95204201120100100 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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]

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)
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)
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)	(Signature)	(Signature)
Patricia D. Kennedy-Scott	Mark S. Zemelman	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Regional President	Senior Vice President, General Counsel, Secretary	
(Title)	(Title)	(Title)

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

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

(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	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
Due from Lokahi	965,194						965,194
0199999 Total - Individually listed receivables	965,194						965,194
0299999 Receivables not inidvidually 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	X X X	27,327,091	27,327,091	
0299999 Payables not individually listed	X X X	430,942	430,942	
0399999 Total gross payables	X X X	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

95204201143036100 2011 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0601 BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code 95204

	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	103,201	5,911	71,700				7,937	17,653		
6. Current Year Member Months	1,309,343	73,728	925,797				95,991	213,827		
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	18,330,066	321,041,356				40,481,076	143,938,107		10,190
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
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 products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....89,569,219

95204201143059100 2011 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0601 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 95204

	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	103,201	5,911	71,700				7,937	17,653		
6. Current Year Member Months	1,309,343	73,728	925,797				95,991	213,827		
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	18,330,066	321,041,356				40,481,076	143,938,107		10,190
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
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 products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....89,569,219

29 Grand Total

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

		Direct Business only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama (AL)						
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						

N O N E

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 Domiciliary Location	10 Relationship to Reporting 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 *
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	CA	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	
0601	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 FOUNDATIN 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 Domiciliary Location	10 Relationship to Reporting 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 *
	KAISER FOUNDATION HOSPITALS		20-3924985				HEALTH CARE MANAGEMENT SOLUTIONS, LLC	CA	NIA	KFH	Ownership	83.0	KFH	5
	KAISER FOUNDATION HOSPITALS		91-2166347				KP ONCALL, LLC	CA	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HEALTH PLAN INC.		94-3317484				1800 HARRISON FOUNDATION	CA	NIA	KFHP	Board of Directors		KFHP	
	KAISER FOUNDATION HOSPITALS		27-2252521				KAISER PERMANENTE VENTURES, LLC	DE	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HEALTH PLAN INC.		27-0473737				RAINBOW DIALYSIS, LLC	DE	NIA	KFPH	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS		31-1779500				KAISER HOSPOITAL ASSISTANCE CORPORATION	CA	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HOSPITALS		00-0000000				KAISER HOSPITAL ASSISTANCE I-LLC	CA	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HOSPITALS		37-1651297				NXT CAPITAL SENIOR LOAN FUND1, LLC	DE	NIA	KFH	Ownership	75.1	KFH	6

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/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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 file 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

9520420113600000 2011 Document Code: 360

Health Life Supplement

9520420112050000 2011 Document Code: 205

Health Property / Casualty Supplement

9520420112070000 2011 Document Code: 207

Schedule SIS

9520420114200000 2011 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

9520420113710000 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

9520420113700000 2011 Document Code: 370

Medicare Part D Coverage Supplement

9520420113650000 2011 Document Code: 365

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

9520420112240000 2011 Document Code: 224

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

9520420112250000 2011 Document Code: 225

Approval for Relief related to Require. for Audit Committees

9520420112260000 2011 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatorries

95204201130600000 2011 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation

95204201121100000 2011 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit

95204201121300000 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 Total	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. Admn 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.			
4707.			
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

INDEX TO HEALTH ANNUAL STATEMENT

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