



QUARTERLY STATEMENT
AS OF June 30, 2013
OF THE CONDITION AND AFFAIRS OF THE
Catamaran Insurance of Ohio

NAIC Group Code	4771	4771	NAIC Company Code	69647	Employer's ID Number	31-0628424
	(Current Period)	(Prior Period)				
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			Columbus , OH, US 43215		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office			1600 McConnor Parkway			
			(Street and Number)			
	Schaumburg, IL, US 60173-6801			(800)282-3232		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1600 McConnor Parkway			Schaumburg, IL, US 601736801		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records			1600 McConnor Parkway			
			(Street and Number)			
	Schaumburg, IL, US 60173-6801			(800)282-3232		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Internet Web Site Address	www.catamaranrx.com					
Statutory Statement Contact	Mike Przybyla			(224)231-1848		
	(Name)			(Area Code)(Telephone Number)(Extension)		
	mike.przybyla@catamaranrx.com			(224)231-1915		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title
Mark Alan Thierer	Chairman & President
Jeffrey Gary Park	Executive VP Finance, CFO & Treasurer
Clifford Elliot Berman	Secretary

OTHERS

DIRECTORS OR TRUSTEES

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

State of Ohio
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)	(Signature)	(Signature)
Mark Alan Thierer	Jeffrey Gary Park	Clifford Elliot Berman
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman & President	Executive VP Finance, CFO & Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2013	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	4,898,145		4,898,145	4,910,522
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	27,201		27,201	18,888
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 (\$.....3,874,096), cash equivalents (\$.....0) and short-term investments (\$.....143)	3,874,239		3,874,239	3,869,190
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	8,799,586		8,799,586	8,798,600
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	15,837		15,837	16,117
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	197,388		197,388	29,100
18.1	Current federal and foreign income tax recoverable and interest thereon				
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	653,231		653,231	37,211
24.	Health care (\$.....0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,666,042		9,666,042	8,881,028
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	9,666,042		9,666,042	8,881,028
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.	.....				
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)				

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Statement Date	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	152,009	152,009
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	93,474	
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)	67,969	898
15.2	Net deferred tax liability		
16.	Unearned investment income		
17.	Amounts withheld or retained by company as agent or trustee	608,984	
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	17,280	20,240
24.02	Reinsurance in unauthorized and certified (\$.....0) companies		
24.03	Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers		
24.04	Payable to parent, subsidiaries and affiliates		100,245
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)	939,716	273,392
27.	From Separate Accounts Statement		
28.	Total Liabilities (Lines 26 and 27)	939,716	273,392
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)	1,008,759	890,069
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)	5,999,052	5,880,362
38.	Totals of Lines 29, 30 and 37	8,726,326	8,607,636
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	9,666,042	8,881,028
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	2	3
	Current Year To Date	Prior Year To Date	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	13,617	3,332	35,419
4. Amortization of Interest Maintenance Reserve (IMR)			16,626
5. Separate Accounts net gain from operations excluding unrealized gains or losses			
6. Commissions and expense allowances on reinsurance ceded			
7. Reserve adjustments on reinsurance ceded			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts			
8.2 Charges and fees for deposit-type contracts			
8.3 Aggregate write-ins for miscellaneous income	383,348		119,757
9. Totals (Lines 1 to 8.3)	396,965	3,332	171,802
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	104,866	5,157	42,237
24. Insurance taxes, licenses and fees, excluding federal income taxes	108,400	28,384	128,303
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)	213,266	33,541	170,540
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	183,699	(30,209)	1,262
30. Dividends to policyholders			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	183,699	(30,209)	1,262
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	67,969	(27,758)	467
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)	115,730	(2,451)	795
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)			
35. Net income (Line 33 plus Line 34)	115,730	(2,451)	795
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year	8,607,636	8,602,725	8,602,725
37. Net Income (Line 35)	115,730	(2,451)	795
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			
42. Change in liability for reinsurance in unauthorized and certified companies			
43. Change in reserve on account of change in valuation basis, (increase) or decrease			
44. Change in asset valuation reserve	2,960		4,116
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)	118,690	(2,451)	4,911
55. Capital and surplus as of statement date (Lines 36 + 54)	8,726,326	8,600,274	8,607,636
DETAILS OF WRITE-INS			
08.301. Fee for Service	383,348		119,757
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)	383,348		119,757
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	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance			
2.	Net investment income	26,274	18,031	60,526
3.	Miscellaneous income	383,348		119,757
4.	TOTAL (Lines 1 to 3)	409,622	18,031	180,283
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	119,792	95,416	132,421
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	898		
10.	TOTAL (Lines 5 through 9)	120,690	95,416	132,421
11.	Net cash from operations (Line 4 minus Line 10)	288,932	(77,385)	47,862
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds		230,000	
12.2	Stocks			
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	
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks	8,313		18,888
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)	8,313		18,888
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)	(8,313)	230,000	(18,888)
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)	(275,570)	(4,058,151)	(67,338)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(275,570)	(4,058,151)	(67,338)
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)	5,049	(3,905,536)	(38,364)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	3,869,190	3,907,554	3,907,554
19.2	End of period (Line 18 plus Line 19.1)	3,874,239	2,018	3,869,190

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	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1.	Industrial life			
2.	Ordinary life insurance	475,674	503,292	963,660
3.	Ordinary individual annuities	242,307	331,337	400,193
4.	Credit life (group and individual)			
5.	Group life insurance			
6.	Group annuities			
7.	A & H - group			
8.	A & H - credit (group and individual)			
9.	A & H - other	803	815	1,702
10.	Aggregate of all other lines of business			
11.	Subtotal	718,784	835,444	1,365,555
12.	Deposit-type contracts			21,135
13.	Total	718,784	835,444	1,386,690
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. Accordingly, the Company's 2012 and 2013 taxes have been calculated using the groups blended statutory rate of 37%. 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. 101.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. B. C. Nature of Relationships

As of February, 2012, the Company is 100% owned by Catamaran PBM of Maryland ("Catamaran"). Prior to the Company being acquired by Catamaran, the Company was a 100% owned by Molina Healthcare, Inc. 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 June 30, 2013, \$0 was due to the Company's parent and \$653,231 was due from the Company's. At December 31, 2012, \$100,244 was due to the Company's parent and \$37,211 was due from the Company's parent.

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

Notes to Financial Statement

Not Applicable.

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. Restrictions on Unassigned Surplus

Not Applicable

G. Mutual Surplus Advances

There have been no advances to surplus.

H. Company Stock Held for Special Purposes

Not Applicable.

I. Changes in Special Surplus Funds

Not Applicable.

J. 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

Notes to Financial Statement

K. Surplus Note

The Company has not issued any surplus notes or debentures or similar obligations.

L. M. There has been no restatement of surplus due to quasi-reorganizations.

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.

Notes to Financial Statement

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

Not Applicable.

20. Fair Value Measurements

SSAP 100, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Company has the ability to access.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Company believes its valuation methods are appropriate and consistent with other market participants. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

A. Inputs Used for Assets Measured at Fair Value

1. Fair Value Measurements at Reporting Date

Type of Financial Instrument	(Level 1)	(Level 2)	(Level 3)
Money Market Mutual Funds	27,201	-	-
Grand Total	\$ 27,201	\$ -	\$ -

- 2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – N/A
- 3. Reasons for any transfers between levels – N/A
- 4. Valuation Techniques for Fair Value Measurement Categorized Within Level 2 and Level 3 – N/A
- 5. Derivative assets and liabilities – N/A

B. Other Fair Value Disclosures – N/A

C. Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 4,965,620	\$ 4,898,145	\$ 4,965,620	\$ -	\$ -	\$ -
Money Market Mutual Funds	27,201	27,201	27,201	-	-	-
Grand Total	\$ 4,992,821	\$ 4,925,346	\$ 4,992,821	\$ -	\$ -	\$ -

D. Reasons Not Practical to Estimate Fair Value –N/A

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring

Not Applicable.

Notes to Financial Statement

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

A. Ceded Reinsurance Report

Section1 – General Interrogatories

- 1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company? Yes () No (X)
- 2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- 1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X)
- 2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- 3. What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- 2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement? Yes () No (X)

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

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.

Notes to Financial Statement

- 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
 - A. The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. The Company has certain surrender values in excess of the legally computed reserves. There has been no significant change in the reserve since December 31, 2012.
 - B. The method used in the valuation of substandard policies is based on the normal tabular reserves plus one half of the annual substandard extra premium.
 - C. There are no amounts of insurance for which the gross premiums are less than the net premiums according to the standard of valuation set by the Ohio Department of Insurance.
 - D. Tabular cost has been determined from the basic data for the calculation of policy reserves. Tabular less actual reserves released has been determined from the basic data for the calculation of reserves and reserves released. Tabular interest has been determined from the basic data for the calculation of policy reserves.
 - E. Tabular interest on funds not involving life contingencies is calculated as the product of the valuation rate of interest times the mean of the amount of funds subject to such rate held at the beginning and end of the year of valuation.
 - F. There were no other reserve changes.
- 32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics
No significant changes.
- 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]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 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[] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.2 If the response to 3.1 is yes, provide a brief description of those changes:
- 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	2	3
Name of Entity	NAIC Company Code	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? If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2011
- 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.

.....05/23/2013
- 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).

.....06/23/2013
- 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[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

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

Yes[X] No[]
- 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:

\$.....653,231

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	2
		Prior Year-End Book/Adjusted Carrying Value	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?

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.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
17. 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?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[] No[X]

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

\$ 0

\$ 0

\$ 0

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
CitiGroup	333 W. 34th Street, NY, NY 10001
UBS	One North Wacker Drive, Chicago, IL 60606
Century Trust	P.O. Box 1507, Santa Fe, NM 87504
KeyBank	127 Public Square, Cleveland, OH 44114
Regions Bank	400 West Capitol, Little Rock, AR 72201
Suntrust Bank	303 Peachtreet Street, Atlanta, GA 30308
TD Wealth	1701 Route 70 East Cherry Hill, NJ, 08034
US Bank	225 Water St., Suite 700, Jacksonville, FL 32202

- 17.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....		

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- 17.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

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

- 17.5 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	2	3
Central Registration Depository	Name(s)	Address
.....		

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
- 18.2 If no, list exceptions:
- Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - LIFE & HEALTH

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

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			NONE			

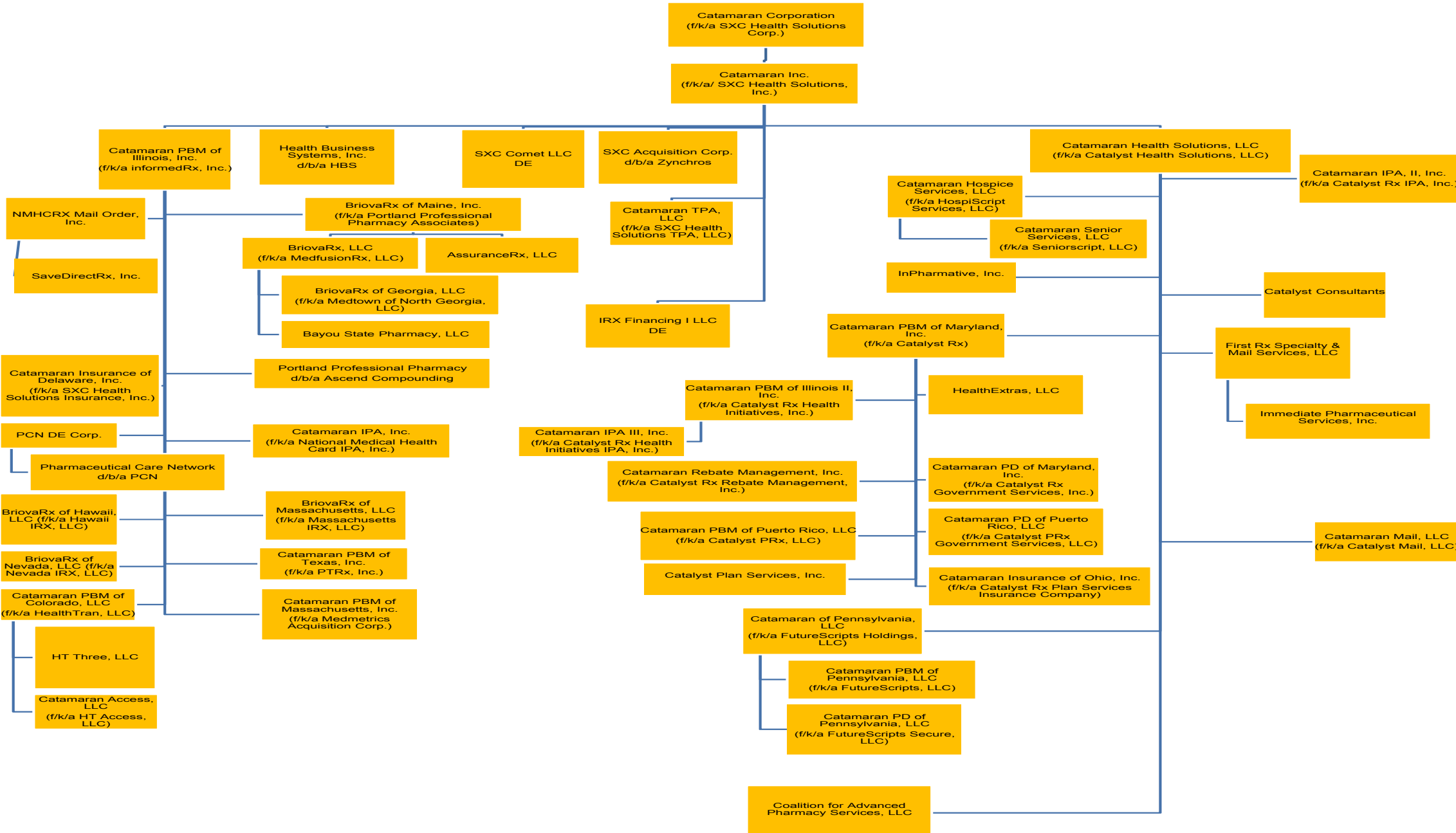
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year To Date - Allocated by States and Territories

States, Etc.		1	Direct Business Only						
			Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 Through 5	7 Deposit-Type Contracts	
			2 Life Insurance Premiums	3 Annuity Considerations					
		Active Status							
1.	Alabama (AL)	L	2,875					2,875	
2.	Alaska (AK)	L							
3.	Arizona (AZ)	L	15,010	25,000				40,010	
4.	Arkansas (AR)	L	1,719					1,719	
5.	California (CA)	L	79,439	532				79,971	
6.	Colorado (CO)	L	12,208					12,208	
7.	Connecticut (CT)	L	2,709					2,709	
8.	Delaware (DE)	L	300					300	
9.	District of Columbia (DC)	L							
10.	Florida (FL)	L	21,938	740				22,678	
11.	Georgia (GA)	L	7,738					7,738	
12.	Hawaii (HI)	L	1,524					1,524	
13.	Idaho (ID)	L	1,254					1,254	
14.	Illinois (IL)	L	6,511					6,511	
15.	Indiana (IN)	L	10,872					10,872	
16.	Iowa (IA)	L	2,977					2,977	
17.	Kansas (KS)	L	2,180					2,180	
18.	Kentucky (KY)	L	26,844	150	368			27,362	
19.	Louisiana (LA)	L	5,576					5,576	
20.	Maine (ME)	N	65					65	
21.	Maryland (MD)	L	830					830	
22.	Massachusetts (MA)	L	217					217	
23.	Michigan (MI)	L	15,174					15,174	
24.	Minnesota (MN)	L	1,066	200,000				201,066	
25.	Mississippi (MS)	L	3,343					3,343	
26.	Missouri (MO)	L	884					884	
27.	Montana (MT)	L							
28.	Nebraska (NE)	L	769					769	
29.	Nevada (NV)	L	2,994					2,994	
30.	New Hampshire (NH)	L	262					262	
31.	New Jersey (NJ)	L	208					208	
32.	New Mexico (NM)	L	1,160					1,160	
33.	New York (NY)	N	78					78	
34.	North Carolina (NC)	L	11,239	3,000				14,239	
35.	North Dakota (ND)	L	182					182	
36.	Ohio (OH)	L	182,431	12,029	435			194,895	
37.	Oklahoma (OK)	L	542					542	
38.	Oregon (OR)	L	518					518	
39.	Pennsylvania (PA)	L	1,334					1,334	
40.	Rhode Island (RI)	L							
41.	South Carolina (SC)	L	4,483					4,483	
42.	South Dakota (SD)	L	373					373	
43.	Tennessee (TN)	L	4,510					4,510	
44.	Texas (TX)	L	17,819	700				18,519	
45.	Utah (UT)	L	840					840	
46.	Vermont (VT)	L							
47.	Virginia (VA)	L	13,179	156				13,335	
48.	Washington (WA)	L	2,714					2,714	
49.	West Virginia (WV)	L	1,601					1,601	
50.	Wisconsin (WI)	L	2,668					2,668	
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 (CAN)	N							
58.	Aggregate other alien (OT)	X X X							
59.	Subtotal	(a). 49	473,158	242,307	803			716,268	
90.	Reporting entity contributions for employee benefits plans	X X X							
91.	Dividends or refunds applied to purchase paid-up additions and annuities	X X X							
92.	Dividends or refunds applied to shorten endowment or premium paying period	X X X							
93.	Premium or annuity considerations waived under disability or other contract provisions	X X X	2,516					2,516	
94.	Aggregate other amounts not allocatable by State	X X X							
95.	Totals (Direct Business)	X X X	475,674	242,307	803			718,784	
96.	Plus Reinsurance Assumed	X X X							
97.	Totals (All Business)	X X X	475,674	242,307	803			718,784	
98.	Less Reinsurance Ceded	X X X	475,674	242,307	803			718,784	
99.	Totals (All Business) less Reinsurance Ceded	X X X	0	0	0			0	
DETAILS OF WRITE-INS									
5801.	.....	X X X							
5802.	.....	X X X							
5803.	.....	X X X							
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X							
5899.	TOTAL (Lines 5801 through 5803 plus 5898) (Line 58 above) ..	X X X							
9401.	.....	X X X							
9402.	.....	X X X							
9403.	.....	X X X							
9498.	Summary of remaining write-ins for Line 94 from overflow page	X X X							
9499.	TOTAL (Lines 9401 through 9403 plus 9498) (Line 94 above) ..	X X X							

(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



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)	Names 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)	*
4771		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				NMHCRCX Mail Order, Inc.	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-2719823				SaveDirectRx, Inc.	TX	NIA	NMHCRCX 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	ME	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-2447772				PCN DE Corp.	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	68-0044962				Pharmaceutical Care Network	CA	NIA	PCN DE Corp.	Ownership	100.0	Catamaran Corporation	
		00000	14-1799106				Catamaran IPA, Inc.	NY	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-2348504				BriovaRx of Hawaii, LLC	HI	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-3331130				BriovaRx of Massachusetts, LLC	MA	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	45-2532834				BriovaRx of Nevada, LLC	NV	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-3233533				Catamaran PBM of Texas, Inc.	TX	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	31-1728846				Catamaran PBM of Colorado, LLC	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-4467352				HT Three, LLC	CO	NIA	Catamaran PBM of Colorado, LLC	Ownership	100.0	Catamaran Corporation	
		00000	45-3304915				Catamaran Access, LLC	CO	NIA	Catamaran PBM of Colorado, LLC	Ownership	100.0	Catamaran Corporation	
		00000	61-1651797				Catamaran PBM of Massachusetts, Inc.	CO	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	90-0434375				SXC Comet LLC	DE	NIA	Catamaran Inc.	Ownership	100.0	Catamaran Corporation	
		00000	01-0930154				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					HealthExtras, LLC	DE	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q13.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
4771		00000	36-4049815				Catamaran PBM of Illinois II, Inc.	IL	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	20-0218027				Catamaran IPA III, Inc.	NY	NIA	Catamaran PBM of Illinois II, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-3633484				Catamaran Rebate Management, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	61-1485410				Catamaran PD of Maryland, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-1424534				Catamaran PBM of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	26-1438879				Catamaran PD of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		00000	27-4131015				Catalyst Plan Services, Inc.	MI	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Catamaran Corporation	
		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
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?	No
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	No
4. Will the Reasonableness of Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	No
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	No
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	No
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	No

Explanations:

Bar Codes:

Trusteed Surplus Statement



Medicare Part D Coverage Supplement



Reasonableness 1 - Assumptions



Reasonableness 2 - Consistency



Reasonableness 3 - Implied Guarantee



Reasonableness 4 - Ave. Market Value



Reasonableness 5 - Market Value



OVERFLOW PAGE FOR WRITE-INS

N O N E

STATEMENT AS OF **June 30, 2013** OF THE **Catamaran Insurance of Ohio**

SCHEDULE A - VERIFICATION

Real Estate		1	2
		Year To Date	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	2
		Year To Date	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	2
		Year To Date	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	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,929,410	4,935,559
2.	Cost of bonds and stocks acquired	9,310	18,888
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	998	
7.	Deduct amortization of premium	12,376	25,037
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)	4,925,346	4,929,410
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	4,925,346	4,929,410

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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	4,906,010		1,500	(6,222)	4,906,010	4,898,288		4,910,672
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	4,906,010		1,500	(6,222)	4,906,010	4,898,288		4,910,672
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	4,906,010		1,500	(6,222)	4,906,010	4,898,288		4,910,672

(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 \$.....143; 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	143	X X X	143		

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	150	3,909,603
2.	Cost of short-term investments acquired	1,492	
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,499	3,909,453
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)	143	150
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	143	150

SI04	Schedule DB - Part A Verification	NONE
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SI04	Schedule DB - Part B Verification	NONE
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SI05	Schedule DB Part C Section 1	NONE
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SI06	Schedule DB Part C Section 2	NONE
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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

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Common Stocks - Money Market Mutual Funds									
90262Y505	UBS Select Prime Institutional Fund .....	.....	..... 06/30/2013	UBS	 8,373.000	 8,373	 X X X .....	.....	L
9399999 Subtotal - Common Stocks - Money Market Mutual Funds					 X X X	 8,373	 X X X .....	.....	..... X X X
9799997 Subtotal - Common Stocks - Part 3					 X X X	 8,373	 X X X .....	.....	..... X X X
9799999 Subtotal - Common Stocks					 X X X	 8,373	 X X X .....	.....	..... X X X
9899999 Subtotal - Preferred and Common Stocks					 X X X	 8,373	 X X X .....	.....	..... X X X
9999999 Total - Bonds, Preferred and Common Stocks					 X X X	 8,373	 X X X .....	.....	..... X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Common Stocks - Money Market Mutual Funds																					
609068DF5	Federated Money Market		06/05/2013	Sun Trust	937.000	937	X X X	937	937						937					X X X	L
9399999 Subtotal - Common Stocks - Money Market Mutual Funds					X X X	937	X X X	937	937						937					X X X	X X X
9799997 Subtotal - Common Stocks - Part 4					X X X	937	X X X	937	937						937					X X X	X X X
9799999 Subtotal - Common Stocks					X X X	937	X X X	937	937						937					X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	937	X X X	937	937						937					X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	937	X X X	937	937						937					X X X	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
Wells Fargo	San Francisco, CA						3,875,301	3,874,719		X X X
Century Trust	Santa Fe, NM						4,531			X X X
JP Morgan Chase	San Antonio, TX								3,874,096	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			3,879,832	3,874,719	3,874,096	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			3,879,832	3,874,719	3,874,096	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			3,879,832	3,874,719	3,874,096	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
NONE							
8699999 Total - Cash Equivalents							

**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; QE12; QSupp2
Cash Equivalents; Q2; Q5; QSI08; QE13
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; QE13
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; QE12; QE13; 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; QE11

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