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QUARTERLY STATEMENT
AS OF September 30, 2012
OF THE CONDITION AND AFFAIRS OF THE
Catamaran Insurance of Ohio

NAIC Group Code	4771 (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	2441 Warrenville Road, Suite 610 (Street and Number)				Lisle, IL 60532-3642 (City or Town, State and Zip Code)	
Mail Address	2441 Warrenville Road, Suite 610 (Street and Number or P.O. Box)				(630)577-3100 (Area Code) (Telephone Number)	
Primary Location of Books and Records	2441 Warrenville Road, Suite 610 (Street and Number)				Lisle, IL 60532-3642 (City, or Town, State and Zip Code)	
Internet Web Site Address	www.catamaranrx.com				(630)577-3100 (Area Code) (Telephone Number)	
Statutory Statement Contact	Mike Przybyla (Name)				(630)577-4821 (Area Code)(Telephone Number)(Extension)	
	mike.przybyla@catamaranrx.com (E-Mail Address)				(630)288-9825 (Fax Number)	

OFFICERS

Name	Title
Mark Alan Thierer	President & Chief Executive Officer #
Jeffrey Gary Park	Secretary, Treasurer, & Chief Financial Officer #

OTHERS

DIRECTORS OR TRUSTEES

Mark Alan Thierer #	Jeffrey Gary Park #
Clifford Elliot Berman #	John Henry Romza #
Joel Saban #	

State of Illinois
 County of DuPage 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)
 Mark Thierer
 (Printed Name)
 1.
 President & Chief Executive Officer
 (Title)

(Signature)
 Jeffrey Park
 (Printed Name)
 2.
 Secretary, Treasurer, & Chief Financial Officer
 (Title)

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

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

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

Yes[X] No[]

(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	4,686,812		4,686,812	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 (\$.....0), cash equivalents (\$.....0) and short-term investments (\$.....2,018)	2,018		2,018	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)	4,688,830		4,688,830	8,843,113
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	7,718		7,718	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	30,459		30,459	
18.1 Current federal and foreign income tax recoverable and interest thereon	15,736		15,736	
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	4,106,464		4,106,464	
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)	8,849,508	301	8,849,207	8,859,300
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	8,849,508	301	8,849,207	8,859,300
DETAILS OF WRITE-INS				
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	168,635	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		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	1,704	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	24,356	24,356
24.02	Reinsurance in unauthorized companies		
24.03	Funds held under reinsurance treaties with unauthorized reinsurers		
24.04	Payable to parent, subsidiaries and affiliates	22,538	250
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)	217,233	256,575
27.	From Separate Accounts Statement		
28.	Total Liabilities (Lines 26 and 27)	217,233	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)	914,407	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)	5,904,700	5,875,451
38.	Totals of Lines 29, 30 and 37	8,631,974	8,602,725
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	8,849,207	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)		

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	7,840	58,984	73,603
4.	Amortization of Interest Maintenance Reserve (IMR)		11,533	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	30,459		
8.3	Aggregate write-ins for miscellaneous income			
9.	Totals (Lines 1 to 8.3)	38,299	70,517	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	(3,167)	18,696	25,680
24.	Insurance taxes, licenses and fees, excluding federal income taxes	28,384	143,206	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)	25,217	161,902	237,213
29.	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	13,082	(91,385)	(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)	13,082	(91,385)	(148,233)
32.	Federal and foreign income taxes incurred (excluding tax on capital gains)	(16,167)	(116,560)	(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)	29,249	25,175	(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)	29,249	25,175	(28,373)
35.	Net income (Line 33 plus Line 34)	29,249	25,175	(28,373)
CAPITAL AND SURPLUS ACCOUNT				
36.	Capital and surplus, December 31, prior year	8,602,725	8,633,918	8,633,918
37.	Net Income (Line 35)	29,249	25,175	(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		(285)	(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		3,273	(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)	29,249	28,163	(31,193)
55.	Capital and surplus as of statement date (Lines 36 + 54)	8,631,974	8,662,081	8,602,725
DETAILS OF WRITE-INS				
08.301.	Fee for Service	30,459		
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)	30,459		
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)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance			
2.	Net investment income	35,056	39,688	68,042
3.	Miscellaneous income	30,459		
4.	Total (Lines 1 to 3)	65,515	39,688	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	117,551	187,165	202,667
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		(60,000)	(36,001)
10.	Total (Lines 5 through 9)	117,551	127,165	166,666
11.	Net cash from operations (Line 4 minus Line 10)	(52,036)	(87,477)	(98,624)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	230,000		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)	230,000		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)	230,000		(41,845)
Cash from Financing and Miscellaneous Sources				
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)	(4,083,500)	(249)	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(4,083,500)	(249)	
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,905,536)	(87,726)	(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)	2,018	3,960,297	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	735,911	770,466	1,021,291
3. Ordinary individual annuities	393,548	33,488	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)		1,261	
9. A & H - other	1,173		1,879
10. Aggregate of all other lines of business			
11. Subtotal	1,130,632	805,215	1,058,347
12. Deposit-type contracts	21,135	85,029	85,029
13. Total	1,151,767	890,244	1,143,376
DETAILS OF WRITE-INS			
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)			

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Catamaran Insurance of Ohio (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.

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 U.S. federal income tax rate applicable to ordinary income is 35% for 2012. The Company's federal income tax return will be consolidated with its parent company. Taxes are allocated in accordance with the Company's tax sharing agreement and the Internal Revenue Code Section 1552(a)(1), which apportions the tax liability among the members of the group in accordance with the ratio of the consolidated taxable income attributable to each member of the group having taxable income bears to the consolidated taxable income. Allocation of income taxes between members of the consolidated group was accounted for in a manner consistent with the principles of ASC 740, "Income Taxes", as modified by SSAP No. 10.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. B. C. Nature of Relationships

The Company is 100% owned by Catamaran PBM of Maryland. Catamaran PBM of Maryland's ultimate parent is Catamaran Corporation, a publicly held corporation trading on the Nasdaq stock exchange. 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

From time to time, the Company's parent or affiliates perform certain functions or incur certain expenses on behalf of the Company. The Company reimburses or is reimbursed in those instances. At September 30, 2012, \$4,106,464 was due from the Company's parent and \$22,538 was due to affiliates.

E. Guarantees or Contingencies

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.

Notes to Financial Statement**K. Investment in Foreign Subsidiary**

Not Applicable.

L. Downstream Noninsurance Holding Company

Not Applicable.

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:

Cumulative Increase (Decrease) in Surplus
--

Unrealized gain or loss	\$	0
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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.

STATEMENT AS OF **September 30, 2012** OF THE **Catamaran Insurance of Ohio**
Notes to Financial Statement

14. Contingencies

A. Contingent Commitments

Not Applicable.

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 **September 30, 2012** OF THE **Catamaran Insurance of Ohio**
Notes to Financial Statement

21. Other Items
 - A. Extraordinary Items

Not Applicable.
 - B. Troubled Debt Restructuring

Not Applicable.
 - C. Other Disclosures

Not Applicable.
 - 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 **September 30, 2012** OF THE **Catamaran Insurance of Ohio**
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[] No[X]
Yes[] No[] N/A[X]

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[]
02/28/2012.....

2.2 If yes, date of change:

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[]

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

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

7.2 If yes, give full information

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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[X] No[]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 4,106,464

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	\$ 0
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	\$ 0
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	\$ 0
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	\$ 0
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	\$ 0
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)
			N O N E			

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	6,352					6,352	
2. Alaska (AK)	L						20,071	
3. Arizona (AZ)	L	20,071					3,482	
4. Arkansas (AR)	L	3,482					124,444	
5. California (CA)	L	124,444	3,821				5,471	
6. Colorado (CO)	L	5,471					5,539	
7. Connecticut (CT)	L	5,539					800	
8. Delaware (DE)	L	800						
9. District of Columbia (DC)	L							
10. Florida (FL)	L	31,182	1,050		101		32,333	
11. Georgia (GA)	L	13,796					13,796	
12. Hawaii (HI)	L	1,785					1,785	
13. Idaho (ID)	L	666					666	
14. Illinois (IL)	L	9,792					9,792	
15. Indiana (IN)	L	15,259	49,036				64,295	
16. Iowa (IA)	L	2,807					2,807	
17. Kansas (KS)	L	2,924					2,924	
18. Kentucky (KY)	L	45,555	225		512		46,292	
19. Louisiana (LA)	L	11,112					11,112	
20. Maine (ME)	N	195					195	
21. Maryland (MD)	L	1,265					1,265	
22. Massachusetts (MA)	L							
23. Michigan (MI)	L	19,065					19,065	
24. Minnesota (MN)	L	2,046	248,000				250,046	
25. Mississippi (MS)	L	5,325					5,325	
26. Missouri (MO)	L	1,275					1,275	
27. Montana (MT)	L							
28. Nebraska (NE)	L	1,212	2,000				3,212	
29. Nevada (NV)	L	5,635					5,635	
30. New Hampshire (NH)	L	393					393	
31. New Jersey (NJ)	L	312					312	
32. New Mexico (NM)	L	1,328					1,328	
33. New York (NY)	N	248					248	
34. North Carolina (NC)	L	18,514					18,514	
35. North Dakota (ND)	L	273					273	
36. Ohio (OH)	L	288,703	54,258		560		343,521	
37. Oklahoma (OK)	L	710					710	
38. Oregon (OR)	L	8,642					8,642	
39. Pennsylvania (PA)	L	1,575					1,575	
40. Rhode Island (RI)	L							
41. South Carolina (SC)	L	5,826					5,826	
42. South Dakota (SD)	L	559					559	
43. Tennessee (TN)	L	5,281					5,281	
44. Texas (TX)	L	29,000					29,000	
45. Utah (UT)	L	1,735					1,735	
46. Vermont (VT)	L							
47. Virginia (VA)	L	21,000	35,158				56,158	21,135
48. Washington (WA)	L	5,445					5,445	
49. West Virginia (WV)	L	2,483					2,483	
50. Wisconsin (WI)	L	3,292					3,292	
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	732,374	393,548		1,173		1,127,095	21,135
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	3,537					3,537	
94. Aggregate other amounts not allocatable by State	XXX							
95. Totals (Direct Business)	XXX	735,911	393,548		1,173		1,130,632	21,135
96. Plus Reinsurance Assumed	XXX							
97. Totals (All Business)	XXX	735,911	393,548		1,173		1,130,632	21,135
98. Less Reinsurance Ceded	XXX	735,911	393,548		1,173		1,130,632	21,135
99. Totals (All Business) less Reinsurance Ceded	XXX							

DETAILS OF WRITE-INS

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.

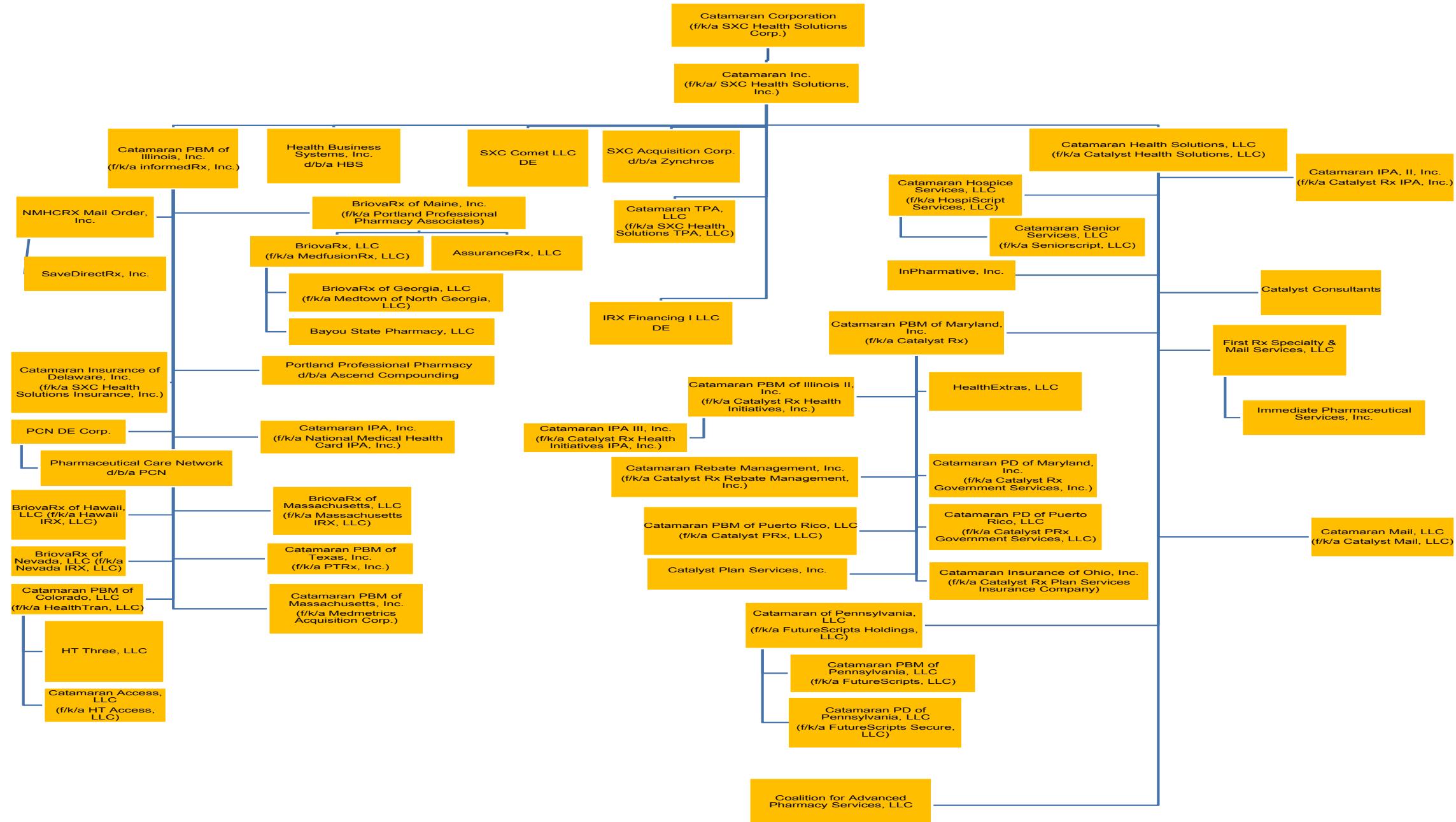
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Q12



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	Ultimate Controlling Entity(ies) / Person(s)	*
4771	Catamaran Insurance of Ohio	00000	98-0167449		0001363851	Nasdaq, Tsx	Catamaran Corporation	CA	UIP	Catamaran Corporation	Ownership	100.0	Catamaran Corporation	
		00000	75-2578509				Catamaran Inc.	TX	UIP	Catamaran Corporation	Ownership	100.0	Catamaran Corporation	
		00000	11-2581812				Catamaran PBM of Illinois, Inc.	DE	NIA	Catamaran Inc.	Ownership	100.0	Catamaran Corporation	
		00000	11-3647935				NMHCRX Mail Order, Inc.	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-2719823				SaveDirectRx, Inc.	TX	NIA	NMHCRX Mail Order, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	01-0516051				BriovaRx of Maine, Inc.	ME	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	55-0824381				BriovaRx, LLC	AL	NIA	BriovaRx of Maine, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-3878957				AssuranceRx, LLC	AL	NIA	BriovaRx of Maine, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-1930321				BriovaRx of Georgia, LLC	AL	NIA	BriovaRx, LLC	Ownership	100.0	Catamaran Corporation	
		00000	73-1730988				Bayou State Pharmacy, LLC	LA	NIA	BriovaRx, LLC	Ownership	100.0	Catamaran Corporation	
		12630	74-3166208				Catamaran Insurance of Delaware, Inc.	DE	IA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	01-0487320				Portland Professional Pharmacy PCN DE Corp.	ME	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-2447772				Pharmaceutical Care Network	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	68-0044962				Catamaran IPA, Inc.	CA	NIA	PCN DE Corp.	Ownership	100.0	Catamaran Corporation	
		00000	14-1799106				BriovaRx of Hawaii, LLC	NY	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-2348504				BriovaRx of Massachusetts, LLC	HI	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-3331130				BriovaRx of Nevada, LLC	MA	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	45-2532834				Catamaran PBM of Texas, Inc.	NV	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-3233533				Catamaran PBM of Colorado, LLC	TX	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	31-1728846				HT Three, LLC	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-4467352				Catamaran Access, LLC	CO	NIA	Catamaran PBM of Colorado, LLC	Ownership	100.0	Catamaran Corporation	
		00000	45-3304915				Catamaran PBM of Massachusetts, Inc.	CO	NIA	Catamaran PBM of Colorado, LLC	Ownership	100.0	Catamaran Corporation	
		00000	61-1651797				SXC Comet LLC	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	90-0434375				SXC Acquisition Corp	DE	NIA	Catamaran Inc.	Ownership	100.0	Catamaran Corporation	
		00000	01-0930154				Catamaran TPA, LLC	DE	NIA	Catamaran Inc.	Ownership	100.0	Catamaran Corporation	
		00000	46-0666840				IRX Financing I LLC	DE	NIA	Catamaran Inc.	Ownership	100.0	Catamaran Corporation	
		00000	75-3229286				Catamaran Health Solutions, LLC	DE	UIP	Catamaran Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-0212381				Catamaran IPA II, Inc.	NY	NIA	Catamaran Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-0543382				Catamaran Hospice Services, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	
		00000	88-0482274				Catamaran Senior Services, LLC	AL	NIA	Catamaran Hospice Services, LLC	Ownership	100.0	Catamaran Corporation	
		00000	88-0373347				InPharmative, Inc.	NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	
		00000	88-0361447				Catalyst Consultants	NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	
		00000	27-4130133				Catamaran PBM of Maryland, Inc.	NV	UDP	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	
		00000	36-4049815				HealthExtras, LLC	DE	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-0218027				Catamaran PBM of Illinois II, Inc.	IL	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-3633484				Catamaran IPA III, Inc.	NY	NIA	Catamaran PBM of Illinois II, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	61-1485410				Catamaran Rebate Management, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-1424534				Catamaran PD of Maryland, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-1438879				Catamaran PBM of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-4131015				Catamaran PD of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000					Catalyst Plan Services, Inc.	MI	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	

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 *
4771		69647	31-0628424			Catamaran Insurance of Ohio, Inc.		OH		Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-3419292			Catamaran of Pennsylvania, LLC		DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	
		00000	03-0592263			Catamaran PBM of Pennsylvania, LLC		PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.0	Catamaran Corporation	
		00000	16-1767416			Catamaran PD of Pennsylvania, LLC		PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.0	Catamaran Corporation	
		00000	27-1193028			Coalition for Advanced Pharmacy Services, LLC		DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	
		00000	26-4106571			First Rx Specialty & Mail Services, LLC		DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	
		00000	34-1472211			Immediate Pharmaceutical Services, Inc.		OH	NIA	First Rx Specialty & Mail Services, LLC	Ownership	100.0	Catamaran Corporation	
		00000	27-4241298			Catamaran Mail, LLC		DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Catamaran Corporation	

Asterisk	Explanation
Q13.1	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.

	RESPONSES
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?	Yes
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



6964720124900003

2012

Document Code: 490

Reasonableness 1 - Assumptions



6964720124450003

2012

Document Code: 445

Reasonableness 2 - Consistency



6964720124460003

2012

Document Code: 446

Reasonableness 3 - Implied Guarantee



6964720124470003

2012

Document Code: 447

Reasonableness 4 - Ave. Market Value



6964720124480003

2012

Document Code: 448

Reasonableness 5 - Market Value



6964720124490003

2012

Document Code: 449

STATEMENT AS OF **September 30, 2012** OF THE **Catamaran Insurance of Ohio**
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	230,000	9,627,426
7. Deduct amortization of premium	18,747	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)	4,686,812	4,935,559
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	4,686,812	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
BONDS								
1. Class 1 (a)	4,695,121	.....	.....	(6,291)	8,811,099	4,695,121	4,688,830	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	4,695,121	.....	.....	(6,291)	8,811,099	4,695,121	4,688,830	8,845,162
PREFERRED STOCK								
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	4,695,121	.....	.....	(6,291)	8,811,099	4,695,121	4,688,830	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	2,018	XXX	2,018		

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		
6. Deduct consideration received on disposals	3,907,585	11,984,714
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)	2,018	3,909,603
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,018	3,909,603

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D	NONE
E09	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E10	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE
E11	Schedule E Part 1 Cash	NONE
E12	Schedule E Part 2 Cash Equivalents	NONE



MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance

NAIC Group Code: 4771

NAIC Company Code: 69647

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		
6. Aggregate Policy Reserves - change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

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