



## QUARTERLY STATEMENT

AS OF JUNE 30, 2011

OF THE CONDITION AND AFFAIRS OF THE

### Mount Carmel Health Insurance Company

NAIC Group Code 2838 , NAIC Company Code 13123 Employer's ID Number 251912781  
(Current Period) (Prior Period)

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health  Property/Casualty   
Dental Service Corporation  Vision Service Corporation   
Health Maintenance Organization  Is HMO Federally Qualified? Yes (X) No ( ) Hospital, Medical and Dental Service or Indemnity   
Other

Incorporated/Organized November 21, 2007 Commenced Business January 1, 2008

Statutory Home Office 6150 East Broad Street, EE320, Columbus, Ohio 43213  
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 6150 East Broad Street, EE320, columbus, Ohio 43213 6145463211  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 6150 East Broad Street, EE320, Columbus, Ohio 43213  
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 6150 East Broad Street, EE320, Columbus, Ohio 43213  
(Street and Number, City or Town, State and Zip Code)  
6145463211  
(Area Code) (Telephone Number)

Internet Website Address www.medigold.com  
Statutory Statement Contact Veronica Leigh Szydłowski 6145463211  
(Name) (Area Code) (Telephone Number) (Extension)  
vszydłowski@mchs.com 6145463131  
(E-Mail Address) (Fax Number)

### OFFICERS

Jacqueline Primeau (Chairperson)  
Greg Wise (Interim President & CEO)  
Veronica Szydłowski (COO/CFO)

### OTHER OFFICERS

### DIRECTORS OR TRUSTEES

Sister Barbara Hahl, CSC  
Claus von Zychlin  
Daniel Wendorff, MD  
Paula Autry  
Barry Fagan, MD

State of Ohio }  
County of Franklin }

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.

Jacqueline Primeau  
Chairperson

Greg Wise  
Interim President & CEO

Veronica Szydłowski  
COO/CFO

Subscribed and sworn to before me this  
day of

a. Is this an original filing? Yes (X) No ( )

b. If no: 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds .....	100,705		100,705	101,280
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ ....., encumbrances) .....				
4.2 Properties held for the production of income (less \$ ....., encumbrances) .....				
4.3 Properties held for sale (less \$ ....., encumbrances) .....				
5. Cash (\$ ..... 8,264 ), cash equivalents (\$ ..... 3,456,022 ) and short-term investments (\$ ..... 2,549,449 ) .....	6,013,735		6,013,735	6,658,732
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Line 1 to Line 11) .....	6,114,440		6,114,440	6,760,012
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	627		627	672
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	393,621		393,621	203,636
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	159,745		159,745	48,881
24. Health care (\$ ..... 6,113 ) and other amounts receivable .....	104,805	73,917	30,888	31,377
25. Aggregate write-ins for other than invested assets .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) .....	6,773,238	73,917	6,699,321	7,044,578
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Totals (Line 26 and Line 27) .....	6,773,238	73,917	6,699,321	7,044,578
<b>DETAILS OF WRITE-INS</b>				
1101 .....				
1102 .....				
1103 .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Line 1001 through Line 1103 plus Line 1198) (Line 11 above) .....				
2501 .....				
2502 .....				
2503 .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....				

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded) .....	831,562		831,562	826,942
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	6,247		6,247	6,247
4. Aggregate health policy reserves .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	19,900		19,900	23,863
9. General expenses due or accrued .....	26,109		26,109	45,791
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....				74,936
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers) .....				
20. Reinsurance in unauthorized companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$ current) .....				
24. Total liabilities (Line 1 to Line 23) .....	883,818		883,818	977,779
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX	1,000,000	1,000,000
28. Gross paid in and contributed surplus .....	XXX	XXX	7,500,000	7,500,000
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	(2,684,497)	(2,433,201)
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 (Line 25 to Line 31 minus Line 32) .....	XXX	XXX	5,815,503	6,066,799
34. Total Liabilities, capital and surplus (Line 24 and Line 33) .....	XXX	XXX	6,699,321	7,044,578
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) .....				
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....	XXX	XXX		
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above) .....	XXX	XXX		

**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 .....	4,126 .....	4,245 .....	8,654 .....
2. Net premium income (including \$ .....	non-health premium income) .....	XXX .....	4,128,939 .....	4,692,600 .....
3. Change in unearned premium reserves and reserve for rate credits .....	XXX .....	193,947 .....	.....	142,684 .....
4. Fee-for-service (net of \$ .....	medical expenses) .....	XXX .....	.....	.....
5. Risk revenue .....	XXX .....	.....	.....	.....
6. Aggregate write-ins for other health care related revenues .....	XXX .....	.....	.....	.....
7. Aggregate write-ins for other non-health revenues .....	XXX .....	.....	.....	.....
8. Total revenues (Line 2 to Line 7) .....	XXX .....	4,322,886 .....	4,692,600 .....	9,626,549 .....
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	.....	2,354,226 .....	2,358,675 .....	5,283,967 .....
10. Other professional services .....	.....	1,303,518 .....	1,631,494 .....	3,382,634 .....
11. Outside referrals .....	.....	647,201 .....	.....	.....
12. Emergency room and out-of-area .....	.....	.....	.....	.....
13. Prescription drugs .....	.....	.....	866,538 .....	1,418,633 .....
14. Aggregate write-ins for other hospital and medical .....	.....	.....	.....	.....
15. Incentive pool, withhold adjustments and bonus amounts .....	.....	.....	.....	.....
16. Subtotal (Line 9 to Line 15) .....	.....	4,304,945 .....	4,856,707 .....	10,085,234 .....
<b>Less:</b>				
17. Net reinsurance recoveries .....	.....	.....	.....	.....
18. Total hospital and medical (Line 16 minus Line 17) .....	.....	4,304,945 .....	4,856,707 .....	10,085,234 .....
19. Non-health claims (net) .....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$ .....	cost containment expenses .....	.....	.....	166,350 .....
21. General administrative expenses .....	.....	296,311 .....	314,283 .....	621,673 .....
22. Increase in reserves for life and accident and health contracts (including \$ .....	increase in reserves for life only) .....	.....	.....	.....
23. Total underwriting deductions (Line 18 through Line 22) .....	.....	4,601,256 .....	5,170,990 .....	10,873,257 .....
24. Net underwriting gain or (loss) (Line 8 minus Line 23) .....	XXX .....	(278,370) .....	(478,390) .....	(1,246,708) .....
25. Net investment income earned .....	.....	2,064 .....	4,831 .....	10,362 .....
26. Net realized capital gains (losses) less capital gains tax of \$ .....	.....	.....	.....	.....
27. Net investment gains (losses) (Line 25 plus Line 26) .....	.....	2,064 .....	4,831 .....	10,362 .....
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 .....	.....	.....	.....	10,429 .....
30. Net income or (loss) after capital gains tax and before all other federal income taxes .....	XXX .....	(276,306) .....	(473,559) .....	(1,225,917) .....
31. Federal and foreign income taxes incurred .....	XXX .....	.....	.....	.....
32. Net income (loss) (Line 30 minus Line 31) .....	XXX .....	(276,306) .....	(473,559) .....	(1,225,917) .....
<b>DETAILS OF WRITE-INS</b>				
0601. .....	XXX .....	.....	.....	.....
0602. .....	XXX .....	.....	.....	.....
0603. .....	XXX .....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....	.....	.....	.....
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) .....	XXX .....	.....	.....	.....
0701. .....	XXX .....	.....	.....	.....
0702. .....	XXX .....	.....	.....	.....
0703. .....	XXX .....	.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....	.....	.....	.....
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above) .....	XXX .....	.....	.....	.....
1401. .....	.....	.....	.....	.....
1402. .....	.....	.....	.....	.....
1403. .....	.....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.....	.....	.....	.....
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above) .....	.....	.....	.....	.....
2901. Other Income .....	.....	.....	.....	10,429 .....
2902. .....	.....	.....	.....	.....
2903. .....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.....	.....	.....	.....
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) .....	.....	.....	.....	10,429 .....

**STATEMENT OF REVENUE AND EXPENSES (continued)**

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year .....	6,066,799	5,893,373	5,893,373
34. Net income (loss) from Line 32 .....	(276,306)	(473,559)	(1,225,917)
35. Change in valuation basis of aggregate policy and claims reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(575)	74	(488)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	25,585	371	(100,169)
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 .....		1,500,000	1,500,000
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 Tranferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Line 34 to Line 47) .....	(251,296)	1,026,886	173,426
49. Capital and surplus end of reporting period (Line 33 plus Line 48) .....	5,815,503	6,920,259	6,066,799
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) .....			

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	4,128,939	4,412,804	9,483,865
2. Net investment income .....	2,022	4,831	4,975
3. Miscellaneous income .....			10,429
4. Total (Line 1 through Line 3) .....	4,130,961	4,417,635	9,499,269
5. Benefit and loss related payments .....	4,299,836	4,878,078	10,192,458
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	390,929	371,023	744,487
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) .....			
10. Total (Line 5 through Line9) .....	4,690,765	5,249,101	10,936,945
11. Net cash from operations (Line 4 minus Line 10) .....	(559,804)	(831,466)	(1,437,676)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
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 (Line 12.1 through Line 12.7) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
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 (Line 13.1 through Line 13.6) .....	(575)	(553)	
14. Net increase or (decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	575	553	
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			1,500,000
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	(85,768)	43,783	93,935
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(85,768)	43,783	1,593,935
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) .....	(644,997)	(787,130)	156,259
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	6,658,732	6,502,473	6,502,473
19.2 End of period (Line 18 plus Line 19.1) .....	6,013,735	5,715,343	6,658,732

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

20.0001 .....			
20.0002 .....			
20.0003 .....			
20.0004 .....			
20.0005 .....			
20.0006 .....			
20.0007 .....			
20.0008 .....			
20.0009 .....			
20.0010 .....			

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and 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 .....	745							745		
2. First Quarter .....	690							690		
3. Second Quarter .....	695							695		
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	4,126							4,126		
Total Member Ambulatory Encounters for Period:										
7. Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....	106							106		
12. Health Premiums Written (a) .....	4,128,939							4,128,939		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	4,322,886							4,322,886		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	4,299,836							4,299,836		
18. Amount Incurred for Provision of Health Care Services .....	4,304,945							4,304,945		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,128,939

**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
0599999 - Unreported claims and other claim reserves .....						831,562
0799999 - Total claims unpaid .....						831,562

## 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 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	722,547	3,577,778	11,789	819,773	734,336	826,942
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	722,547	3,577,778	11,789	819,773	734,336	826,942
9. Health subtotal (Line 1 to Line 8) .....	722,547	3,577,778	11,789	819,773	734,336	826,942
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	722,547	3,577,778	11,789	819,773	734,336	826,942
13. Totals .....	722,547	3,577,778	11,789	819,773	734,336	826,942

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

## NOTES TO FINANCIAL STATEMENTS

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### Notes to Financial Statements

Mount Carmel Health Insurance Company

Company Code: 13123

Quarter: 2

Calendar Year: 2011

1. Summary of Significant Accounting Policies

No change

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill:

No change

4. Discontinued Operations

No change

5. Investments

No change

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Instruments

No change

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

No change

11. Debt

No change

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

No change

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

No change

14. Contingencies

No change

## NOTES TO FINANCIAL STATEMENTS

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15. Leases  
No change

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk and Disclosures about Fair Value of Financial Instruments, for accounting guidance  
No change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
No change

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portfolio of Partially Insured Plans  
No change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
N/A

20. Other Items  
No change

21. Subsequent Events  
No change

22. Reinsurance  
No change

23. Retrospectively Rated Contracts & Contracts Subject to Re-determination  
No change

24. Change in Incurred Claims and Claim Adjustments Expenses  
No change

25. Intercompany Pooling Arrangements  
No change

26. Structured Settlements  
N/A

27. Health Care Receivables  
No change

28. Participating Policies  
No change

29. Premium Deficiency Reserves  
No change

30. Anticipated Salvage and Subrogation  
No 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 (X)

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 (X)

2.2 If yes, date of change: .....

3. Have there been any substantial changes in the organizational chart since the prior quarter end?  Yes ( )  No (X)  
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 (X)

4.2 If yes, provide name of 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
.....	.....	.....
.....	.....	.....
.....	.....	.....

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 (X)  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. ....

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. ....

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). ....

6.4 By what department or departments?  
.....

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 (X)

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

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? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  Yes ( )  No (X)

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 (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 ( )  No (X)

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
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

## GENERAL INTERROGATORIES (continued)

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 (X) 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 (X)

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 (X)

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 (X) No ( )

10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$ ..... 159,745

### 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 (X)

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: \$ .....

13. Amount of real estate and mortgages held in short-term investments: \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes ( ) No (X)

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on schedule DB? Yes ( ) No (X)

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.

## GENERAL INTERROGATORIES (continued)

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 3, III Conducting Examinations, F - 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
PNC Capital Advisors, LLC .....	Cleveland, OH .....
.....	.....
.....	.....

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 and complete 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 brokers/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 (continued)**

## PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent ..... 99.6 %

1.2 A&H cost containment percent ..... 0.4 %

1.3 A&H expense percent excluding cost containment expenses ..... 6.5 %

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. \$ .....

**Page 13**  
Schedule S - Ceded Reinsurance  
**NONE**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only Year to Date						
		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 and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7
1. Alabama	AL N							
2. Alaska	AK N							
3. Arizona	AZ N							
4. Arkansas	AR N							
5. California	CA N							
6. Colorado	CO N							
7. Connecticut	CT N							
8. Delaware	DE N							
9. District of Columbia	DC N							
10. Florida	FL N							
11. Georgia	GA N							
12. Hawaii	HI N							
13. Idaho	ID N							
14. Illinois	IL N							
15. Indiana	IN N							
16. Iowa	IA N							
17. Kansas	KS N							
18. Kentucky	KY N							
19. Louisiana	LA N							
20. Maine	ME N							
21. Maryland	MD N							
22. Massachusetts	MA N							
23. Michigan	MI N							
24. Minnesota	MN N							
25. Mississippi	MS N							
26. Missouri	MO N							
27. Montana	MT N							
28. Nebraska	NE N							
29. Nevada	NV N							
30. New Hampshire	NH N							
31. New Jersey	NJ N							
32. New Mexico	NM N							
33. New York	NY N							
34. North Carolina	NC N							
35. North Dakota	ND N							
36. Ohio	OH R		4,128,939					4,128,939
37. Oklahoma	OK N							
38. Oregon	OR N							
39. Pennsylvania	PA N							
40. Rhode Island	RI N							
41. South Carolina	SC N							
42. South Dakota	SD N							
43. Tennessee	TN N							
44. Texas	TX N							
45. Utah	UT N							
46. Vermont	VT N							
47. Virginia	VA N							
48. Washington	WA N							
49. West Virginia	WV N							
50. Wisconsin	WI N							
51. Wyoming	WY N							
52. American Samoa	AS N							
53. Guam	GU N							
54. Puerto Rico	PR N							
55. U.S. Virgin Islands	VI N							
56. Northern Mariana Islands	MP N							
57. Canada	CN N							
58. Aggregate Other Alien	OT XXX							
59. Subtotal		XXX		4,128,939				4,128,939
60. Reporting entity contributions for Employee Benefit Plans		XXX						
61. Total (Direct Business)		(a)		4,128,939				4,128,939

**DETAILS OF WRITE-INS**

5801.  
5802.  
5803.  
5898. Summary of remaining write-ins for Line 58 from overflow page.  
5899. Total (Line 5801 through Line 5803 plus Line 5898)  
(Line 58 above)

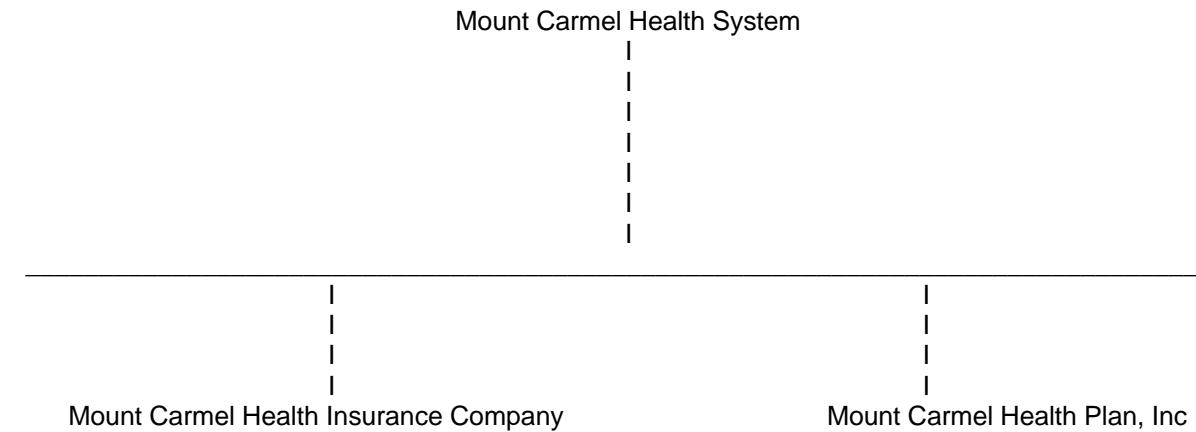
(a) Insert the number of "L" responses except for Canada and Other Alien.

Active Status Codes (Column 1):

(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

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

**PART 1 - ORGANIZATIONAL CHART**



## **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 EXPLANATIONS 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

EXPLANATIONS:

BAR CODE:

Document Identifier 365:



**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 end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 plus Line 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**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 points 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 (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 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)		

**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 (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

**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		
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

## 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
<b>BONDS</b>								
1. Class 1 (a) .....	101,280			(575)	101,280	100,705		101,280
2. Class 2 (a) .....								
3. Class 3 (a) .....								
4. Class 4 (a) .....								
5. Class 5 (a) .....								
6. Class 6 (a) .....								
7. Total Bonds .....	101,280			(575)	101,280	100,705		101,280
<b>PREFERRED STOCK</b>								
8. Class 1 .....								
9. Class 2 .....								
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock .....	101,280			(575)	101,280	100,705		101,280

(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 \$ ..... 100,705 ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

**SCHEDULE DA - PART 1**

Short-Term Investments Owned End of Current Quarter

	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 .....	2,549,449	XXX	2,549,449	2,718	

**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 .....	2,546,840	2,541,605
2. Cost of short-term investments acquired .....	2,609	5,235
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) .....	2,549,449	2,546,840
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	2,549,449	2,546,840

**Page SI04**

Schedule DB, Part A, Verification  
**NONE**

Schedule DB, Part B, Verification  
**NONE**

**Page SI05**

Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open  
**NONE**

**Page SI06**

Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open  
**NONE**

**Page SI07**

Schedule DB, Verification  
**NONE**

**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	4,163,896	4,029,000
2. Cost of cash equivalents acquired		134,896
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	707,874	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)	3,456,022	4,163,896
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,456,022	4,163,896

**Page E01**

Sch. A, Pt. 2, Real Estate Acquired  
**NONE**

Sch. A, Pt. 3, Real Estate Disposed  
**NONE**

**Page E02**

Schedule B, Part 2, Mortgage Loans Acquired  
**NONE**

Schedule B, Part 3, Mortgage Loans Disposed  
**NONE**

**Page E03**

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired  
**NONE**

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed  
**NONE**

**Page E04**

Schedule D, Part 3, Long-Term Bonds and Stocks Acquired  
**NONE**

**Page E05**

Schedule D, Part 4, Long-Term Bonds and Stocks Disposed Of  
**NONE**

**Page E06**

Schedule DB, Part A, Section 1  
**NONE**

Financial or Economic Impact of the Hedge  
**NONE**

**Page E07**

Schedule DB, Part B, Section 1  
**NONE**

Schedule DB, Part B, Section 1, Broker Name  
**NONE**

Schedule DB, Part B, Financial or Economic Impact of the Hedge  
**NONE**

**Page E08**

Schedule DB, Part D  
**NONE**

**Page E09**

Schedule DL, Part 1  
**NONE**

**Page E10**

Schedule DL, Part 2  
**NONE**

**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	
Name	Location and Supplemental Information							
Open Depositories								
PNC Bank .....	Columbus, OH .....				58	49,085	8,264	
0199999 - TOTAL - Open Depositories .....					58	49,085	8,264	
0399999 - TOTAL Cash on Deposit .....					58	49,085	8,264	
0599999 - TOTALS .....					58	49,085	8,264	

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
Bonds: U. S. Government - Issuer Obligations							
Repurchase Agreement - PNC.....		06/30/2011.....	0.120	07/01/2011.....	3,456,022.....		1,845.....
0199999 - Bonds: U. S. Government - Issuer Obligations.....					3,456,022.....		1,845.....
0599999 - Bonds: Subtotals - U. S. Government Bonds.....					3,456,022.....		1,845.....
7799999 - Total Bonds - Subtotals - Issuer Obligations.....					3,456,022.....		1,845.....
8399999 - Total Bonds - Subtotals - Bonds.....					3,456,022.....		1,845.....
8699999 - Total Cash Equivalents.....					3,456,022.....		1,845.....