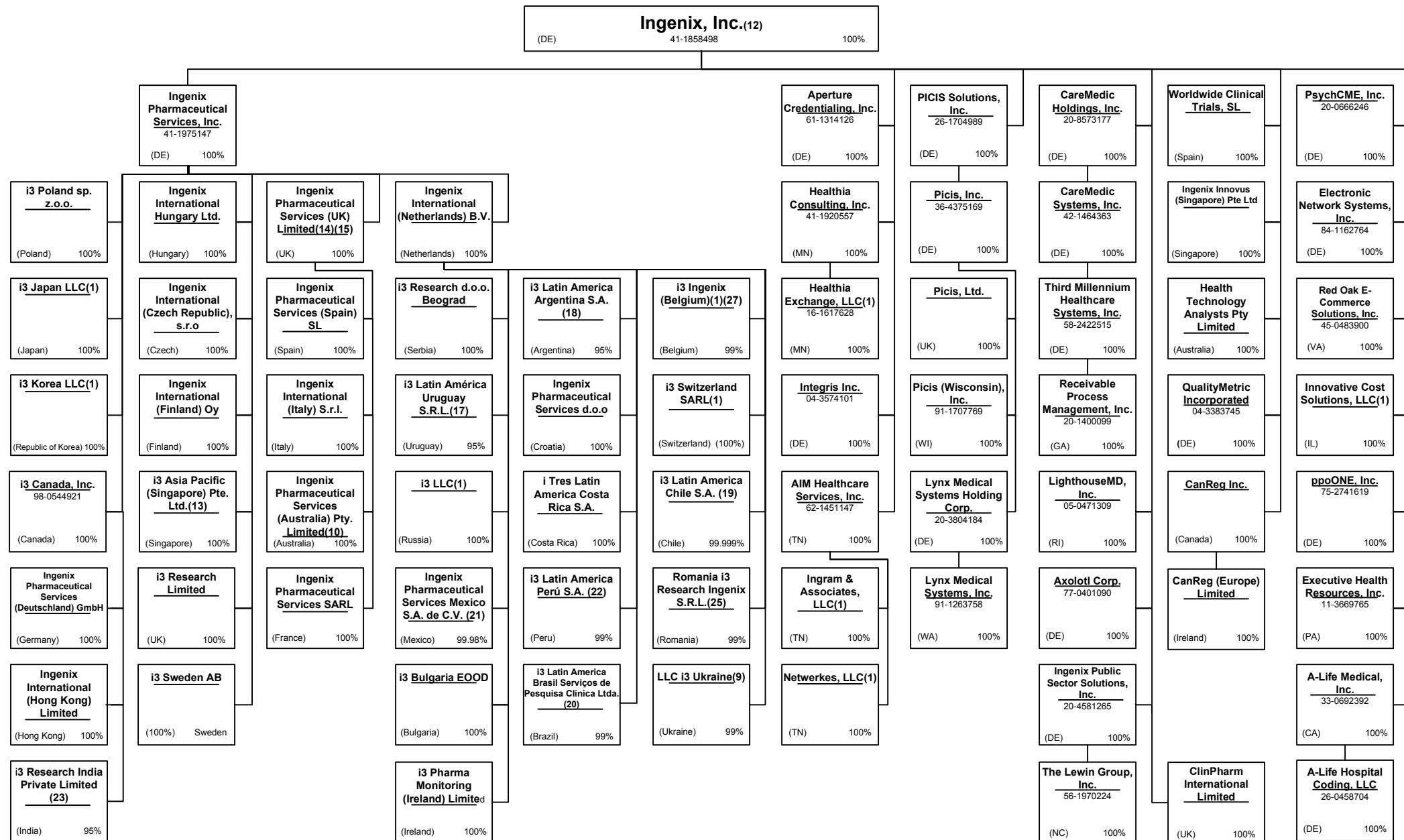
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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

PART 1 - ORGANIZATIONAL CHART



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

PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

(1) Entity is a Limited Liability Company

(2) Entity is a Partnership

(3) Entity is a Non-Profit Corporation

(4) Control of the Foundation is based on sole membership, not the ownership of voting securities

(5) PacifiCare Life and Health Insurance Company is 99% owned by PacifiCare Health Plan Administrators, Inc. and 1% owned by PacifiCare Health Systems, LLC

(6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International, Inc.

(7) Placeholder

(8) United Healthcare India (Private) Limited is 99.9952% owned by UnitedHealth Group International B.V. and 0.0048% owned by UnitedHealth International, Inc.

(9) LLC i3 Ukraine is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.

(10) Established a branch, Ingenix Pharmaceutical Services, (Australia) Pty Limited, in New Zealand.

(11) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.

(12) Established a branch, Ingenix, Inc. – Abu Dhabi, located in Abut Dhabi, UAE.

(13) Established a branch, Asia Pacific (Singapore) Pte. Ltd. – Taipei Branch, located in Taiwan.

(14) Established a branch, Ingenix Pharmaceutical Services (UK) Limited – South Africa Operations, located in South Africa.

(15) Established a branch, Ingenix Pharmaceutical Services (UK) Limited – Representative Office in the Republic of Croatia.

(16) WellMed Medical Management, Inc. is 80% owned by Collaborative Care Holdings, LLC and 20% owned by WMG Healthcare Partners, L.P.

(17) i3 Latin América Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

(18) i3 Latin America Argentina S.A. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

(19) i3 Latin America Chile S.A. is 99.9999% owned by Ingenix International (Netherlands) B.V. and 0.0001% owned by Ingenix Pharmaceutical Services, Inc.

(20) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. Is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.

(21) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 99.98% owned by Ingenix International (Netherlands) B.V. The remaining 0.02% is owned by i3 Latin America Argentina S.A..

(22) i3 Latin America Perú S.A. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by i3 Latin America Argentina S.A.

(23) i3 Research India Private Limited is 95% owned by Ingenix Pharmaceutical Services, Inc. and 5% owned by Ingenix, Inc.

(24) Limited partnership interest is held by United HealthCare Services, Inc. (99%). General partnership interest is held by UMR, Inc. (1%)

(25) Romania i3 Research Ingenix S.R.L. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services (UK) Limited

(26) Dental Benefit Providers, Inc. is 99.999% owned by United HealthCare Services, Inc. and 0.001% owned by PacificDental Benefits, Inc.

(27) i3 Ingenix (Belgium) is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.

(28) Personal Performance Consultants India Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	57,741,934	3,647,756
2. Cost of bonds and stocks acquired	4,080,905	55,141,023
3. Accrual of discount	274	193
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	1,429	7,940
6. Deduct consideration for bonds and stocks disposed of	426,252	669,044
7. Deduct amortization of premium	263,059	385,934
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	61,135,231	57,741,934
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	61,135,231	57,741,934

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	103,709,593	142,756,995	110,673,775	(1,319,507)	134,473,306	0	0	103,709,593
2. Class 2 (a)	5,011,398	405,363	139,131	(19,832)	5,257,798	0	0	5,011,398
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	0	0	0	1,067,751	1,067,751	0	0	0
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	108,720,991	143,162,358	110,812,906	(271,588)	140,798,855	0	0	108,720,991
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	108,720,991	143,162,358	110,812,906	(271,588)	140,798,855	0	0	108,720,991

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 0 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ;

NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	79,663,625	XXX	79,663,625	10,705	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	45,470,221	100,098,900
2. Cost of short-term investments acquired	138,081,486	501,634,215
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	103,888,082	556,262,894
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	79,663,625	45,470,221
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	79,663,625	45,470,221

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	5,508,841	0
2. Cost of cash equivalents acquired	999,964	58,506,722
3. Accrual of discount	36	2,750
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	6,500,000	53,000,000
7. Deduct amortization of premium	8,841	631
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	5,508,841
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	5,508,841

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
3128PT-FL-4	FHLBC Pool J13771 MBS 3.500% 12/01/2501/10/2011	JP Morgan Chase	100,291	99,591		.174	1.....
544525-EF-1	LA CA Wtr Power Rev Bond Non Call 5.000% 07/01/1302/07/2011	Chase Securities	1,093,610	1,000,000		.5,139	1FE.....
576000-EU-3	MA St Sch Bldg Auth Rev Bond Non Call 5.000% 08/15/1702/04/2011	Wachovia Bank	1,135,310	1,000,000		.24,167	1FE.....
645918-ZX-4	NJ St Economic Dev Rev Bond Non Call 5.000% 09/01/1701/14/2011	Merrill Lynch	807,615	750,000		.0	1FE.....
3199999. Bonds - U.S. Special Revenues						3,136,826	2,849,591		29,480
29379V-AS-2	Enterprise Products Oper Corp Note MW 20BP 3.200% 02/01/1601/04/2011	Chase Securities	149,852	150,000		.0	2FE.....
56585A-AA-0	Marathon Petroleum Corp Note MW 25BP Prv Plc 3.500% 03/01/1601/27/2011	Morgan Stanley	89,993	90,000		.0	2FE.....
816851-AR-0	Sempra Energy Corp Note Non Call 1.070% 03/15/1403/18/2011	CitiGroup	165,519	165,000		.4	2FE.....
92343V-AZ-7	Verizon Comm Corp Note Non Call 0.919% 03/28/1403/23/2011	Goldman Sachs	240,000	240,000		.0	1FE.....
05567L-T3-1	BNP Paribas Corp Note Non Call 5.000% 01/15/21	F..	.01/12/2011	BNP Paribas Securities Corp	148,850	150,000		.0	1FE.....
44328M-AK-0	HSBC Bank Corp Note Non Call Prv Plc 4.750% 01/19/21	F..	.01/12/2011	HSBC Securities Inc	149,870	150,000		.0	1FE.....
3899999. Bonds - Industrial and Miscellaneous (Unaffiliated)						944,084	945,000		4
8399997. Total - Bonds - Part 3						4,080,910	3,794,591		29,484
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						4,080,910	3,794,591		29,484
8999997. Total - Preferred Stocks - Part 3						0	XXX		0
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX		0
9799997. Total - Common Stocks - Part 3						0	XXX		0
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX		0
9899999. Total - Preferred and Common Stocks						0	XXX		0
9999999 - Totals						4,080,910	XXX		29,484

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal Date	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market In- dicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Acretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value									
362045-GC-7	GNMA Pool 719395 MBS 4.000% 07/15/25		01/01/2011	Paydown			3,995	3,995	4,208	4,202	0	(206)	0	(206)	0	3,995	0	0	0	0	13	07/15/2025	1
362045-GC-7	GNMA Pool 719395 MBS 4.000% 07/15/25		02/01/2011	Paydown			4,010	4,010	4,223	4,217	0	(207)	0	(207)	0	4,010	0	0	0	0	27	07/15/2025	1
362045-GC-7	GNMA Pool 719395 MBS 4.000% 07/15/25		03/01/2011	Paydown			4,025	4,025	4,239	4,233	0	(208)	0	(208)	0	4,025	0	0	0	0	40	07/15/2025	1
362045-GD-5	GNMA Pool 719396 MBS 4.500% 07/15/25		01/01/2011	Paydown			3,871	3,871	4,129	4,122	0	(251)	0	(251)	0	3,871	0	0	0	0	15	07/15/2025	1
362045-GD-5	GNMA Pool 719396 MBS 4.500% 07/15/25		02/01/2011	Paydown			3,596	3,596	3,836	3,829	0	(233)	0	(233)	0	3,596	0	0	0	0	27	07/15/2025	1
362045-GD-5	GNMA Pool 719396 MBS 4.500% 07/15/25		03/01/2011	Paydown			3,496	3,496	3,729	3,722	0	(227)	0	(227)	0	3,496	0	0	0	0	39	07/15/2025	1
0599999. Bonds - U.S. Governments					22,993	22,993	24,364	24,325	0	(1,332)	0	(1,332)	0	(1,332)	0	22,993	0	0	0	0	161	XXX	XXX
3128PQ-LF-6	FHLMC Pool J11226 MBS 5.000% 11/01/24		01/01/2011	Paydown			2,461	2,461	2,622	2,622	0	(162)	0	(162)	0	2,461	0	0	0	0	10	11/01/2024	1
3128PQ-LF-6	FHLMC Pool J11226 MBS 5.000% 11/01/24		02/01/2011	Paydown			2,490	2,490	2,656	2,654	0	(164)	0	(164)	0	2,490	0	0	0	0	21	11/01/2024	1
3128PQ-LF-6	FHLMC Pool J11226 MBS 5.000% 11/01/24		03/01/2011	Paydown			2,481	2,481	2,646	2,644	0	(163)	0	(163)	0	2,481	0	0	0	0	31	11/01/2024	1
3128PR-LN-7	FHLMC Pool J12133 MBS 4.000% 05/01/25		01/01/2011	Paydown			8,077	8,077	8,457	8,449	0	(372)	0	(372)	0	8,077	0	0	0	0	27	05/01/2025	1
3128PR-LN-7	FHLMC Pool J12133 MBS 4.000% 05/01/25		02/01/2011	Paydown			7,867	7,867	8,237	8,230	0	(363)	0	(363)	0	7,867	0	0	0	0	52	05/01/2025	1
3128PR-LN-7	FHLMC Pool J12133 MBS 4.000% 05/01/25		03/01/2011	Paydown			8,700	8,700	9,109	9,101	0	(401)	0	(401)	0	8,700	0	0	0	0	87	05/01/2025	1
3128PT-FL-4	FHLMC Pool J13771 MBS 3.500% 12/01/25		02/01/2011	Paydown			839	839	844	840	0	(6)	0	(6)	0	839	0	0	0	0	2	12/01/2025	1
3128PT-FL-4	FHLMC Pool J13771 MBS 3.500% 12/01/25		03/01/2011	Paydown			547	547	551	550	0	(4)	0	(4)	0	547	0	0	0	0	3	12/01/2025	1
3128PT-MF-9	FHLMC Pool J13958 MBS 4.000% 12/01/25		01/01/2011	Paydown			1,595	1,595	1,647	1,647	0	(52)	0	(52)	0	1,595	0	0	0	0	5	12/01/2025	1
3128PT-MF-9	FHLMC Pool J13958 MBS 4.000% 12/01/25		02/01/2011	Paydown			1,728	1,728	1,785	1,784	0	(56)	0	(56)	0	1,728	0	0	0	0	12	01/01/2025	1
3128PT-MF-9	FHLMC Pool J13958 MBS 4.000% 12/01/25		03/01/2011	Paydown			1,729	1,729	1,785	1,785	0	(56)	0	(56)	0	1,729	0	0	0	0	17	01/01/2025	1
31416B-RB-6	FNMA Pool 995182 MBS 5.500% 06/01/20		01/01/2011	Paydown			5,266	5,266	5,758	5,748	0	(482)	0	(482)	0	5,266	0	0	0	0	24	06/01/2020	1
31416B-RB-6	FNMA Pool 995182 MBS 5.500% 06/01/20		02/01/2011	Paydown			4,583	4,583	5,012	5,003	0	(420)	0	(420)	0	4,583	0	0	0	0	42	06/01/2020	1
31416B-RB-6	FNMA Pool 995182 MBS 5.500% 06/01/20		03/01/2011	Paydown			4,221	4,221	4,616	4,608	0	(386)	0	(386)	0	4,221	0	0	0	0	58	06/01/2020	1
31416W-GZ-9	FNMA Pool AB1115 MBS 4.000% 06/01/25		01/01/2011	Paydown			6,477	6,477	6,776	6,768	0	(291)	0	(291)	0	6,477	0	0	0	0	22	06/01/2025	1
31416W-GZ-9	FNMA Pool AB1115 MBS 4.000% 06/01/25		02/01/2011	Paydown			4,315	4,315	4,515	4,509	0	(194)	0	(194)	0	4,315	0	0	0	0	29	06/01/2025	1
31416W-GZ-9	FNMA Pool AB1115 MBS 4.000% 06/01/25		03/01/2011	Paydown			4,286	4,286	4,484	4,479	0	(193)	0	(193)	0	4,286	0	0	0	0	43	06/01/2025	1
31418T-HC-4	FNMA Pool AD5626 MBS 4.500% 04/01/25		01/01/2011	Paydown			4,979	4,979	5,290	5,281	0	(302)	0	(302)	0	4,979	0	0	0	0	19	04/01/2025	1
31418T-HC-4	FNMA Pool AD5626 MBS 4.500% 04/01/25		02/01/2011	Paydown			4,843	4,843	5,145	5,136	0	(294)	0	(294)	0	4,843	0	0	0	0	36	04/01/2025	1
31418T-HC-4	FNMA Pool AD5626 MBS 4.500% 04/01/25		03/01/2011	Paydown			18,080	18,080	19,210	19,176	0	(1,096)	0	(1,096)	0	18,080	0	0	0	0	203	04/01/2025	1
31418V-CB-6	FNMA Pool AD7265 MBS 4.000% 07/01/25		01/01/2011	Paydown			3,895	3,895	4,079	4,074	0	(179)	0	(179)	0	3,895	0	0	0	0	13	07/01/2025	1
31418V-CB-6	FNMA Pool AD7265 MBS 4.000% 07/01/25		02/01/2011	Paydown			6,251	6,251	6,546	6,538	0	(287)	0	(287)	0	6,251	0	0	0	0	42	07/01/2025	1
31418V-CB-6	FNMA Pool AD7265 MBS 4.000% 07/01/25		03/01/2011	Paydown			3,659	3,659	3,832	3,827	0	(168)	0	(168)	0	3,659	0	0	0	0	37	07/01/2025	1
31418X-SF-6	FNMA Pool AD9517 MBS 4.000% 07/01/25		01/01/2011	Paydown			4,201	4,201	4,392	4,386	0	(185)	0	(185)	0	4,201	0	0	0	0	14	07/01/2025	1
31418X-SF-6	FNMA Pool AD9517 MBS 4.000% 07/01/25		02/01/2011	Paydown			4,117	4,117	4,304	4,299	0	(182)	0	(182)	0	4,117	0	0	0	0	27	07/01/2025	1
31418X-SF-6	FNMA Pool AD9517 MBS 4.000% 07/01/25		03/01/2011	Paydown			4,033	4,033	4,211	4,211	0	(178)	0	(178)	0	4,033	0	0	0	0	40	07/01/2025	1
31419H-2F-8	FNMA Pool AE7073 MBS 3.500% 12/01/25		01/01/2011	Paydown			5,195	5,195	5,231	5,231	0	(35)	0	(35)	0	5,195	0	0	0	0	15	12/01/2025	1
31419H-2F-8	FNMA Pool AE7073 MBS 3.500% 12/01/25		02/01/2011	Paydown			2,815	2,815	2,835	2,835	0	(19)	0	(19)	0	2,815	0	0	0	0	16	12/01/2025	1
31419H-2F-8	FNMA Pool AE7073 MBS 3.500% 12/01/25		03/01/2011	Paydown			2,517	2,517	2,534	2,534	0	(17)	0	(17)	0	2,517	0	0	0	0	22	12/01/2025	1
31419H-A2-2	FNMA Pool AE6324 MBS 4.000% 11/01/25		01/01/2011	Paydown			4,105	4,105	4,366	4,363	0	(258)	0	(258)	0	4,105	0	0	0	0	14	11/01/2025	1
31419H-A2-2	FNMA Pool AE6324 MBS 4.000% 11/01/25		02/01/2011	Paydown			2,726	2,726	2,899	2,897	0	(172)	0	(172)	0	2,726	0	0	0	0	18	11/01/2025	1

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market In- dicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value									
8999999. Total - Preferred Stocks							0	XXX		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4							0	XXX		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks							0	XXX		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks							0	XXX		0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals							426,254	XXX	437,889	433,326		0	(9,898)	0	(9,898)	0	424,824	0	1,430	1,430	8,396	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Operating Account Pittsburgh, PA					(5,836,755)	(6,927,909)	2,352,382	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(5,836,755)	(6,927,909)	2,352,382	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(5,836,755)	(6,927,909)	2,352,382	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	(5,836,755)	(6,927,909)	2,352,382	XXX

STATEMENT AS OF MARCH 31, 2011 OF THE Unison Health Plan of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

NON E

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