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2012

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# QUARTERLY STATEMENT

**AS OF March 31, 2012**

## OF THE CONDITION AND AFFAIRS OF THE

# Catalyst Rx Plan Services Insurance Company

NAIC Group Code	0000 (Current Period)	1531 (Prior Period)	NAIC Company Code	69647	Employer's ID Number	31-0628424
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Incorporated/Organized	10/19/1948		Commenced Business	12/05/1978		
Statutory Home Office	50 W. Broad Street, Suite 1800 (Street and Number)		Columbus, OH 43215 (City, or Town, State and Zip Code)			
Main Administrative Office	800 King Farm Blvd., 4th Floor (Street and Number)		Rockville, MD 20850 (City or Town, State and Zip Code)			
Mail Address	800 King Farm Blvd., 4th Floor (Street and Number or P.O. Box)		Rockville, MD 20850 (City or Town, State and Zip Code)			
Primary Location of Books and Records	800 King Farm Blvd., 4th Floor (Street and Number)		Rockville, MD 20850 (City or Town, State and Zip Code)			
Internet Web Site Address	catalystrx.com		(301)548-2900-82974 (Area Code) (Telephone Number)			
Statutory Statement Contact	Heather Katherine Hafeman (Name)		(608)821-6310 (Area Code)(Telephone Number)(Extension)			
	hhafeman@strohballweg.com (E-Mail Address)		(608)821-0601 (Fax Number)			

## OFFICERS

Name	Title	#
Richard Allan Bates	President & Chief Operating Officer	#
Benjamin Randolph Preston	Secretary & Vice President	#
Timothy Robert Pearson	Treasurer & Chief Financial Officer	#
David Thomas Blair	Chief Executive Officer	#

## OTHERS

## **DIRECTORS OR TRUSTEES**

Richard Allan Bates # Susan Wiener Berson #  
David Thomas Blair # Wayne Gardner Dix #  
Mark Allan McElroy # Timothy Robert Pearson #  
Benjamin Randolph Preston # Norman Curtis Storbakkien #

State of Maryland  
County of Montgomery 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.

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(Signature)  
David Thomas Blair  
(Printed Name)  
1.  
Chief Executive Officer  
(Title)

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(Signature)  
**Benjamin Randolph Preston**  
(Printed Name)  
2.  
Secretary & Vice President  
(Title)

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(Signature)  
Timothy Robert Pearson  
(Printed Name)  
3.  
Treasurer & Chief Financial Officer  
(Title)

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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[X] No[ ]

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(Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	4,932,370		4,932,370	4,935,559
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....11,731), cash equivalents (\$.....0) and short-term investments (\$.....3,878,729) .....	3,890,460		3,890,460	3,907,554
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	8,822,830		8,822,830	8,843,113
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	7,499		7,499	16,187
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	27,327		27,327	
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	301	301		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	8,857,957	301	8,857,656	8,859,300
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	8,857,957	301	8,857,656	8,859,300
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Expenses .....	301	301		
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	301	301		

**LIABILITIES, SURPLUS AND OTHER FUNDS**

		1 Current Statement Date	2 December 31 Prior Year
1.	Aggregate reserve for life contracts \$.....0 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve)		
2.	Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve)		
3.	Liability for deposit-type contracts (including \$.....0 Modco Reserve)		
4.	Contract claims:		
4.1	Life		
4.2	Accident and health		
5.	Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid		
6.	Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1	Dividends apportioned for payment (including \$.....0 Modco)		
6.2	Dividends not yet apportioned (including \$.....0 Modco)		
6.3	Coupons and similar benefits (including \$.....0 Modco)		
7.	Amount provisionally held for deferred dividend policies not included in Line 6		
8.	Premiums and annuity considerations for life and accident & health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums		
9.	Contract liabilities not included elsewhere:		
9.1	Surrender values on canceled contracts		
9.2	Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act		
9.3	Other amounts payable on reinsurance; including \$.....0 assumed and \$.....0 ceded		
9.4	Interest Maintenance Reserve	165,863	168,635
10.	Commissions to agents due or accrued-life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0		
11.	Commissions and expense allowances payable on reinsurance assumed		
12.	General expenses due or accrued	92,446	61,875
13.	Transfers to Separate Accounts due or accrued (net) (Including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14.	Taxes, licenses and fees due or accrued, excluding federal income taxes		
15.1	Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses)		431
15.2	Net deferred tax liability		
16.	Unearned investment income		
17.	Amounts withheld or retained by company as agent or trustee	1,028	1,028
18.	Amounts held for agents' account, including \$.....0 agents' credit balances		
19.	Remittances and items not allocated		
20.	Net adjustment in assets and liabilities due to foreign exchange rates		
21.	Liability for benefits for employees and agents if not included above		
22.	Borrowed money \$.....0 and interest thereon \$.....0		
23.	Dividends to stockholders declared and unpaid		
24.	Miscellaneous liabilities:		
24.01	Asset valuation reserve	23,544	24,356
24.02	Reinsurance in unauthorized companies		
24.03	Funds held under reinsurance treaties with unauthorized reinsurers		250
24.04	Payable to parent, subsidiaries and affiliates		
24.05	Drafts outstanding		
24.06	Liability for amounts held under uninsured plans		
24.07	Funds held under coinsurance		
24.08	Derivatives		
24.09	Payable for securities		
24.10	Payable for securities lending		
24.11	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities		
26.	Total Liabilities excluding Separate Accounts business (Lines 1 to 25)	282,881	256,575
27.	From Separate Accounts Statement		
28.	Total Liabilities (Lines 26 and 27)	282,881	256,575
29.	Common capital stock	2,727,274	2,727,274
30.	Preferred capital stock		
31.	Aggregate write-ins for other than special surplus funds		
32.	Surplus notes		
33.	Gross paid in and contributed surplus	4,990,293	4,990,293
34.	Aggregate write-ins for special surplus funds		
35.	Unassigned funds (surplus)	857,208	885,158
36.	Less treasury stock, at cost:		
36.1	.....0 shares common (value included in Line 29 \$.....0)		
36.2	.....0 shares preferred (value included in Line 30 \$.....0)		
37.	Surplus (Total Lines 31 to 35, Less 36) (including \$.....0 in Separate Accounts Statement)	5,847,501	5,875,451
38.	Totals of Lines 29, 30 and 37	8,574,775	8,602,725
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	8,857,656	8,859,300

**DETAILS OF WRITE-INS**

2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		
3101.			
3102.			
3103.			
3198.	Summary of remaining write-ins for Line 31 from overflow page		
3199.	TOTALS (Lines 3101 through 3103 plus 3198) (Line 31 above)		
3401.			
3402.			
3403.			
3498.	Summary of remaining write-ins for Line 34 from overflow page		
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)		

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**SUMMARY OF OPERATIONS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts .....			
2. Considerations for supplementary contracts with life contingencies .....			
3. Net investment income .....	4,923	28,972	73,603
4. Amortization of Interest Maintenance Reserve (IMR) .....	2,772	3,844	15,377
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....			
6. Commissions and expense allowances on reinsurance ceded .....			
7. Reserve adjustments on reinsurance ceded .....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....			
8.2 Charges and fees for deposit-type contracts .....			
8.3 Aggregate write-ins for miscellaneous income .....			
9. Totals (Lines 1 to 8.3) .....	7,695	32,816	88,980
10. Death benefits .....			
11. Matured endowments (excluding guaranteed annual pure endowments) .....			
12. Annuity benefits .....			
13. Disability benefits and benefits under accident and health contracts .....			
14. Coupons, guaranteed annual pure endowments and similar benefits .....			
15. Surrender benefits and withdrawals for life contracts .....			
16. Group conversions .....			
17. Interest and adjustments on contract or deposit-type contract funds .....			
18. Payments on supplementary contracts with life contingencies .....			
19. Increase in aggregate reserves for life and accident and health contracts .....			
20. TOTALS (Lines 10 to 19) .....			
21. Commissions on premiums, annuity considerations, and deposit type contract funds (direct business only) .....			
22. Commissions and expense allowances on reinsurance assumed .....			
23. General insurance expenses .....	5,157	6,409	25,680
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	59,058	33,538	211,533
25. Increase in loading on deferred and uncollected premiums .....			
26. Net transfers to or (from) Separate Accounts, net of reinsurance .....			
27. Aggregate write-ins for deductions .....			
28. Totals (Lines 20 to 27) .....	64,215	39,947	237,213
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) .....	(56,520)	(7,131)	(148,233)
30. Dividends to policyholders .....			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) .....	(56,520)	(7,131)	(148,233)
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....	(27,758)	(62,453)	(119,860)
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	(28,762)	55,322	(28,373)
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR) .....	(28,762)	55,322	(28,373)
35. Net income (Line 33 plus Line 34) .....			
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
36. Capital and surplus, December 31, prior year .....	8,602,725	8,633,918	8,633,918
37. Net Income (Line 35) .....	(28,762)	55,322	(28,373)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....			
39. Change in net unrealized foreign exchange capital gain (loss) .....			
40. Change in net deferred income tax .....			
41. Change in nonadmitted assets .....		(135)	(285)
42. Change in liability for reinsurance in unauthorized companies .....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease .....			
44. Change in asset valuation reserve .....	812	1,091	(2,535)
45. Change in treasury stock .....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....			
47. Other changes in surplus in Separate Accounts Statement .....			
48. Change in surplus notes .....			
49. Cumulative effect of changes in accounting principles .....			
50. Capital changes:			
50.1 Paid in .....			
50.2 Transferred from surplus (Stock Dividend) .....			
50.3 Transferred to surplus .....			
51. Surplus adjustment:			
51.1 Paid in .....			
51.2 Transferred to capital (Stock Dividend) .....			
51.3 Transferred from capital .....			
51.4 Change in surplus as a result of reinsurance .....			
52. Dividends to stockholders .....			
53. Aggregate write-ins for gains and losses in surplus .....			
54. Net change in capital and surplus (Lines 37 through 53) .....	(27,950)	56,278	(31,193)
55. Capital and surplus as of statement date (Lines 36 + 54) .....	8,574,775	8,690,196	8,602,725
<b>DETAILS OF WRITE-INS</b>			
08.301. ....			
08.302. ....			
08.303. ....			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....			
08.399. TOTALS (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) .....			
2701. ....			
2702. ....			
2703. ....			
2798. Summary of remaining write-ins for Line 27 from overflow page .....			
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above) .....			
5301. ....			
5302. ....			
5303. ....			
5398. Summary of remaining write-ins for Line 53 from overflow page .....			
5399. TOTALS (Lines 5301 through 5303 plus 5398) (Line 53 above) .....			

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**CASH FLOW**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....			
2.	Net investment income .....	16,800	332	68,042
3.	Miscellaneous income .....			
4.	Total (Lines 1 to 3) .....	16,800	332	68,042
5.	Benefit and loss related payments .....			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	33,644	41,932	202,667
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		15,000	(36,001)
10.	Total (Lines 5 through 9) .....	33,644	56,932	166,666
11.	Net cash from operations (Line 4 minus Line 10) .....	(16,844)	(56,600)	(98,624)
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....			9,071,333
12.2	Stocks .....			556,093
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....			
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....			9,627,426
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....			9,113,178
13.2	Stocks .....			556,093
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	Total investments acquired (Lines 13.1 to 13.6) .....			9,669,271
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			(41,845)
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	(250)	(19,308)	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(250)	(19,308)	
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(17,094)	(75,908)	(140,469)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	3,907,554	4,048,023	4,048,023
19.2	End of period (Line 18 plus Line 19.1) .....	3,890,460	3,972,115	3,907,554

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			
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**EXHIBIT 1****DIRECT PREMIUMS AND DEPOSIT - TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life .....			
2. Ordinary life insurance .....	257,634	254,081	1,021,291
3. Ordinary individual annuities .....	202,966	2,435	35,177
4. Credit life (group and individual) .....			
5. Group life insurance .....			
6. Group annuities .....			
7. A & H - group .....			
8. A & H - credit (group and individual) .....	432	521	1,879
9. A & H - other .....		5,111	
10. Aggregate of all other lines of business .....			
11. Subtotal .....	461,032	262,148	1,058,347
12. Deposit-type contracts .....			
13. Total .....	461,032	262,148	1,058,347
<b>DETAILS OF WRITE-INS</b>			
1001. ....			
1002. ....			
1003. ....			
1098. Summary of remaining write-ins for Line 10 from overflow page .....			
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above) .....			

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**Notes to Financial Statement**

**1. Summary of Significant Accounting Policies**

**A. Accounting Practices**

The financial statements of Catalyst Rx Plan Services Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department). The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

**B. Use of Estimates**

The preparation of financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

The Company uses the following accounting policies:

1. Short-term investments are stated at cost which approximates fair value.
2. Bonds are valued as prescribed by the NAIC. Bonds not backed by other loans are generally carried at cost, adjusted for the amortization of premiums, accretion of discounts, and any impairment. Premiums and discounts are amortized and accreted over the estimated lives of the related bonds based on the interest-yield method. The Company's bond portfolio is reviewed quarterly and as a result the carrying value of a bond may be reduced to reflect changes in valuation resulting from asset impairment. Bonds which have been assigned the NAIC category 6 are written down to the appropriate NAIC carrying value.

**2. Accounting Changes and Corrections of Errors**

**A. Accounting Changes as a Result of a Change in Accounting Principles and/or Corrections of Errors**

Not Applicable.

**3. Business Combinations and Goodwill**

**A. Statutory Purchase Method**

Not Applicable.

**B. Statutory Merger**

Not Applicable.

**C. Assumption Reinsurance**

Not Applicable.

**D. Impairment Loss**

Not Applicable.

**4. Discontinued Operations**

Not Applicable.

**5. Investments**

**A. Mortgage Loans, Including Mezzanine Real Estate Loans**

The Company has no investment in mortgage loans.

**B. Debt Restructuring**

The Company has no invested assets that are restructured debt.

**C. Reverse Mortgages**

The Company has no investment in reverse mortgages.

**D. Loan-Backed Securities**

The Company has no investments in loan-backed securities.

**E. Repurchase Agreements or Securities Lending Transactions**

The Company has no investment in repurchase agreements or securities lending transactions.

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**Notes to Financial Statement**

**F. Real Estate**

The Company has no investment in real estate.

**G. Investments in Low-Income Housing Tax Credits (LIHTC)**

The Company has no investment in low-income housing tax credits.

**6. Joint Ventures, Partnerships and Limited Liability Companies**

**A. Detail for Those Greater than 10% of Admitted Assets**

Not Applicable.

**B. Write-down for Impairments**

Not Applicable.

**7. Investment Income**

**A. Accrued Investment Income**

The Company excludes from surplus all investment income due and accrued on bonds in or near default or that is over 90 days past due.

**B. Amounts Excluded**

Not Applicable.

**8. Derivative Instruments**

Not Applicable.

**9. Income Taxes**

The Company plans to enter into a tax allocation agreement with the parent company. The agreement has been drafted, reviewed by an outside tax specialist, and will be filed with the Department in the near future.

**10. Information Concerning Parent, Subsidiaries and Affiliates**

**A. B. C. Nature of Relationships**

The Company is 100% owned by Catalyst Rx, a Nevada Corporation. Catalyst Rx is a wholly owned subsidiary of Catalyst Health Solutions, Inc. a publicly held Delaware Corporation. The Company currently does not have any management service agreements with any affiliated or unaffiliated entities. The Company plans to file a management service agreement with the Department in the near future.

**D. Amounts Due to or from Related Parties**

Not Applicable.

**E. Guarantees or Contingencies for Related Parties**

Not Applicable.

**F. Management, Service Contracts, Cost Sharing Arrangements**

The Company currently does not have any management service agreements with any affiliated parties.

**G. Nature of Relationships that Could Affect Operations**

Not Applicable.

**H. Amount Deducted for Investment in Upstream Parent**

Not Applicable.

**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

Not Applicable.

**J. Write-down for Impairments**

Not Applicable.

**K. Investment in Foreign Subsidiary**

Not Applicable.

**L. Downstream Noninsurance Holding Company**

Not Applicable.

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**Notes to Financial Statement**

11. Debt

- A. The Company has no debt.
- B. The Company has no FHLB agreements.

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan  
Not Applicable.
- B. Defined Contribution Plans  
Not Applicable.
- C. Multiemployer Plans  
Not Applicable.
- D. Consolidated/Holding Company Plans  
Not Applicable.
- E. Postemployment Benefits and Compensated Absences  
Not Applicable.
- F. Impact of Medicare Modernization Act on Postretirement Benefits  
Not Applicable.

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

- A. Outstanding Shares  
The Company has 4,000,000 shares authorized, 1,363,637 issued (\$2 per share par value). All shares are common stock.

- B. Dividend Rate of Preferred Stock  
The Company has no preferred stock.
- C. D. E. Dividends  
Without prior approval by the Insurance Commissioner of the State of Ohio, the aggregate amounts of dividends to shareholders during any 12-month period shall not exceed the greater of the prior year's net income or 10% of surplus.

- F. Mutual Surplus Advances  
There have been no advances to surplus.
- G. Company Stock Held for Special Purposes  
Not Applicable.

- H. Changes in Special Surplus Funds  
Not Applicable.
- I. Changes in Unassigned Funds  
The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

<u>Cumulative Increase (Decrease) in Surplus</u>
--

Unrealized gain or loss	\$ 0
-------------------------	------

- J. Surplus Note  
The Company has not issued any surplus notes or debentures or similar obligations.
- K. L. There has been no restatement of surplus due to quasi-reorganizations.

14. Contingencies

- A. Contingent Commitments  
Not Applicable.

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**Notes to Financial Statement**

- B. Assessments  
Not Applicable.
- C. Gain Contingencies  
Not Applicable.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits  
Not Applicable.
- E. All Other Contingencies  
Not Applicable.

15. Leases

- A. Lessee Leasing Arrangements  
Not Applicable.
- B. Lessor Leasing Arrangements  
Not Applicable.
- C. Leveraged Leasing Arrangements  
Not Applicable.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

- A. Financial Instruments with Off-Balance Sheet Risk  
Not Applicable.
- B. Financial Instruments with Concentrations of Credit Risk  
Not Applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales  
Not Applicable.
- B. Transfer and Servicing of Financial Assets  
Not Applicable.
- C. Wash Sales  
Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

- A. Administrative Services Only (ASO) Plans  
Not Applicable.
- B. Administrative Services Contract (ASC) Plans  
Not Applicable.
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract  
Not Applicable.

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

Not Applicable.

20. Fair Value Measurements

No Significant Change.

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**Notes to Financial Statement**

21. Other Items

- A. Extraordinary Items  
Not Applicable.
- B. Troubled Debt Restructuring  
Not Applicable.
- C. Other Disclosures  
Any disclosures that you would like to add about the acquisition?
- D. Balance that is Reasonably Possible to be Uncollectible  
Not Applicable.
- E. Business Interruption Insurance Recoveries  
Not Applicable.
- F. State Transferable Tax Credits  
Not Applicable.
- G. Subprime-Mortgage-Related Risk Exposure  
The Company does not have any exposure to subprime-mortgages.

22. Events Subsequent

- Not Applicable.

23. Reinsurance

- No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- Not Applicable.

25. Changes in Incurred Losses and Loss Adjustment Expenses

- Not Applicable.

26. Intercompany Pooling Arrangements

- Not Applicable.

27. Structured Settlements

- Not Applicable.

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables  
Not Applicable.
- B. Risk Sharing Receivables  
Not Applicable.

29. Participating Policies

- Not Applicable.

30. Premium Deficiency Reserves

- Not Applicable.

31. Reserves for Life Contracts and Deposit-Type Contracts

- No significant change.

32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

- Not Applicable.

STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**Notes to Financial Statement**

33. Premium and Annuity Considerations Deferred and Uncollected

Not Applicable.

34. Separate Accounts

Not Applicable.

35. Loss/Claim Adjustment Expenses

Not Applicable.

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

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

1.2 If yes, has the report been filed with the domiciliary state? .....

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

2.2 If yes, date of change: 02/28/2012.....

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

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

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. .....

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2006.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2006.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/10/2008.....

6.4 By what department or departments?  
Ohio Department of Insurance

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

6.6 Have all of the recommendations within the latest financial examination report been complied with? .....

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]

7.2 If yes, give full information .....

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. Yes[ ] No[X]

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

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

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

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

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

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]

11.2 If yes, give full and complete information relating thereto: .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

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

14.2 If yes, please complete the following: .....

**GENERAL INTERROGATORIES (Continued)**

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes[ ] No[ ] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

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

1 Name of Custodian(s)	2 Custodian Address
CitiGroup .....	333 W. 34th Street, NY, NY 10001 .....

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[ ] No[X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
.....	.....	.....

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[ ]

17.2 If no, list exceptions:

**GENERAL INTERROGATORIES****PART 2 - LIFE & HEALTH**

	Amount
1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:	
1.1 Long-Term Mortgages in Good Standing	
1.11 Farm Mortgages	\$ 0
1.12 Residential Mortgages	\$ 0
1.13 Commercial Mortgages	\$ 0
1.14 Total Mortgages in Good Standing	\$ 0
1.2 Long-Term Mortgages in Good Standing with Restructured Terms	
1.21 Total Mortgages in Good Standing with Restructured Terms	\$ 0
1.3 Long-Term Mortgage Loans upon which Interest is Overdue more than Three Months	
1.31 Farm Mortgages	\$ 0
1.32 Residential Mortgages	\$ 0
1.33 Commercial Mortgages	\$ 0
1.34 Total Mortgages with Interest Overdue more than Three Months	\$ 0
1.4 Long-Term Mortgage Loans in Process of Foreclosure	
1.41 Farm Mortgages	\$ 0
1.42 Residential Mortgages	\$ 0
1.43 Commercial Mortgages	\$ 0
1.44 Total Mortgages in Process of Foreclosure	\$ 0
1.5 Total Mortgage Loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$ 0
1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter	
1.61 Farm Mortgages	\$ 0
1.62 Residential Mortgages	\$ 0
1.63 Commercial Mortgages	\$ 0
1.64 Total Mortgages Foreclosed and Transferred to Real Estate	\$ 0
2. Operating Percentages:	
2.1 A&H loss percent	0.000%
2.2 A&H cost containment percent	0.000%
2.3 A&H expense percent excluding cost containment expenses	0.000%
3.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
3.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$ 0
3.3 Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
3.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$ 0

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			<b>N O N E</b>			

**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS****Current Year To Date - Allocated by States and Territories**

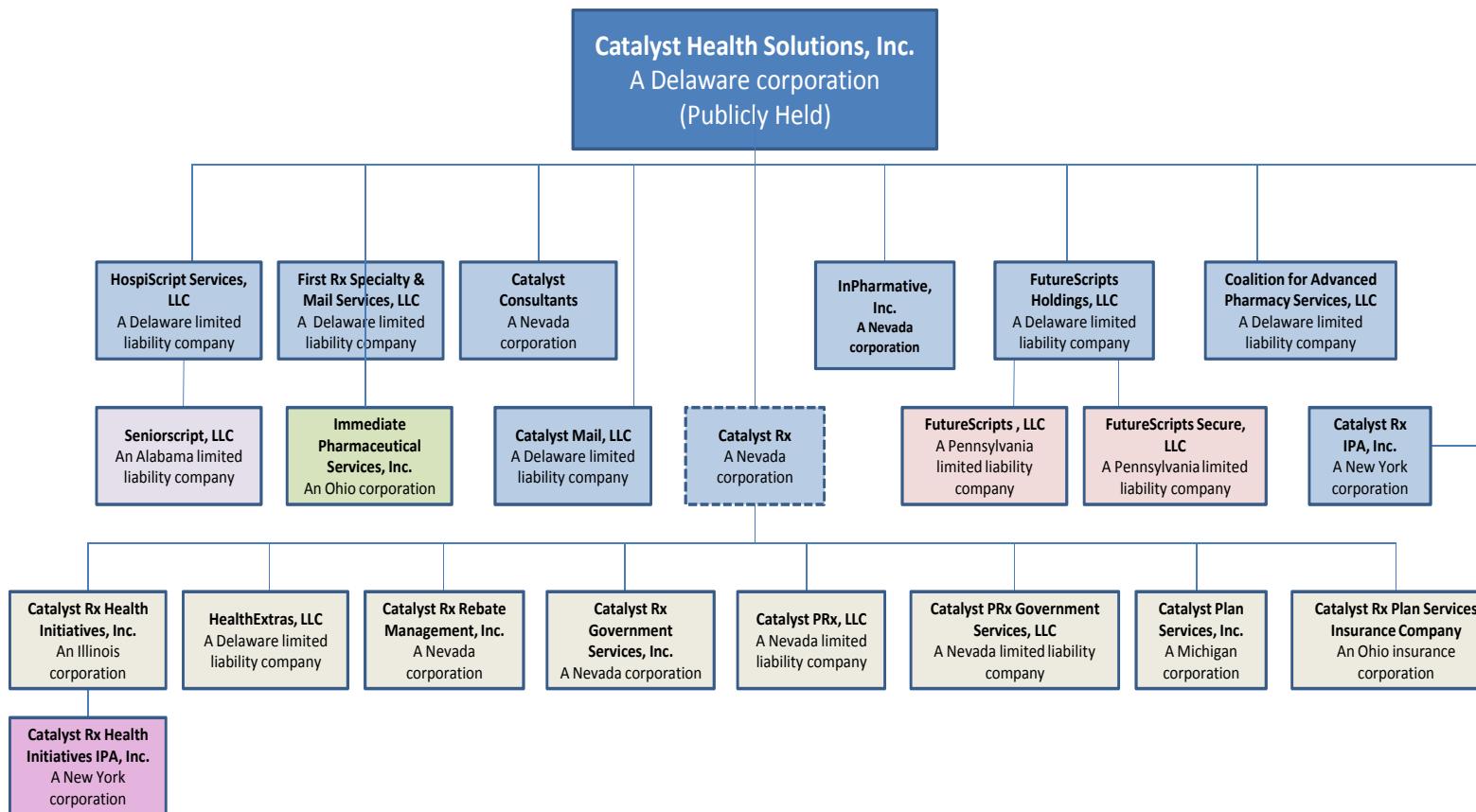
States, Etc.	Active Status	1	Direct Business Only					
			Life Contracts		4	5	6	7
			2	3				
States, Etc.	Active Status	1	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 Through 5	Deposit-Type Contracts
1. Alabama (AL)	L	2,218					2,218	
2. Alaska (AK)	L						14,069	
3. Arizona (AZ)	L	14,069					1,170	
4. Arkansas (AR)	L	1,170					44,916	
5. California (CA)	L	44,501	415				1,846	
6. Colorado (CO)	L	1,846					1,913	
7. Connecticut (CT)	L	1,913					200	
8. Delaware (DE)	L	200						
9. District of Columbia (DC)	L							
10. Florida (FL)	L	15,466	275		101		15,842	
11. Georgia (GA)	L	4,584					4,584	
12. Hawaii (HI)	L	1,262					332	
13. Idaho (ID)	L	332					2,962	
14. Illinois (IL)	L	2,962					5,246	
15. Indiana (IN)	L	5,246					870	
16. Iowa (IA)	L	870					855	
17. Kansas (KS)	L	855					14,467	
18. Kentucky (KY)	L	14,248	75		144		3,016	
19. Louisiana (LA)	L	3,016					65	
20. Maine (ME)	N	65					465	
21. Maryland (MD)	L	465						
22. Massachusetts (MA)	L							
23. Michigan (MI)	L	4,095						
24. Minnesota (MN)	L	545	200,000				200,545	
25. Mississippi (MS)	L	1,807					1,807	
26. Missouri (MO)	L	450					450	
27. Montana (MT)	L							
28. Nebraska (NE)	L	404					404	
29. Nevada (NV)	L	1,665					1,665	
30. New Hampshire (NH)	L	131					131	
31. New Jersey (NJ)	L	104					104	
32. New Mexico (NM)	L	465					465	
33. New York (NY)	N	131					131	
34. North Carolina (NC)	L	5,891					5,891	
35. North Dakota (ND)	L	61					61	
36. Ohio (OH)	L	98,758	2,123		187		101,068	
37. Oklahoma (OK)	L	199					199	
38. Oregon (OR)	L	273					273	
39. Pennsylvania (PA)	L	549					549	
40. Rhode Island (RI)	L							
41. South Carolina (SC)	L	1,843					1,843	
42. South Dakota (SD)	L	186					186	
43. Tennessee (TN)	L	1,864					1,864	
44. Texas (TX)	L	10,267					10,267	
45. Utah (UT)	L	870					870	
46. Vermont (VT)	L							
47. Virginia (VA)	L	6,834	78				6,912	
48. Washington (WA)	L	1,819					1,819	
49. West Virginia (WV)	L	788					788	
50. Wisconsin (WI)	L	1,183					1,183	
51. Wyoming (WY)	L							
52. American Samoa (AS)	N							
53. Guam (GU)	N							
54. Puerto Rico (PR)	N							
55. U.S. Virgin Islands (VI)	N							
56. Northern Mariana Islands (MP)	N							
57. Canada (CN)	N							
58. Aggregate other alien (OT)	XXX							
59. Subtotal	(a) 49	256,470	202,966	432			459,868	
90. Reporting entity contributions for employee benefits plans	XXX							
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX							
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX							
93. Premium or annuity considerations waived under disability or other contract provisions	XXX	1,164					1,164	
94. Aggregate other amounts not allocatable by State	XXX							
95. Totals (Direct Business)	XXX	257,634	202,966	432			461,032	
96. Plus Reinsurance Assumed	XXX							
97. Totals (All Business)	XXX	257,634	202,966	432			461,032	
98. Less Reinsurance Ceded	XXX	257,634	202,966	432			461,032	
99. Totals (All Business) less Reinsurance Ceded	XXX							
<b>DETAILS OF WRITE-INS</b>								
5801.	XXX							
5802.	XXX							
5803.	XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX							
5899. TOTAL (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX							
9401.	XXX							
9402.	XXX							
9403.	XXX							
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX							
9499. TOTAL (Lines 9401 through 9403 plus 9498) (Line 94 above)	XXX							

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

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**  
**MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**ORGANIZATIONAL CHART\***



\* The percentage of each class of voting securities of each entity owned by its parent is 100%

**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 Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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)	*
Q13		00000	52-2181356			Nasdaq	Catalyst Health Solutions, Inc.	DE	UIP	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	20-0212381				Hospiscript Services, LLC	DE	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	88-0373347				Catalyst Consultants	NV	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	26-4106571				First Rx Speciality & Mail Services, LLC	DE	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	27-3419292				FutureScripts Holdings, LLC	DE	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	27-4241298				Catalyst Mail, LLC	DE	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	88-0361447				Catalyst Rx	NV	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	26-0543382				Seniorscript, LLC	AL	DS	Hospiscript Services, LLC	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	75-3229286				Catalyst Rx IPA, Inc.	NY	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	88-0482274				InPharmative, Inc.	NV	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	34-1472211				Immediate Pharmaceutical Services, Inc.	OH	DS	First Rx Speciality & Mail Services, LLC	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	03-0592263				FutureScripts, LLC	PA	DS	FutureScripts Holdings, LLC	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	16-1767416				FutureScripts Secure, LLC	PA	DS	FutureScripts Holdings, LLC	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	27-1193028				Coalition for Advanced Pharmacy Services, LLC	DE	DS	Catalyst Health Solutions, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	36-4049815				Catalyst Rx Health Initiatives, Inc.	IL	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	27-4130133				HealthExtras, LLC	DE	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	26-3633484				Catalyst Rx Rebate Management, Inc.	NV	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	61-1485410				Catalyst Rx Government Services, Inc.	NV	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	26-1424534				Catalyst PRx, LLC	NV	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	26-1438879				Catalyst PRx Government Services, LLC	NV	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	27-4131015				Catalyst Plan Services, Inc.	MI	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		69647	31-0628424				Catalyst Rx Plan Services Insurance Company	OH	DS	Catalyst Rx	Ownership	100.0	Catalyst Health Solutions, Inc.	
		00000	20-0218027				Catalyst Rx Health Initiatives IPA, Inc.	NY	DS	Catalyst Rx Health Initiatives, Inc.	Ownership	100.0	Catalyst Health Solutions, Inc.	

Asterisk	Explanation
0000001	

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

	<b>RESPONSES</b>
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	No
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	No
4. Will the Reasonableness of Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	No
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	No
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	No
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	No

Explanations:

Bar Codes:

Trusted Surplus Statement



6964720124900001

2012

Document Code: 490

Medicare Part D Coverage Supplement



6964720123650001

2012

Document Code: 365

Reasonableness 1 - Assumptions



6964720124450001

2012

Document Code: 445

Reasonableness 2 - Consistency



6964720124460001

2012

Document Code: 446

Reasonableness 3 - Implied Guarantee



6964720124470001

2012

Document Code: 447

Reasonableness 4 - Ave. Market Value



6964720124480001

2012

Document Code: 448

Reasonableness 5 - Market Value



6964720124490001

2012

Document Code: 449



STATEMENT AS OF **March 31, 2012** OF THE **Catalyst Rx Plan Services Insurance Company**  
**SCHEDULE A - VERIFICATION**

Real Estate

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

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	4,935,559	4,898,631
2. Cost of bonds and stocks acquired .....	.....	9,669,271
3. Accrual of discount .....	.....	.....
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of .....	.....	9,627,426
7. Deduct amortization of premium .....	3,189	4,917
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	4,932,370	4,935,559
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	4,932,370	4,935,559

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a) .....	8,845,162	.....	30,874	(3,189)	8,811,099	.....	.....	8,845,162
2. Class 2 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
3. Class 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. Class 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. Class 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. Class 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds .....	8,845,162	.....	30,874	(3,189)	8,811,099	.....	.....	8,845,162
<b>PREFERRED STOCK</b>								
8. Class 1 .....	.....	.....	.....	.....	.....	.....	.....	.....
9. Class 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
10. Class 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
11. Class 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
12. Class 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
13. Class 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Total Preferred Stock .....	.....	.....	.....	.....	.....	.....	.....	.....
15. Total Bonds & Preferred Stock .....	8,845,162	.....	30,874	(3,189)	8,811,099	.....	.....	8,845,162

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

**SCHEDULE DA - PART 1****Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	3,878,729	XXX	3,878,729		

**SCHEDULE DA - Verification****Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	3,909,603	4,050,852
2. Cost of short-term investments acquired .....		11,840,606
3. Accrual of discount .....		2,859
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....	30,874	11,984,714
6. Deduct consideration received on disposals .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	3,878,729	3,909,603
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	3,878,729	3,909,603

<b>SI04</b>	<b>Schedule DB - Part A Verification</b>	<b>NONE</b>
<b>SI04</b>	<b>Schedule DB - Part B Verification</b>	<b>NONE</b>
<b>SI05</b>	<b>Schedule DB Part C Section 1</b>	<b>NONE</b>
<b>SI06</b>	<b>Schedule DB Part C Section 2</b>	<b>NONE</b>
<b>SI07</b>	<b>Schedule DB - Verification</b>	<b>NONE</b>
<b>SI08</b>	<b>Schedule E - Verification (Cash Equivalents)</b>	<b>NONE</b>

<b>E01</b>	<b>Schedule A Part 2</b>	<b>NONE</b>
<b>E01</b>	<b>Schedule A Part 3</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 2</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 3</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 2</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 3</b>	<b>NONE</b>
<b>E04</b>	<b>Schedule D Part 3</b>	<b>NONE</b>
<b>E05</b>	<b>Schedule D Part 4</b>	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part A Section 1</b>	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part B Section 1</b>	<b>NONE</b>
<b>E08</b>	<b>Schedule DB Part D</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DL - Part 1 - Securities Lending Collateral Assets</b>	<b>NONE</b>
<b>E10</b>	<b>Schedule DL - Part 2 - Securities Lending Collateral Assets</b>	<b>NONE</b>

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
0199998 Deposits in .....5 depositories that do not exceed the allowable limit in any one depository - open depositories .....	XXX	XXX ..			11,731	11,731	11,731	XXX
0199999 Totals - Open Depositories .....	XXX	XXX ..			11,731	11,731	11,731	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories .....	XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories .....	XXX	XXX ..						XXX
0399999 Total Cash On Deposit .....	XXX	XXX ..			11,731	11,731	11,731	XXX
0499999 Cash in Company's Office .....	XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash .....	XXX	XXX ..			11,731	11,731	11,731	XXX

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

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8699999 Total - Cash Equivalents .....							

**N O N E**

# INDEX TO LIFE AND ACCIDENT AND HEALTH QUARTERLY STATEMENT

Accident and Health; Q3; Q4; Q6; Q11; QSupp3  
 Accounting Changes and Corrections of Errors; Q4; Q7, Note 2  
 Accounting Practices and Policies; Q7, Note 1  
 Admitted Assets; Q2; Q8; QSI01; QSI03; QSI08; QSupp2  
 Affiliated Transactions; Q2; Q3; Q7, Note 10; Q8; Q8.1  
 Annuities; Q3; Q4; Q6; Q11; QSupp3  
 Annuity Actuarial Reserves; Q7, Note 32  
 Annuity Benefits; Q4  
 Asset Valuation Reserve; Q3; Q4  
 Bonds; Q2; Q5; Q8.1; Q8.2; QSI01; QSI02; QE04; QE05; QSupp2  
 Business Combinations and Goodwill; Q7, Note 3  
 Capital Gains (Losses); Q3; Q4; Q5  
 Capital Stock; Q3; Q4; Q7, Note 13  
 Capital Notes; Q3; Q5; Q7, Note 11  
 Caps; QE06; QSI04  
 Cash; Q2; Q5; QSI04; QE11; QSupp2  
 Cash Equivalents; Q2; Q5; QSI08; QE12  
 Claim Adjustment Expenses; Q7, Note 35  
 Claims; Q3; QSupp1  
 Coinsurance; Q3  
 Collars; QE06; QSI04  
 Commissions; Q3; Q4; Q5  
 Common Stock; Q2; Q3; Q5; Q7, Note 13; Q8.1; Q8.2; QSI01; QE04; QE05; QSupp2  
 Contract Loans; Q2; Q5  
 Contingencies; Q7, Note 14  
 Counterparty Exposure; Q7, Note 8; QE06; QE08  
 Coupons; Q3; Q4  
 Credit Life; Q6  
 Death Benefits; Q4  
 Debt; Q7, Note 11  
 Deferred Compensation; Q7, Note 12  
 Deposit Liabilities by Withdrawal Characteristics; Q7, Note 32  
 Derivative Instruments; Q7, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08  
 Deposit-Type Contracts; Q3; Q4; Q5; Q6; Q11  
 Disability Benefits; Q11  
 Discontinued Operations; Q7, Note 4  
 Dividends or Refunds; Q5; Q11  
 Electronic Data Processing Equipment; Q2  
 Exchange or Counterparty; QE06; QE07; QE08  
 Expenses; Q3; Q4; Q5; QE01  
 Experience Rating Refunds; Q3; Q4  
 Extinguishment of Liabilities; Q7, Note 17  
 Extraordinary Items; Q7, Note 21  
 Fair Value; Q7, Note 20  
 Federal ID Number; Q10  
 Federal Reserve Board; Q8  
 Floors; QE06; QSI04  
 Foreign Exchange; Q2; Q3; Q4; QSI01; QSI03; QSI08; QE01; QE02; QE03; QE05  
 Forwards; QE06; QSI04  
 Furniture and Equipment; Q2  
 Futures Contracts; QE07; QSI04  
 General Insurance Expenses; Q4  
 Group Life Insurance; Q6  
 Guaranty Fund; Q2  
 Health Care Receivables; Q2; Q7, Note 28  
 Holding Company; Q8; Q12; Q13  
 Income; Q2; Q3; Q4; Q5; QE01; QE03; QE06; QE07; QSupp2  
 Income Generation Transactions; QE06; QE07  
 Income Taxes; Q2; Q3; Q4; Q5; Q7, Note 9  
 Incurred Losses and Loss Adjustment Expenses; Q7, Note 25  
 Individual Annuities; Q6  
 Industrial Life; Q6  
 Insurance Futures Options; QE07  
 Intercompany Pooling; Q7, Note 26  
 Interest Maintenance Reserve; Q3; Q4  
 Investment Income; Q3; Q7, Note 7; QE12  
     Accrued; Q2; QSupp2  
     Earned; Q4  
     Received; Q5  
 Investments; Q2; Q3; Q4; Q5; Q7, Note 5; Q8.1; Q8.2; QSI01; QSI03; QSI08; QE01; QE02; QE03; QE04; QE05; QE06; QE07; QE08; QE11; QE12; QSupp2  
 Joint Venture; Q7, Note 6; QE03

## **INDEX TO LIFE AND ACCIDENT AND HEALTH QUARTERLY STATEMENT**

Leases; Q7, Note 15  
Licensing; Q3; Q4; Q8  
Limited Liability Comapny (LLC); Q7, Note 6; QE03  
Limited Partnership; Q7, Note 6; QE03  
Long-Term Invested Assets; Q5; Q9; QSI01; QE03; QE04; QE05  
Managing General Agents; Q7, Note 19; Q8  
Matured Endowments; Q4  
Medicare Part D Coverage; QSupp5  
Mergers; Q7, Note 3; Q8  
Modco Reserve; Q3  
Mortgage Loans; Q2; Q5; Q8.1; Q9; QSI01; QE02; QSupp2  
Nonadmitted Assets; Q2; Q4; QSI01; QSI03; QSI08  
Non-Cash Transactions; Q5  
Off-Balance Sheet Risk; Q7, Note 16  
Options; Q8.1; QE06; QSI04  
Ordinary Life Insurance; Q6  
Organizational Chart; Q8; Q12  
Other Derivative Transactions; QE06; QE07  
Parent, Subsidiaries and Affiliates; Q2; Q3; Q7, Note 10; Q8.1; Q12  
Participating Policies; Q7, Note 29  
Pharmaceutical Rebates; Q2; Q7, Note 28  
Policies; Q3; QSupp3  
Policyholder Dividends; Q3; Q4; Q5  
Postemployment Benefits; Q7, Note 12  
Postretirement Benefits; Q7, Note 12  
Preferred Stock; Q2; Q3; Q5; Q8.1; Q8.2; QSI01; QSI02; QE04; QE05; QSupp2  
Premium Deficiency Reserves; Q3; Q7, Note 30  
Premiums and Annuity Considerations; Q7, Note 33  
    Advance; Q3  
    Collected; Q4; Q5  
    Deferred; Q2; QSupp3  
    Direct; Q2; Q4; Q6; Q11  
    Uncollected; Q2; QSupp3  
Quasi Reorganizations; Q7, Note 13  
Real Estate; Q2; Q5; Q8.1; Q9; QSI01; QE01; QSupp2  
Redetermination, Contracts Subject to; Q7, Note 24  
Reinsurance; Q7, Note 23  
    Assumed; Q3; Q4; Q10  
    Ceded; Q3; Q4; Q11  
    Funds Held; Q2; Q3  
    Payable; Q3; Q4  
    Receivable; Q2; QSupp3  
    Unauthorized; Q3; Q4; QSupp3  
Replicated (Synthetic) Assets; QSI05; QSI06  
Reserves; Q7, Note 31  
    Accident and Health; Q3; Q4  
    Annuity; Q3  
    Claim; Q3  
    Life; Q3; Q4  
Retirement Plans; Q7, Note 12  
Retrospectively Rated Policies; Q7, Note 24  
Securities Lending; Q2; Q3; QE09; QE10  
Separate Accounts; Q2; Q3; Q4; Q5; Q7, Note 34  
Servicing of Financial Assets; Q7, Note 17  
Short-Term Investments; Q2; Q5; Q8.1; QSI03; QSupp2  
Special Deposits; QSupp2  
Stockholder Dividends; Q3; Q4; Q5  
Structured Settlements; Q7, Note 27  
Subsequent Events; Q7, Note 22  
Supplementary Contracts; Q4  
Surplus; Q3; Q4; Q5; Q7, Note 13; QSupp1; QSupp2; QSupp3  
Surplus Notes; Q3; Q4; Q5; QE03; Q7, Note 13  
Surrender Values; Q3; Q4  
Swaps; QE07; QSI04  
Taxes; Q2; Q3; Q4; Q5; QE01  
Third Party Administrator; Q7, Note 19; Q8  
Treasury Stock; Q3; Q4; Q5  
Uninsured Accident and Health; Q2; Q3; Q7, Note 18  
Valuation Allowance; QSI01  
Wash Sales; Q7, Note 17