



ANNUAL STATEMENT

For the Year Ending December 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

KAISER FOUNDATION HEALTH PLAN OF OHIO

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

OFFICERS

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

Vice Presidents

DIRECTORS OR TRUSTEES

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

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

(Signature) Patricia D. Kennedy-Scott (Printed Name) 1. Regional President (Title)	(Signature) Thomas R. Meier (Printed Name) 2. Senior Vice President and Treasurer (Title)	(Signature) (Printed Name) 3. (Title)
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Subscribed and sworn to before me this _____ day of _____, 2013

- 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)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
Federal Employees	3,270,605					3,270,605
City of Cleveland	1,075,120					1,075,120
UAW Retiree Medical Benefits	1,508,909					1,508,909
0299997 Subtotal - Group Subscribers:	5,854,634					5,854,634
0299998 Premiums due and unpaid not individually listed	3,059,746					3,059,746
0299999 Total group	8,914,380					8,914,380
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	8,914,380					8,914,380

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	1,350,570	201,809				1,552,379
0699999 Subtotal - Other Receivables	1,350,570	201,809				1,552,379
0799999 Gross health care receivables	1,350,570	201,809				1,552,379

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Due to Ohio Permanente Medical Group	8,160,377	365,504				8,525,881
0199999 Total - Individually Listed Claims Unpaid	8,160,377	365,504				8,525,881
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	8,324,464					8,324,464
0499999 Subtotals	16,484,841	365,504				16,850,345
0599999 Unreported claims and other claim reserves						10,437,958
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						27,288,303
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Due from Lokahi	67,889						67,889
0199999 Total - Individually listed receivables	67,889						67,889
0299999 Receivables not individually listed	3,033						3,033
0399999 Total gross amounts receivable	70,922						70,922

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
	Due to Kaiser Foundation Hospitals, Inc	24,756,115	24,756,115	
	Due to Kaiser Foundation Health Plan, Inc.	6,120,914	6,120,914	
	Due to Kaiser Permanente Insurance Company	837,138	837,138	
0199999	Total - Individually listed payables	31,714,167	31,714,167	
0299999	Payables not individually listed	274,988	274,988	
0399999	Total gross payables	31,989,155	31,989,155	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	32,792,229	6.830	X X X	X X X	32,792,229	
6. Contractual fee payments	92,787,172	19.325	X X X	X X X	92,787,172	
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries	354,568,367	73.846	X X X	X X X	354,568,367	
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	480,147,768	100.000	X X X	X X X	480,147,768	
13. TOTAL (Line 4 plus Line 12)	480,147,768	100.000	X X X	X X X	480,147,768	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	15,097,033	91,314	14,914,575	273,772	273,772	.....
2. Medical furniture, equipment and fixtures	23,036,225	215,895	21,417,612	1,834,508	.....	1,834,508
3. Pharmaceuticals and surgical supplies	6,245,064	.....	.....	6,245,064	.....	6,245,064
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment	10,035,244	869,036	6,121,808	4,782,472	309,973	4,472,499
6. TOTAL	54,413,566	1,176,245	42,453,995	13,135,816	583,745	12,552,071



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0601

NAIC Company Code 95204

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	103,503	4,832	70,607				7,937	18,961		1,166
2. First Quarter	94,275	5,433	64,366				7,586	16,890		
3. Second Quarter	91,123	5,418	61,486				7,492	16,727		
4. Third Quarter	88,763	4,167	59,710				6,878	18,008		
5. Current Year	86,338	4,131	57,408				6,818	17,981		
6. Current Year Member Months	1,077,068	50,319	730,983				82,146	213,620		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	534,542	16,836	286,517				35,180	196,009		
8. Non-Physician	90,039	2,634	55,629				7,736	24,040		
9. TOTAL	624,581	19,470	342,146				42,916	220,049		
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	6,741	207	2,900				457	3,177		
12. Health Premiums Written (b)	491,322,325	16,421,431	280,493,483				40,058,444	154,348,967		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	491,322,325	16,421,431	280,493,483				40,058,444	154,348,967		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	480,147,669	15,238,839	292,529,805				40,987,993	131,391,373		(341)
18. Amount Incurred for Provision of Health Care Services	472,937,479	14,847,028	288,185,115				40,429,040	129,476,292		4

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....110,226,500



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0601

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95204

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	103,503	4,832	70,607				7,937	18,961		1,166
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15. Health Premiums Earned	491,322,325	16,421,431	280,493,483				40,058,444	154,348,967		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	480,147,669	15,238,839	292,529,805				40,987,993	131,391,373		(341)
18. Amount Incurred for Provision of Health Care Services	472,937,479	14,847,028	288,185,115				40,429,040	129,476,292		4

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....110,226,500

29 Grand Total

30 Schedule S - Part 1 - Section 2 NONE

31 Schedule S - Part 2 NONE

32 Schedule S - Part 3 - Section 2 NONE

33 Schedule S - Part 4 NONE

34 Schedule S - Part 5 NONE

35 Schedule S - Part 5 (continued) NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		X X X	X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		X X X	X X X	X X X	X X X
18. Funds deposited by and withheld from (F)		X X X	X X X	X X X	X X X
19. Letters of credit (L)		X X X	X X X	X X X	X X X
20. Trust agreements (T)		X X X	X X X	X X X	X X X
21. Other (O)		X X X	X X X	X X X	X X X

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	278,209,921		278,209,921
2. Accident and health premiums due and unpaid (Line 15)	8,914,380		8,914,380
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	15,219,579		15,219,579
6. TOTAL Assets (Line 28)	302,343,880		302,343,880
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	27,288,303		27,288,303
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	8,331,743		8,331,743
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	198,415,510		198,415,510
15. TOTAL Liabilities (Line 24)	234,035,556		234,035,556
16. TOTAL Capital and Surplus (Line 33)	68,308,324	X X X	68,308,324
17. TOTAL Liabilities, Capital and Surplus (Line 34)	302,343,880		302,343,880
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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

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

NONE

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)	*
0601	KAISER FOUNDATION HEALTH PLAN INC.	95669	84-0591617				KAISER FOUNDATION HLTH PLAN OF Colorado	CO	NIA	KPHP	Ownership	100.0	KFHP	
0601	KAISER FOUNDATION HEALTH PLAN INC.	00000	03-0329760				Oak Tree Assurance, Ltd.	VT	OTH	KFHP	Ownership	100.0	KFHP	1
0601	KAISER FOUNDATION HEALTH PLAN INC.	95639	52-0954463				KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC.	MD	NIA	KFHP	Ownership	100.0	KFHP	
0601	KAISER FOUNDATION HEALTH PLAN INC.	96237	58-1592076				KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.	GA	NIA	KFHP	Ownership	100.0	KFHP	
0601	KAISER FOUNDATION HEALTH PLAN INC.	95204	34-0922268				KAISER FOUNDATION HEALTH PLAN OF OHIO	OH		KFHP	Ownership	100.0	KFHP	
0601	KAISER FOUNDATION HEALTH PLAN INC.	00000	94-3299124				KAISER HEALTH PLAN ASSET MANAGEMENT, INC.	CA	NIA	KFHP	Ownership	100.0	KFHP	
0601	KAISER FOUNDATION HEALTH PLAN INC.	60053	94-3203402				KAISER PERMANENTE INS CO	CA	IA	KFHP	Ownership	100.0	KFHP	2
0601	KAISER FOUNDATION HEALTH PLAN INC.	00000	94-1340523				KAISER FOUNDATION HEALTH PLAN, INC. ("KFHP")	CA	UDP		Board of Directors		KFHP	
0601	KAISER FOUNDATION HEALTH PLAN INC.	95540	93-0798039				KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST ("KFHP-NW")	OR	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.	00000	94-3259432				KAISER PROPERTIES SERVICES, INC.	CA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.	00000	93-0954562				KAISER HEALTH ALTERNATIVES	OR	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS	00000	94-3245176				KAISER PERMANENTE INTERNATIONAL	CA	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HOSPITALS	00000	94-3299125				KAISER HOSPITAL ASSET MANAGEMENT, INC.	CA	NIA	KFH	Ownership	100.0	KFH	
	KAISER FOUNDATION HEALTH PLAN, INC.	00000	94-3299123				CAMP BOWIE SERVICE CENTER	CA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS	00000	94-1105628				KAISER FOUNDATION HOSPITALS ("KFH")	CA	NIA		Board of Directors		KFH	
	KAISER FOUNDATION HEALTH PLAN, INC.	00000	91-2171891				LOKAHI ASSURANCE LTD	HI	OTH	KFHP	Ownership	100.0	KFHP	1
	KAISER FOUNDATION HEALTH PLAN INC.	00000	20-2712661				KP CAL, LLC	CA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HEALTH PLAN INC.	00000	90-0031974				ORDWAY INDEMNITY, LTD	BM	OTH	KFHP	Ownership	100.0	KFHP	1
	KAISER FOUNDATION HEALTH PLAN INC.	00000					ORDWAY INTERNATIONAL, LTD.	BM	OTH	KFHP	Ownership	100.0	KFHP	3
	KAISER FOUNDATION HEALTH PLAN INC.	00000	93-0480268				OHP	WA	NIA	KFHP	Ownership	100.0	KFHP	
	KAISER FOUNDATION HOSPITALS	00000					HAMI-COLORADO, LLC	DE	NIA	KAISER HOSPITAL ASSET MANAGEMENT, INC.	Management		KFH	
	KAISER FOUNDATION HOSPITALS	00000	20-3774729				ARCHIMEDES, INC.	CA	NIA	KFH	Ownership, Board of Directors	94.9	KFH	4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
.....	KAISER FOUNDATION HOSPITALS	00000	20-3924985 .....	.....	.....	.....	HEALTH CARE MANAGEMENT SOLUTIONS, LLC	CA	NIA	KFH	Ownership	83.0	KFH	5
.....	KAISER FOUNDATION HOSPITALS	00000	91-2166347 .....	.....	.....	.....	KP ONCALL, LLC	CA	NIA	KFH	Ownership	100.0	KFH .....	.....
.....	KAISER FOUNDATION HEALTH PLAN INC.	00000	94-3317484 .....	.....	.....	.....	1800 HARRISON FOUNDATION	CA	NIA	KFHP	Board of Directors .....	.....	KFHP .....	.....
.....	KAISER FOUNDATION HOSPITALS	00000	27-2252521 .....	.....	.....	.....	KAISER PERMANENTE VENTURES, LLC Series A ..	DE	NIA	KFH	Ownership	100.0	KFH	7
.....	KAISER FOUNDATION HEALTH PLAN INC.	00000	27-0473737 .....	.....	.....	.....	RAINBOW DIALYSIS, LLC	DE	NIA	KFPH	Ownership	100.0	KFHP .....	.....
.....	KAISER FOUNDATION HOSPITALS	00000	31-1779500 .....	.....	.....	.....	KAISER HOSPOITAL ASSISTANCE CORPORATION	CA	NIA	KFH	Ownership	100.0	KFH .....	.....
.....	KAISER FOUNDATION HOSPITALS	00000	00-0000000 .....	.....	.....	.....	KAISER HOSPITAL ASSISTANCE I-LLC	CA	NIA	KFH	Ownership	100.0	KFH .....	.....
.....	KAISER FOUNDATION HOSPITALS	00000	37-1651297 .....	.....	.....	.....	NXT CAPITAL SENIOR LOAN FUND1, LLC	DE	NIA	KFH	Ownership	75.1	KFH	6

41.1

Asterisk	Explanation
0000001	Relation to reporting entity-captive insurance company controlled by KFHP
0000002	100% of preferred stock owned by KFHP, 50% of voting stock owned by KFHP and 50% owned by Permanente Medical Groups
0000003	Relation to reporting entity - holding company - holds 100% of the shares of Ordway Indemnity, Ltd.
0000004	Remaining ownership interest of 5.058% is held by The Permanente Federation LLC
0000005	KFH owns 100% of the preferred shares of HCMS. In addition, KFHP owns 50% of the common shares and The Permanente Federation LLC owns the remaining 50% of the common shares of HCMS.
0000006	KFH and the Kaiser Permanente Group Trust are the Participation members of this LLC, and KFHP owns 75.1% and Kaiser Permanente Group Trust owns 24.9%. Kaiser Foundation Health Plan, Inc. is the fiduciary of Kaiser Permanente Group Trust. NXT Capital Loan Servicing, LLC is the Designated member.
0000007	There is also a Series B with a different tax id #. No member of the Holding Company Group is an owner.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95669	84-0591617	KAISER FNDTN HEALTH PLAN CO			43,027,424		(742,061,439)				(699,034,015)	
10436	03-0329760	OAK TREE ASSURANCE LTD						2,549,166			2,549,166	
95639	52-0954463	KAISER FNDTN HEALTH PLAN MID ATL		83,000,000	(145,755,227)		(468,873,933)	(1,770,551)			(533,399,711)	
96237	58-1592076	KAISER FNDTN HEALTH PLAN GA INC		110,000,000	(96,868,135)		(289,633,101)	(483,849)			(276,985,085)	
95204	34-0922268	KAISER FNDTN HEALTH PLAN OH		111,000,000	(8,575,358)		(114,087,206)				(11,662,564)	
60053	94-3203402	KAISER PERMANENTE INS CO					(130,909,368)				(130,909,368)	
11538	94-1340523	KAISER FOUNDATION HEALTH PLAN INC		(1,825,064)	2,374,955,888		(156,857,915)	(19,549)			(133,126,802)	
95540	93-0798039	KAISER FNDTN HEALTH PLAN NW			25,034,813		(891,436,289)				(866,401,476)	
	94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT					31,198,535				31,198,535	
	94-3259432	Kaiser Properties Services, Inc.					(1,496,224)				(1,496,224)	
	94-3299123	CAMP BOWIE SERVICE CENTER					1,802,924				1,802,924	
	91-2171891	LOKAHI ASSURANCE LTD					277,189,986				277,189,986	
	90-0031974	ORDWAY INDEMNITY, LTD					9,443,330				9,443,330	
		Ordway International, Ltd					(14,485)				(14,485)	
	94-3299125	Kaiser Hospital Asset Management, Inc										
	94-1105628	Kaiser Foundation Hospitals		(304,000,000)	(2,191,819,405)		18,004,249,161	(275,217)			15,508,154,539	
	22-2751724	Hudson Valley Community Services Corporation										
	93-0480268	OHP										
	94-3317484	1800 Harrison Foundation					274,593				274,593	
	20-3774729	Archimedes, Inc		1,825,064			(692)				1,824,372	
	20-3923985	Health Care Management Solutions, LLC					146,445				146,445	
	91-2166347	KP Oncall, LLC					(692)				(692)	
	91-1814507	CHP Companies, Inc.										
	94-3245176	Kaiser Permanente International										
		HAIMI-Colorado, LLC										
	27-0473737	Rainbow Dialysis, LLC										
	27-2252521	Kaiser Permanente Ventures, LLC - Series A										
	27-3339892	Kaiser Permanente Ventures, LLC - Series B										
	37-1651297	NXT Capital Senior Loan Fund 1, LLC										
	20-2712661	KP Cal, LLC										
	31-1779500	Kaiser Hospital Assistance Corporation										
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



9520420123060000

2012

Document Code: 306

Analysis of Annuity Operations by Lines of Business



95204201221400000

2012

Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



95204201221300000

2012

Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Workers Comp	2,704,617		2,704,617	3,343,248
2305. Rent Payable	362,842		362,842	352,448
2306. Pension Liability	54,639,410		54,639,410	42,653,372
2307. Medicare Reserves / Payables	23,845,652		23,845,652	25,796,375
2308.				
2309.				
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)	81,552,521		81,552,521	72,145,443

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
0604.	X X X		
0605.	X X X		
0606.	X X X		
0607.	X X X		
0608.	X X X		
0609.	X X X		
0610.	X X X		
0611.	X X X		
0612.	X X X		
0613.	X X X		
0614.	X X X		
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
1404. Medical Administration		71,005,018	70,726,079
1405. Other Benefits (Home Care, Hospice, Admn Excep, DME) excluding payroll		4,881,549	5,122,712
1406. Community Service		12,709,551	11,067,458
1407.			
1408.			
1409.			
1410.			
1411.			
1412.			
1413.			
1414.			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)		88,596,118	86,916,249

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704.		
4705.		
4706.		
4707.		
4708.		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

OVERFLOW PAGE FOR WRITE-INS

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
0504.										XXX
0597. Summary of remaining write-ins for Line 5 (Lines 0504 through 0596)										XXX
1304. Medical Administration	71,005,018	46,295,629				6,177,152	18,532,237			XXX
1305. Other Benefits	4,881,549	3,182,795				424,675	1,274,079			XXX
1306. Community Service	12,709,551	8,286,691				1,105,680	3,317,180			XXX
1307.										XXX
1397. Summary of remaining write-ins for Line 13 (Lines 1304 through 1396)	88,596,118	57,765,115				7,707,507	23,123,496			XXX

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