

Amended Explanation Page



May 11, 2012

Ms. Jacqueline Bradley, CFE
Financial Analyst
Ohio Department of Insurance
50 West Town Street, Suite 300
Columbus, OH 43215

Re: NAIC Company Code – 95204 - Kaiser Foundation Health Plan of Ohio

Dear Ms. Bradley:

This letter explains the changes made in our amended filing of Kaiser Foundation Health Plan of Ohio 2011 Annual Statement.

Items 1: Reclassified \$948,871 from line 21 (general administrative expenses) to line 6 (other health care related revenue), and related RBC and cash flow adjustments. This change was made to agree to the classifications in the April 1 Supplemental Exhibit and are reflected in our audited financial statements.

Item 2: Reallocation of revenue, claims adjustment expense and general administrative expense for line of business reporting. This change was made to agree to the classifications in the April 1 Supplemental Exhibit.

Item 3: Restated members and member months to agree to the Supplemental Health Care Exhibit, and reallocated these items for line of business reporting.

Item 4: Corrected description of write-ins (line 4701 and 4702) on the revenue statement. The surplus change of \$11,447,334 is additional minimum pension liability and the \$8,779 is a change in restricted donations.

Item 5: Populated health premiums on Line 15 of the Exhibit of Premiums, Enrollment and Utilization.

Should you have any additional questions or comments, I can be reached at (216) 479-5116 or by email at scott.d.gonia@kp.org.

Sincerely,

Kaiser Foundation Health Plan of Ohio

Scott D. Gonia, CPA
Controller

Administrative Offices

North Point Tower | Suite 1200 | 1001 Lakeside Avenue | Cleveland, Ohio 44114-1153 |
(216) 621-5600



95204201120100105

2011

Document Code: 201

ANNUAL STATEMENT
For the Year Ending December 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
KAISER FOUNDATION HEALTH PLAN OF OHIO

NAIC Group Code	0601 (Current Period)	0601 (Prior Period)	NAIC Company Code	95204	Employer's ID Number	34-0922268
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:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
Incorporated/Organized	03/29/1962		Commenced Business	10/27/1976		
Statutory Home Office	1001 Lakeside Ave. Suite 1200 (Street and Number)		Cleveland, OH 44114-1153 (City or Town, State and Zip Code)			
Main Administrative Office	1001 Lakeside Ave. Suite 1200 (Street and Number)		1001 Lakeside Ave. Suite 1200 (Street and Number)			
	Cleveland, OH 44114-1153 (City or Town, State and Zip Code)		(216)621-5600 (Area Code) (Telephone Number)			
Mail Address	1001 Lakeside Ave. Suite 1200 (Street and Number or P.O. Box)		Cleveland, OH 44114-1153 (City or Town, State and Zip Code)			
Primary Location of Books and Records	1001 Lakeside Ave. Suite 1200 (Street and Number)		1001 Lakeside Ave. Suite 1200 (Street and Number)			
	Cleveland, OH 44114-1153 (City or Town, State and Zip Code)		(216)621-5600 (Area Code) (Telephone Number)			
Internet Website Address	KP.org					
Statutory Statement Contact	Scott D. Gonia (Name)		(216)479-5116 (Area Code)(Telephone Number)(Extension)			
	Scott.D.Gonia@kp.org (E-Mail Address)		(216)623-8793 (Fax Number)			

OFFICERS

Name	Title
George C. Halvorson	Chairman of the Board & CEO
Donna Lynne	Group President, Regions Outside California
Patricia D. Kennedy-Scott	Regional President
Kathy Lancaster	Executive Vice President-CFO
Arthur M. Southam MD	Executive Vice President-Health Plan Operations
Bernard J. Tyson	President and Chief Operating Officer
Mark S. Zemelman	Senior Vice President, General Counsel, Secretary
Thomas R. Meier	Senior Vice President and Treasurer
Don H. Orndoff	Senior Vice President, National Facilities Service
Deborah Stokes	Senior Vice President, Controller and CAO

Vice Presidents

DIRECTORS OR TRUSTEES

George C. Halvorson Christine K. Cassel MD Thomas W. Chapman EdD Daniel P. Garcia JD Cynthia A. Telles PhD
Jenny J. Ming J. Neal Purcell J. Eugene Grigsby, III PhD Philip A. Marineau Kim J. Kaiser
William R. Graber Judith A. Johansen JD Edward Pei

State of Ohio
County of Cuyahoga ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Patricia D. Kennedy-Scott
(Printed Name)
1.
Regional President
(Title)

(Signature)
Mark S. Zemelman
(Printed Name)
2.
Senior Vice President, General Counsel, Secretary
(Title)

(Signature)
(Printed Name)
3.
(Title)

Subscribed and sworn to before me this
____ day of _____, 2012

- a. Is this an original filing?
- b. If no,
 - 1. State the amendment number
 - 2. Date filed
 - 3. Number of pages attached

Yes[] No[X]
1
05/11/2012

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
Group Subscribers:						
Federal Employees	3,203,903	.....	.....	.....	.....	3,203,903
City of Cleveland	1,156,600	.....	.....	.....	.....	1,156,600
UAW Retiree Medical Benefits	1,615,210	.....	.....	.....	.....	1,615,210
0299997 Subtotal - Group Subscribers:	5,975,713	.....	.....	.....	.....	5,975,713
0299998 Premium due and unpaid not individually listed	5,071,650	388,027	.....	.....	.....	5,459,677
0299999 Total group	11,047,363	388,027	.....	.....	.....	11,435,390
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	11,047,363	388,027	.....	.....	.....	11,435,390

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	186,697	.....	.....	.....	.....	186,697
0199999 Subtotal - Pharmaceutical Rebate Receivables	186,697	.....	.....	.....	.....	186,697
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables .....	.....	.....	.....	.....	.....	.....
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables .....	.....	.....	.....	.....	.....	.....
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed	1,308,510	472,171	.....	.....	.....	1,780,681
0699999 Subtotal - Other Receivables	1,308,510	472,171	.....	.....	.....	1,780,681
0799999 Gross health care receivables	1,495,207	472,171	.....	.....	.....	1,967,378

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Due to Ohio Permanente Medical Group	8,261,971	4,913,895	.....	.....	.....	13,175,866
0199999 Total - Individually Listed Claims Unpaid	8,261,971	4,913,895	.....	.....	.....	13,175,866
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	6,960,897	.....	.....	.....	.....	6,960,897
0499999 Subtotals	15,222,868	4,913,895	.....	.....	.....	20,136,763
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	14,361,729
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	34,498,492
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	.....

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Due from Lokahi	965,194						965,194
0199999 Total - Individually listed receivables	965,194						965,194
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	965,194						965,194

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Due to Kaiser Foundation Hospitals, Inc.		17,065,051	17,065,051	.....
Due to Kaiser Foundation Health Plan, Inc.		8,655,178	8,655,178	.....
Due to Kaiser Permanente Insurance Company		1,606,862	1,606,862	.....
0199999 Total - Individually listed payables	XXX	27,327,091	27,327,091	.....
0299999 Payables not individually listed	XXX	430,942	430,942	.....
0399999 Total gross payables	XXX	27,758,033	27,758,033	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
Other Payments:						
5. Fee-for-service	38,788,485	7.634	XXX	XXX	38,788,485	.....
6. Contractual fee payments	109,671,630	21.585	XXX	XXX	109,671,630	.....
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries	359,624,389	70.780	XXX	XXX	359,624,389	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	508,084,504	100.000	XXX	XXX	508,084,504	.....
13. TOTAL (Line 4 plus Line 12)	508,084,504	100.000	XXX	XXX	508,084,504	.....

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 Totals	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	10,838,507	126,172	10,266,488	698,191	698,191	.....
2. Medical furniture, equipment and fixtures	27,396,538	1,788,110	26,101,913	3,082,735	.....	3,082,735
3. Pharmaceuticals and surgical supplies	5,582,130	.....	.....	5,582,130	.....	5,582,130
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment	7,080,668	4,072,379	5,094,860	6,058,187	218,438	5,839,749
6. TOTAL	50,897,843	5,986,661	41,463,261	15,421,243	916,629	14,504,614



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 0601

NAIC Company Code 95204

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
1. Prior Year	122,342	6,782	89,587				7,711	18,262		
2. First Quarter	113,877	6,219	81,692				8,044	17,922		
3. Second Quarter	109,910	6,148	77,928				8,007	17,827		
4. Third Quarter	105,867	5,991	74,141				7,970	17,765		
5. Current Year	103,503	4,832	70,607				7,937	18,961		1,166
6. Current Year Member Months	1,309,334	61,341	911,222				95,991	227,596		13,184
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	486,736	23,419	268,139				41,407	153,771		
8. Non-Physician	147,311	6,873	87,366				13,368	39,704		
9. TOTAL	634,047	30,292	355,505				54,775	193,475		
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	10,635	523	4,571				773	4,768		
12. Health Premiums Written (b)	523,800,795	18,744,250	328,216,402				41,384,305	135,445,418		10,420
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	523,800,795	18,744,250	328,216,402				41,384,305	135,445,418		10,420
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	508,084,504	19,828,821	336,789,219				38,165,535	113,293,256		7,673
18. Amount Incurred for Provision of Health Care Services	505,476,702	19,622,271	330,098,598				37,562,644	118,185,861		7,328

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....89,569,219



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95204

NAIC Group Code 0601

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	122,342	6,782	89,587				7,711	18,262		
2. First Quarter	113,877	6,219	81,692				8,044	17,922		
3. Second Quarter	109,910	6,148	77,928				8,007	17,827		
4. Third Quarter	105,867	5,991	74,141				7,970	17,765		
5. Current Year	103,503	4,832	70,607				7,937	18,961		1,166
6. Current Year Member Months	1,309,334	61,341	911,222				95,991	227,596		13,184
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	486,736	23,419	268,139				41,407	153,771		
8. Non-Physician	147,311	6,873	87,366				13,368	39,704		
9. TOTAL	634,047	30,292	355,505				54,775	193,475		
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	10,635	523	4,571				773	4,768		
12. Health Premiums Written (b)	523,800,795	18,744,250	328,216,402				41,384,305	135,445,418		10,420
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	523,800,795	18,744,250	328,216,402				41,384,305	135,445,418		10,420
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	508,084,504	19,828,821	336,789,219				38,165,535	113,293,256		7,673
18. Amount Incurred for Provision of Health Care Services	505,476,702	19,622,271	330,098,598				37,562,644	118,185,861		7,328

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....89,569,219

30	Schedule S - Part 1 - Section 2	NONE
31	Schedule S - Part 2	NONE
32	Schedule S - Part 3 - Section 2	NONE
33	Schedule S - Part 4	NONE
34	Schedule S - Part 5	NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	204,075,149		204,075,149
2. Accident and health premiums due and unpaid (Line 15)	11,435,390		11,435,390
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	18,541,835		18,541,835
6. TOTAL Assets (Line 28)	234,052,374		234,052,374
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	34,498,492		34,498,492
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	8,488,470		8,488,470
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	162,837,984		162,837,984
13. TOTAL Liabilities (Line 24)	205,824,946		205,824,946
14. TOTAL Capital and Surplus (Line 33)	28,227,428	X X X	28,227,428
15. TOTAL Liabilities, Capital and Surplus (Line 34)	234,052,374		234,052,374
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CN)
58. Aggregate other alien (OT)
59. TOTALS

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0601 ..	KAISER FOUNDATION HEALTH PLAN INC.	95669	84-0591617				KAISER FOUNDATION HLTH PLAN OF Colorado	CO	NIA	KPHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.		03-0329760				Oak Tree Assurance, Ltd.	VT	OTH	KFHP	Ownership	100.0	KFHP	1
0601 ..	KAISER FOUNDATION HEALTH PLAN INC.	95639	52-0954463				KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC.	MD	NIA	KFHP	Ownership	100.0	KFHP	
0601 ..	KAISER FOUNDATION HEALTH PLAN INC.	96237	58-1592076				KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.	GA	NIA	KFHP	Ownership	100.0	KFHP	
0601 ..	KAISER FOUNDATION HEALTH PLAN INC.	95204	34-0922268				KAISER FOUNDATION HEALTH PLAN OF OHIO	OH		KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.		94-3299124				KAISER HEALTH PLAN ASSET MANAGEMENT, INC.	CA	NIA	KFHP	Ownership	100.0	KFHP	
0601 ..	KAISER FOUNDATION HEALTH PLAN INC.	60053	94-3203402				KAISER PERMANENTE INS	CO	IA	KFHP	Ownership	100.0	KFHP	2
0601 ..	KAISER FOUNDATION HEALTH PLAN INC.		94-1340523				KAISER FOUNDATION HEALTH PLAN, INC. ("KFHP")	CA	UDP		Board of Directors		KFHP	
39	KAISER FOUNDATION HEALTH PLAN INC.	95540	93-0798039				KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST ("KFHP-NW")	OR	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.		94-3259432				KAISER PROPERTIES SERVICES, INC.	CA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.		93-0954562				KAISER HEALTH ALTERNATIVES	OR	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS		94-3245176				KAISER PERMANENTE INTERNATIONAL	CA	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HOSPITALS		94-3299125				KAISER HOSPITAL ASSET MANAGEMENT, INC.	CA	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HEALTH PLAN, INC.		94-3299123				CAMP BOWIE SERVICE CENTER	CA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS		94-1105628				KAISER FOUNDATION HOSPITALS ("KFH")	CA	NIA		Board of Directors		KFH	
	KAISER FOUNDATION HEALTH PLAN, INC.		91-2171891				LOKAHI ASSURANCE LTD	HI	OTH	KFHP	Ownership	100.0	KFHP	1
	KAISER FOUNDATION HEALTH PLAN INC.		20-2712661				KP CAL, LLC	CA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.		90-0031974				ORDWAY INDEMNITY, LTD.	BM	OTH	KFHP	Ownership	100.0	KFHP	1
	KAISER FOUNDATION HEALTH PLAN INC.						ORDWAY INTERNATIONAL, LTD.	BM	OTH	KFHP	Ownership	100.0	KFHP	3
	KAISER FOUNDATION HEALTH PLAN INC.		93-0480268				OHP	WA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS		94-3299124				HAMI-COLORADO, LLC	DE	NIA	KAISER HOSPITAL ASSET MANAGEMENT, INC.	Management		KFH	
	KAISER FOUNDATION HEALTH PLAN INC.		20-2396517				KAISER PERMANENTE OREGON PLUS, LLC	OR	NIA	KFHP-NW	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS		20-3774729				ARCHIMEDES, INC.	CA	NIA	KFH	Ownership, Board of Directors	94.9	KFH	4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Rela- tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
39.1	KAISER FOUNDATION HOSPITALS .....	.....	20-3924985	.....	.....	.....	HEALTH CARE MANAGEMENT SOLUTIONS, LLC	CA	NIA	KFH .....	.....	.....	.....	.....
	KAISER FOUNDATION HOSPITALS .....	.....	91-2166347	.....	.....	.....	KP ONCALL, LLC 1800 HARRISON FOUNDATION	CA	NIA	KFH .....	.....	.....	.....	.....
	KAISER FOUNDATION HEALTH PLAN INC. ....	.....	94-3317484	.....	.....	.....	KAISER PERMANENTE VENTURES, LLC	CA	NIA	KFHP .....	.....	.....	.....	.....
	KAISER FOUNDATION HOSPITALS .....	.....	27-2252521	.....	.....	.....	RAINBOW DIALYSIS, LLC	DE	NIA	KFH .....	.....	.....	.....	.....
	KAISER FOUNDATION HEALTH PLAN INC. ....	.....	27-0473737	.....	.....	.....	KAISER HOSPITAL ASSISTANCE CORPORATION	DE	NIA	KFPH .....	.....	.....	.....	.....
	KAISER FOUNDATION HOSPITALS .....	.....	31-1779500	.....	.....	.....	KAISER HOSPITAL ASSISTANCE I-LLC	CA	NIA	KFH .....	.....	.....	.....	.....
	KAISER FOUNDATION HOSPITALS .....	.....	00-0000000	.....	.....	.....	NXT CAPITAL SENIOR LOAN FUND1, LLC	CA	NIA	KFH .....	.....	.....	.....	.....
	KAISER FOUNDATION HOSPITALS .....	.....	37-1651297	.....	.....	.....	.....	DE	NIA	KFH .....	.....	.....	.....	.....

Asterisk	Explanation
0000001	Relation to reporting entity-captive insurance company controlled by KFHP
0000002	100% of preferred stock owned by KFHP, 50% of voting stock owned by KFHP and 50% owned by Permanente Medical Groups
0000003	Relation to reporting entity - holding company - holds 100% of the shares of Ordway Indemnity, Ltd.
0000004	Remaining ownership interest of 5.058% is held by The Permanente Federation LLC
0000005	KFH owns 100% of the preferred shares of HCMS. In addition, KFH owns 50% of the common shares and The Permanente Federation LLC owns the remaining 50% of the common shares of HCMS.
0000006	KFH and the Kaiser Permanente Group Trust are the Participation members of this LLC, and KFH owns 75.1% and Kaiser Permanente Group Trust owns 24.9%. Kaiser Foundation Health Plan, Inc. is the fiduciary of Kaiser Permanente Group Trust. NXT Capital Loan Servicing, LLC is the Designated member.

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)	
95669	84-0591617	KAISER FNDTN HEALTH PLAN CO		(180,492,431)	(307,649,422)		(766,396,722)				(1,254,538,575)		
10436	03-0329760	OAK TREE ASSURANCE LTD						3,108,626			3,108,626		
95639	52-0954463	KAISER FNDTN HEALTH PLAN MID ATL		50,000,000	(139,978,036)		(427,511,124)			(2,317,764)	(519,806,924)		
96237	58-1592076	KAISER FNDTN HEALTH PLAN GA INC			(17,175,754)		(269,337,456)			(618,547)	(287,131,757)		
95204	34-0922268	KAISER FNDTN HEALTH PLAN OH		34,000,000	7,868,547		(121,038,747)				(79,170,200)		
60053	94-3203402	KAISER PERMANENTE INS CO					(7,020,609)				(7,020,609)		
11538	94-1340523	KAISER FOUNDATION HEALTH PLAN INC		(3,295,091)	1,369,930,693		(15327708885)				(13961073283)		
95540	93-0798039	KAISER FNDTN HEALTH PLAN NW			(41,003,870)		(854,309,022)				(895,312,892)		
	93-0954562	KAISER PERMANENTE HLTH ALTERNATIVES											
	94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT					36,544,437				36,544,437		
	94-3259432	Kaiser Properties Services, Inc.					(1,125,903)				(1,125,903)		
	94-3299123	CAMP BOWIE SERVICE CENTER					3,329,912				3,329,912		
	91-2171891	LOKAHI ASSURANCE LTD					253,351,383				253,351,383		
	90-0031974	ORDWAY INDEMNITY, LTD					8,932,956				8,932,956		
		Ordway International , Ltd					(14,205)				(14,205)		
	94-3299125	Kaiser Hospital Asset Management, Inc											
	94-1105628	Kaiser Foundation Hospitals		96,492,431	(871,992,158)		17,468,279,234		(172,315)			16,692,607,192	
	20-2396517	KAISER PERMANENTE OREGON PLUS,LLC											
	93-0480268	OHP											
	94-3317484	1800 Harrison Foundation		3,295,091			3,300,179				6,595,270		
	20-3774729	Archimedes, Inc					(661)				(661)		
	20-3923985	Health Care Management Solutions,LLC					725,894				725,894		
	91-2166347	KP Oncall, LLC					(661)				(661)		
	93-0954562	Kaiser Health Alternatives											
	94-3245176	Kaiser Permanente International											
	94-3299124	HAMI-Colorado, LLC											
	27-0473737	Rainbow Dialysis, LLC											
	27-2252521	Kaiser Permanente Ventures, LLC - Series A											
	27-3339892	Kaiser Permanente Ventures, LLC - Series B											
	37-1651297	NXT Capital Senior Loan Fund 1, LLC											
	20-2712661	KP Cal, LLC											
9999999 Control Totals										XXX			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
--	-----

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

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes
--	-----

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



9520420113600005

2011

Document Code: 360

Health Property / Casualty Supplement



9520420112070005

2011

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



9520420113710005

2011

Document Code: 371

Medicare Part D Coverage Supplement



9520420113650005

2011

Document Code: 365

Approval for Relief related to one-year cooling off period for inde. CPA



9520420112250005

2011

Document Code: 225

Health Life Supplement



9520420112050005

2011

Document Code: 205

Schedule SIS



9520420114200005

2011

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



9520420113700005

2011

Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner



9520420112240005

2011

Document Code: 224

Approval for Relief related to Require. for Audit Committees



9520420112260005

2011

Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



9520420113060005

2011

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



9520420112110005

2011

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



9520420112130005

2011

Document Code: 213

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Workers Comp	3,343,248		3,343,248	3,150,661
2305. Rent Payable	352,448		352,448	796,924
2306. Pension Liability	42,653,372		42,653,372	26,626,366
2307. Medicare Reserves / Payables	25,796,375		25,796,375	19,087,154
2308.				
2309.				
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)	72,145,443		72,145,443	49,661,105

STATEMENT OF REVENUE AND EXPENSES

	Current Year			Prior Year
	1 Uncovered	2	3	Total
0604.	X X X			
0605.	X X X			
0606.	X X X			
0607.	X X X			
0608.	X X X			
0609.	X X X			
0610.	X X X			
0611.	X X X			
0612.	X X X			
0613.	X X X			
0614.	X X X			
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X			
1404. Medical Administration			70,726,079	68,354,780
1405. Other Benefits (Home Care, Hospice, Admin Excep, DME) excluding payroll			5,122,712	6,238,248
1406. Community Service			11,067,458	10,215,486
1407.				
1408.				
1409.				
1410.				
1411.				
1412.				
1413.				
1414.				
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			86,916,249	84,808,514

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704.		
4705.		
4706.		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

OVERFLOW PAGE FOR WRITE-INS

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
0504.										XXX
0597. Summary of remaining write-ins for Line 5 (Lines 0504 through 0596)										XXX
1304. Medical Administration	70,726,079	47,287,557				5,489,348	17,948,289		886	XXX
1305. Other Benefits	5,122,712	3,425,053				397,595	1,300,000		64	XXX
1306. Community Service	11,067,458	7,399,718				858,992	2,808,609		139	XXX
1307.										XXX
1397. Summary of remaining write-ins for Line 13 (Lines 1304 through 1396)	86,916,249	58,112,328				6,745,935	22,056,898		1,089	XXX



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2011
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code: 0601

NAIC Company Code: 95204

Address (City, State and Zip Code): Cleveland, OH 44114-1153

Person Completing This Exhibit:

Title:

Telephone:

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011			
										11 Premiums Earned	12 Amount	13 Incurred Claims	14 Percent of Premiums Earned	15 Premiums Earned	16 Amount	17 Incurred Claims	18 Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies																

N O N E

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address:
 2.2 Contact Person and Phone Number:
 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 3.1 Address:
 3.2 Contact Person and Phone Number:
 4. Explain any policies identified above as policy type "O":

Supp12 Ohio



Medicare Part D Coverage Supplement

(Net of Reinsurance)

NAIC Group Code: 0601

(To be Filed By March 1)

NAIC Company Code: 95204

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	XXX			XXX	
1.12 Without Reinsurance Coverage	XXX			XXX	
1.13 Risk-Corridor Payment Adjustments	XXX			XXX	
1.2 Supplemental Benefits	XXX			XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	XXX			XXX	XXX
2.12 Without Reinsurance Coverage	XXX			XXX	XXX
2.2 Supplemental Benefits	XXX			XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	XXX			XXX	XXX
3.12 Without Reinsurance Coverage	XXX			XXX	XXX
3.2 Supplemental Benefits	XXX			XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable	XXX			XXX	XXX
4.2 Payable	XXX			XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	XXX			XXX	XXX
5.12 Without Reinsurance Coverage	XXX			XXX	XXX
5.13 Risk-Corridor Payment Adjustments	XXX			XXX	XXX
5.2 Supplemental Benefits	XXX			XXX	XXX
6. Total Premiums	XXX			XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	XXX			XXX	XXX
8.12 Without Reinsurance Coverage	XXX			XXX	XXX
8.2 Supplemental Benefits	XXX			XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	XXX			XXX	XXX
9.12 Without Reinsurance Coverage	XXX			XXX	XXX
9.2 Supplemental Benefits	XXX			XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	XXX			XXX	XXX
10.12 Without Reinsurance Coverage	XXX			XXX	XXX
10.2 Supplemental Benefits	XXX			XXX	XXX
11. Total Claims	XXX			XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					
14. Expenses Paid					
15. Expenses Incurred					
16. Underwriting Gain/Loss					
17. Cash Flow Results	XXX	XXX	XXX	XXX	



9520420112050005

2011

Document Code: 205

LIFE SUPPLEMENTS

For the Year Ended December 31, 2011

N O N E

Of The

KAISER FOUNDATION HEALTH PLAN OF OHIO

Insurance Company

Address (City, State and Zip Code)

Cleveland, OH 44114-1153

NAIC Group Code

0601

NAIC Company Code

95204

Employer's ID Number

34-0922268

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
N O N E					
9999999 Totals - (Net) -Page 3, Line 1

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes[] No[X]

1.2 If not, state which kind is issued.

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes[] No[X]

2.2 If not, state which kind is issued.

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes[] No[X]

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes[] No[X]

4.1 Amount of insurance? \$..... 0

4.2 Amount of reserve? \$..... 0

4.3 Basis of reserve

4.4 Basis of regular assessments

4.5 Basis of special assessments

4.6 Assessments collected during the year \$..... 0

5. If the contract loan interest rate guaranteed in any one or more of its current contracts is 5% or more, state the contract loan rate guarantees on any such contracts

N O N E

5%, not in advance, state the contract loan rate guarantees on any such contracts

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? If so, state the amount of reserve on such contracts on the basis actually held: Yes[] No[X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$..... 0

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$..... 0

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes[] No[X]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements? \$..... 0

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount

7.3 State the amount of reserves established for this business: \$..... 0

7.4 Identify where the reserves are reported in the blank

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed
6. Surrender charges
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1 + - 5 - 6 - 7 - 8)
10. Reinsurance balance at the beginning of the year
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)

NONE

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

1799999 Total (Sum of 0799999 and 1499999)

NONE

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability
Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
							N O N E						
3399999 Total (Sum of 1599999 and 3099999)						



PROPERTY / CASUALTY SUPPLEMENTS

For the Year Ended December 31, 2011

NON E
(To E)

Of The KAISER FOUNDATION HEALTH PLAN OF OHIO Insurance Company

Address (City, State and Zip Code) Cleveland, OH 44114-1153

NAIC Group Code 0601 NAIC Company Code 95204 Employer's ID Number 34-0922268

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Columns 6 + 7							
99999999 Totals														

N O N E

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
99999999	Totals																	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1 Name of Reinsurer 2 Commission Rate 3 Ceded Premium

1)
2)
3)
4)
5)

N O N E

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer 2 Total Recoverables 3 Ceded Premiums 4 Affiliated

1) Yes[] No[X]
2) Yes[] No[X]
3) Yes[] No[X]
4) Yes[] No[X]
5) Yes[] No[X]

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2002	XXX	
3. 2003	XXX	
4. 2004	XXX	
5. 2005	XXX	
6. 2006	XXX	
7. 2007	XXX	
8. 2008	XXX	
9. 2009	XXX	
10. 2010	XXX	
11. 2011	XXX	
12. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed					
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR											
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded										
1. Prior	XXX					
2. 2002	XXX					
3. 2003	XXX					
4. 2004	XXX					
5. 2005	XXX					
6. 2006	XXX					
7. 2007	XXX					
8. 2008	XXX					
9. 2009	XXX					
10. 2010	XXX					
11. 2011	XXX					
12. Totals	XXX					

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. 2002	
3. 2003	
4. 2004	
5. 2005	
6. 2006	
7. 2007	
8. 2008	
9. 2009	
10. 2010	
11. 2011	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1A
 HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1B**PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1D
WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2002	
3. 2003	
4. 2004	
5. 2005	
6. 2006	
7. 2007	
8. 2008	
9. 2009	
10. 2010	
11. 2011	
12. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior
2. 2002
3. 2003
4. 2004
5. 2005
6. 2006
7. 2007
8. 2008
9. 2009
10. 2010
11. 2011
12. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)				Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid		36 Loss Expenses Unpaid	
	1. Prior	XXX	XXX	XXX	XXX	XXX	.....	XXX	.....		.....	.....
2. 2002
3. 2003
4. 2004
5. 2005
6. 2006
7. 2007
8. 2008
9. 2009
10. 2010
11. 2011
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1E
COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X	X X X		X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1F - SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1F - SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1G**SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002												X X X	
3. 2003												X X X	
4. 2004												X X X	
5. 2005												X X X	
6. 2006												X X X	
7. 2007												X X X	
8. 2008												X X X	
9. 2009												X X X	
10. 2010												X X X	
11. 2011												X X X	
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2002																
3. 2003																
4. 2004																
5. 2005																
6. 2006																
7. 2007																
8. 2008																
9. 2009																
10. 2010																
11. 2011																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1H - SECTION 1
 OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1H - SECTION 2
OTHER LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1**SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid					Defense and Cost Containment Unpaid				23	24	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case	Adjusting and Other Expenses Unpaid									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded		17 Direct and Assumed	21 Direct and Assumed	22 Ceded						
1. Prior			
2. 2010			
3. 2011			
4. Totals			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1J
AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid					Defense and Cost Containment Unpaid				23	24	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case	Adjusting and Other Expenses Unpaid									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded		17 Direct and Assumed	21 Direct and Assumed	22 Ceded						
1. Prior			
2. 2010			
3. 2011			
4. Totals			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1K
FIDELITY/SURETY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid					Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	N	O	N	E	21 Direct and Assumed	22 Ceded			
1. Prior
2. 2010
3. 2011
4. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1L
OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid					Defense and Cost Containment Unpaid				23	24	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case	Adjusting and Other Expenses Unpaid									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded		17 Direct and Assumed	21 Direct and Assumed	22 Ceded						
1. Prior			
2. 2010			
3. 2011			
4. Totals			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1M
INTERNATIONAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002												X X X	
3. 2003												X X X	
4. 2004												X X X	
5. 2005												X X X	
6. 2006												X X X	
7. 2007												X X X	
8. 2008												X X X	
9. 2009												X X X	
10. 2010												X X X	
11. 2011												X X X	
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002												X X X	
3. 2003												X X X	
4. 2004												X X X	
5. 2005												X X X	
6. 2006												X X X	
7. 2007												X X X	
8. 2008												X X X	
9. 2009												X X X	
10. 2010												X X X	
11. 2011												X X X	
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior													X X X			
2. 2002													X X X			
3. 2003													X X X			
4. 2004													X X X			
5. 2005													X X X			
6. 2006													X X X			
7. 2007													X X X			
8. 2008													X X X			
9. 2009													X X X			
10. 2010													X X X			
11. 2011													X X X			
12. Totals													X X X			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X			
2. 2002												
3. 2003												
4. 2004												
5. 2005												
6. 2006												
7. 2007												
8. 2008												
9. 2009												
10. 2010												
11. 2011												
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X			

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 10 - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002												X X X	
3. 2003												X X X	
4. 2004												X X X	
5. 2005												X X X	
6. 2006												X X X	
7. 2007												X X X	
8. 2008												X X X	
9. 2009												X X X	
10. 2010												X X X	
11. 2011												X X X	
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior													X X X			
2. 2002													X X X			
3. 2003													X X X			
4. 2004													X X X			
5. 2005													X X X			
6. 2006													X X X			
7. 2007													X X X			
8. 2008													X X X			
9. 2009													X X X			
10. 2010													X X X			
11. 2011													X X X			
12. Totals													X X X			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X			
2. 2002												
3. 2003												
4. 2004												
5. 2005												
6. 2006												
7. 2007												
8. 2008												
9. 2009												
10. 2010												
11. 2011												
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X			

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002												X X X	
3. 2003												X X X	
4. 2004												X X X	
5. 2005												X X X	
6. 2006												X X X	
7. 2007												X X X	
8. 2008												X X X	
9. 2009												X X X	
10. 2010												X X X	
11. 2011												X X X	
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													X X X
2. 2002													X X X
3. 2003													X X X
4. 2004													X X X
5. 2005													X X X
6. 2006													X X X
7. 2007													X X X
8. 2008													X X X
9. 2009													X X X
10. 2010													X X X
11. 2011													X X X
12. Totals													X X X

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1R - SECTION 2
PRODUCTS LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X									X X X	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	X X X	X X X	X X X									X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid					Defense and Cost Containment Unpaid				23	24	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case	Adjusting and Other Expenses Unpaid									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded		17 Direct and Assumed	21 Direct and Assumed	22 Ceded						
1. Prior			
2. 2010			
3. 2011			
4. Totals			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 1T
WARRANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid					Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	NONE	21 Direct and Assumed	22 Ceded			
1. Prior
2. 2010
3. 2011
4. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003 ...	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004 ...	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005 ...	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
6. 2006 ...	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
7. 2007 ...	XXX	XXX	XXX	XXX	XXX	X	.....	.....	.....	.....	.....	.....
8. 2008 ...	XXX	XXX	XXX	XXX	XXX	X	.....	.....	.....	.....	.....	.....
9. 2009 ...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....
10. 2010 ...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX
11. 2011 ...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE KAISER FOUNDATION HEALTH PLAN OF OHIO
SCHEDULE P - PART 2A
HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX							
11. 2011	XXX	XXX	XXX	XXX	XXX							
12. TOTALS												

SCHEDULE P - PART 2B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX							
11. 2011	XXX	XXX	XXX	XXX	XXX							
12. TOTALS												

SCHEDULE P - PART 2C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX							
11. 2011	XXX	XXX	XXX	XXX	XXX							
12. TOTALS												

SCHEDULE P - PART 2D
WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX							
11. 2011	XXX	XXX	XXX	XXX	XXX							
12. TOTALS												

SCHEDULE P - PART 2E
COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX							
11. 2011	XXX	XXX	XXX	XXX	XXX							
12. TOTALS												

SCHEDULE P - PART 2F - SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2006	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
7. 2007	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
8. 2008	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
9. 2009	XXX	XXX	XXX	XXX	XXX	.....	^	^	^	.....	.....	.....
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2F - SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior
2. 2002
3. 2003	XXX
4. 2004	XXX	XXX
5. 2005	XXX	XXX	XXX
6. 2006	XXX	XXX	XXX	XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	^	^	^
10. 2010	XXX											
11. 2011	XXX											
12. TOTALS

SCHEDULE P - PART 2G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior
2. 2002
3. 2003	XXX
4. 2004	XXX	XXX
5. 2005	XXX	XXX	XXX
6. 2006	XXX	XXX	XXX	XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	^	^	^
10. 2010	XXX											
11. 2011	XXX											
12. TOTALS

SCHEDULE P - PART 2H - SECTION 1
OTHER LIABILITY - OCCURRENCE

1. Prior
2. 2002
3. 2003	XXX
4. 2004	XXX	XXX
5. 2005	XXX	XXX	XXX
6. 2006	XXX	XXX	XXX	XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	^	^	^
10. 2010	XXX											
11. 2011	XXX											
12. TOTALS

SCHEDULE P - PART 2H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE

1. Prior
2. 2002
3. 2003	XXX
4. 2004	XXX	XXX
5. 2005	XXX	XXX	XXX
6. 2006	XXX	XXX	XXX	XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	^	^	^
10. 2010	XXX											
11. 2011	XXX											
12. TOTALS

SCHEDULE P - PART 2I**SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX							
2. 2010	XXX	XXX	XXX	XXX	XXX							
3. 2011	XXX	XXX	XXX	XXX	XXX							
4. TOTALS												

SCHEDULE P - PART 2J
AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX							
2. 2010	XXX	XXX	XXX	XXX	XXX							
3. 2011	XXX	XXX	XXX	XXX	XXX							
4. TOTALS												

SCHEDULE P - PART 2K
FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX							
2. 2010	XXX	XXX	XXX	XXX	XXX							
3. 2011	XXX	XXX	XXX	XXX	XXX							
4. TOTALS												

SCHEDULE P - PART 2L
OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX							
2. 2010	XXX	XXX	XXX	XXX	XXX							
3. 2011	XXX	XXX	XXX	XXX	XXX							
4. TOTALS												

SCHEDULE P - PART 2M
INTERNATIONAL

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX							
9. 2009	XXX											
10. 2010	XXX											
11. 2011	XXX											
12. TOTALS												

SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2006	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
7. 2007	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2006	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
7. 2007	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2006	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....
7. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2006	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
7. 2007	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
8. 2008	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
9. 2009	XXX	XXX	XXX	XXX	XXX .....	.....	XXX	XXX	XXX .....	.....	.....	.....
10. 2010	XXX	XXX	XXX	XXX	XXX .....	.....	XXX	XXX	XXX	XXX .....	.....	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX .....	.....	XXX	XXX	XXX	XXX	XXX	XXX
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2R - SECTION 2
PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2006	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
7. 2007	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
8. 2008	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
9. 2009	XXX	XXX	XXX	XXX	XXX .....	.....	XXX	XXX	XXX .....	.....	.....	.....
10. 2010	XXX	XXX	XXX	XXX	XXX .....	.....	XXX	XXX	XXX	XXX .....	.....	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX .....	.....	XXX					
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
2. 2010	XXX	XXX	XXX	XXX	XXX .....	.....	XXX .....	.....	.....	.....	.....	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX .....	.....	XXX					
4. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2T
WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX .....	.....	.....	.....	.....	.....	.....	.....
2. 2010	XXX	XXX	XXX	XXX	XXX .....	.....	XXX .....	.....	.....	.....	.....	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX					
4. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

NONE

NONE