

Refiling the 2013 Annual Statement and RBC to match the audited financial statements.



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE**

HealthSpan Integrated Care

NAIC Group Code	00000 (Current Period)	00601 (Prior Period)	NAIC Company Code	95204	Employer's ID Number	34-0922268
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile		United States				
Licensed as business type:	Life, Accident & Health [<input type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]			
	Dental Service Corporation [<input type="checkbox"/>]	Vision Service Corporation [<input type="checkbox"/>]	Health Maintenance Organization [<input checked="" type="checkbox"/> X]			
	Other [<input type="checkbox"/>]	Is HMO, Federally Qualified? Yes [<input checked="" type="checkbox"/> X] No [<input type="checkbox"/>]				
Incorporated/Organized	03/29/1962		Commenced Business	10/27/1976		
Statutory Home Office	1001 Lakeside Ave. Suite 1200 (Street and Number)			Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1001 Lakeside Ave. Suite 1200 (Street and Number)			1001 Lakeside Ave. Suite 1200 (Street and Number)		
	Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)			216-621-5600 (Area Code) (Telephone Number)		
Mail Address	1001 Lakeside Ave. Suite 1200 (Street and Number or P.O. Box)			Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1001 Lakeside Ave. Suite 1200 (Street and Number)			1001 Lakeside Ave. Suite 1200 (Street and Number)		
	Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)			216-621-5600 (Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	HealthSpan.org					
Statutory Statement Contact	William Trexler (Name)			216-479-5116 (Area Code) (Telephone Number) (Extension)		
	WL.Trexler@healthspan.org (E-Mail Address)			216-623-8793 (Fax Number)		

OFFICERS

Name	Title	Name	Title
Kenneth Page	President (effective 10/1/2013)	Dave Nowiski	Treasurer
Robert Campbell	Secretary (effective 10/1/2013)		

OTHER OFFICERS

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of OH
County of Cuyahoga

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of 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.

Kenneth Page President (effective 10/1/2013)	Dave Nowiski Treasurer	
Subscribed and sworn to before me this day of _____,		a. Is this an original filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. If no: 1. State the amendment number <input type="text" value="2"/> 2. Date filed <input type="text" value="09/19/2014"/> 3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

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.....	3,372,434	93,574				3,466,008
HealthSpan.....	1,325,423	1,368,460	1,313,619			4,007,502
City of East Cleveland.....	199,574	201,926	202,812	3,747	608,059	0
0299997 Group subscriber subtotal.....	4,897,431	1,663,960	1,516,431	3,747	608,059	7,473,510
0299998 Premiums due and unpaid not individually listed	5,476,183	1,495,246	228,874			7,200,303
0299999 Total group	10,373,614	3,159,206	1,745,305	3,747	608,059	14,673,813
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)	10,373,614	3,159,206	1,745,305	3,747	608,059	14,673,813

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 3 - HEALTH CARE RECEIVABLES

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables					0	
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	1,552,379	109,384,508	7,583,874	1,552,379	1,552,379	
7. Totals (Lines 1 through 6)	1,552,379	109,384,508	0	7,583,874	1,552,379	1,552,379

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

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
Claims Unpaid (Reported)						
Due to Kaiser Foundation Health Plan Inc.....	11,040,667	0	7,457,212			18,497,879
Due to HealthSpan Physician Group.....	9,773,816	1,287,081	2,597,564			13,658,461
0199999 Individually listed claims unpaid.....	20,814,483	1,287,081	10,054,776	0	0	32,156,340
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	8,754,205					8,754,205
0499999 Subtotals.....	29,568,688	1,287,081	10,054,776	0	0	40,910,545
0599999 Unreported claims and other claim reserves.....						37,814,325
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						78,724,870
0899999 Accrued medical incentive pool and bonus amounts.....						0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Due to Catholic Health Partners.....		13,508,092	13,508,092	
.....				
.....				
.....				
.....				
.....				
.....				
.....				
0199999 Individually listed payables.....		13,508,092	13,508,092	0
0299999 Payables not individually listed		0	0	
0399999 Total gross payables		13,508,092	13,508,092	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0			0.0	
2. Intermediaries	0	0.0			0.0	
3. All other providers	0	0.0			0.0	
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	20,493,313	5.2	XXX	XXX	20,493,313	
6. Contractual fee payments	82,727,411	21.2	XXX	XXX	82,727,411	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	287,838,940	73.6	XXX	XXX	287,838,940	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	391,059,664	100.0	XXX	XXX	391,059,664	
13. Total (Line 4 plus Line 12)	391,059,664	100 %	XXX	XXX	391,059,664	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	11,750,977	159,983	11,751,477	159,483	159,483	0
2. Medical furniture, equipment and fixtures	61,236,309	134,392	55,781,046	5,589,655	5,589,655	
3. Pharmaceuticals and surgical supplies	6,726,655			6,726,655	6,726,655	
4. Durable medical equipment						
5. Other property and equipment	10,235,615	975,200	7,243,588	3,967,227	456,540	3,510,687
6. Total	89,949,556	1,269,575	74,776,111	16,443,020	616,023	15,826,997



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpan Integrated Care

2. _____

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2013								NAIC Company Code	95204
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
1			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid		
Total Members at end of:												
1. Prior Year		86,338	4,131	57,408				6,818	17,981			
2. First Quarter		84,075	3,838	55,287				6,779	18,171			
3. Second Quarter		82,982	3,821	54,259				7,330	17,572			
4. Third Quarter		82,534	3,710	53,875				6,646	18,303			
5. Current Year		81,606	3,578	53,185				6,542	18,301			
6. Current Year Member Months		990,714	44,988	648,594				79,818	217,314			
Total Member Ambulatory Encounters for Year:												
7. Physician		497,352	14,700	249,662				33,705	199,285			
8. Non-Physician		81,480	2,313	48,291				6,716	24,160			
9. Total		578,832	17,013	297,953	0	0	0	40,421	223,445	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		6,634	186	2,689				454	3,305			
12. Health Premiums Written (b)		473,889,046	15,406,878	257,911,863				41,007,404	159,562,901			
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		473,889,046	15,406,878	257,911,863				41,007,404	159,562,901	0		
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		391,059,763	12,250,083	226,031,170				33,424,644	119,347,833		6,033	
18. Amount Incurred for Provision of Health Care Services		442,496,331	14,290,919	260,212,040				40,450,437	127,536,263		6,672	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$116,164,077



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpan Integrated Care

2. _____

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2013						NAIC Company Code	95204	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		86,338	4,131	57,408	0	0	0	6,818	17,981	0	0	
2. First Quarter		84,075	3,838	55,287	0	0	0	6,779	18,171	0	0	
3. Second Quarter		82,982	3,821	54,259	0	0	0	7,330	17,572	0	0	
4. Third Quarter		82,534	3,710	53,875	0	0	0	6,646	18,303	0	0	
5. Current Year		81,606	3,578	53,185	0	0	0	6,542	18,301	0	0	
6. Current Year Member Months		990,714	44,988	648,594	0	0	0	79,818	217,314	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician		497,352	14,700	249,662	0	0	0	33,705	199,285	0	0	
8. Non-Physician		81,480	2,313	48,291	0	0	0	6,716	24,160	0	0	
9. Total		578,832	17,013	297,953	0	0	0	40,421	223,445	0	0	
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions		6,634	186	2,689	0	0	0	454	3,305	0	0	
12. Health Premiums Written (b)		473,889,046	15,406,878	257,911,863	0	0	0	41,007,404	159,562,901	0	0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned		473,889,046	15,406,878	257,911,863	0	0	0	41,007,404	159,562,901	0	0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		391,059,763	12,250,083	226,031,170	0	0	0	33,424,644	119,347,833	0	6,033	
18. Amount Incurred for Provision of Health Care Services		442,496,331	14,290,919	260,212,040	0	0	0	40,450,437	127,536,263	0	6,672	

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons insured under indemnity only products 0 _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$116,164,077

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

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)	199,849,028		199,849,028
2. Accident and health premiums due and unpaid (Line 15).....	14,673,813		14,673,813
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	41,517,725		41,517,725
6. Total assets (Line 28)	256,040,566	0	256,040,566
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	78,724,870	0	78,724,870
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	6,404,074		6,404,074
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	58,362,537		58,362,537
15. Total liabilities (Line 24).....	143,491,481	0	143,491,481
16. Total capital and surplus (Line 33).....	112,549,085	XXX	112,549,085
17. Total liabilities, capital and surplus (Line 34)	256,040,566	0	256,040,566
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	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					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	JN					0
16. Iowa	JA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

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

Asterisk

Explanation

41

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:

11. 
9 5 2 0 4 2 0 1 3 3 6 0 5 9 0 0 0 0 0

12. 
9 5 2 0 4 2 0 1 3 2 0 5 0 0 0 0 0 0

13. 
9 5 2 0 4 2 0 1 3 2 0 7 0 0 0 0 0 0

14. 
9 5 2 0 4 2 0 1 3 4 2 0 0 0 0 0 0 0

15. 
9 5 2 0 4 2 0 1 3 3 7 1 0 0 0 0 0 0

16. 
9 5 2 0 4 2 0 1 3 3 7 0 0 0 0 0 0 0

17. 
9 5 2 0 4 2 0 1 3 3 6 5 0 0 0 0 0 0

18. 
9 5 2 0 4 2 0 1 3 2 2 4 0 0 0 0 0 0

19. 
9 5 2 0 4 2 0 1 3 2 2 5 0 0 0 0 0 0

20. 
9 5 2 0 4 2 0 1 3 2 2 6 0 0 0 0 0 0

21. 
9 5 2 0 4 2 0 1 3 3 0 6 0 0 0 0 0 0

22. 
9 5 2 0 4 2 0 1 3 2 1 1 5 9 0 0 0 0

23. 
9 5 2 0 4 2 0 1 3 2 1 3 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.

*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Rent Payable.....	1,208,220		1,208,220	362,842
2305. Pension Liability.....			0	54,639,410
2306. Medicare Reserves / Payables.....	20,191,767		20,191,767	23,845,652
2307.			0	0
2308.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	21,399,987	0	21,399,987	78,847,904

M004 Additional Aggregate Lines for Page 04 Line 14.

*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. Medical Administration.....		.62,961,821	71,005,018
1405. Other Benefits (Home Care, Hospice, Admin Excep, DME) excluding payroll.....		8,470,408	4,881,549
1406. Community Service.....		.14,012,426	12,709,551
1407.			0
1408.			0
1409.			0
1410.			0
1411.			0
1412.			0
1413.			0
1414.			0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	85,444,655	88,596,118

M005 Additional Aggregate Lines for Page 05 Line 47.

*REVEX2 - Capital and Surplus Account

	1 Current Year	2 Prior Year
4704. Unassigned funds post retirement liability.....	(14,402,604)	0
4705. Due to Kaiser Affiliates transferred to Kaiser.....	.74,050,427	0
4706. Payroll related liabilities transferred to Kaiser.....	.23,251,190	0
4707. PDR liability transferred to Kaiser.....	.15,500,000	0
4708. Pension liability transferred to Kaiser.....	.54,925,644	0
4709. Post retirement liability transferred to Kaiser.....	.65,583,205	0
4710. Other liabilities transferred to Kaiser.....	.65,254,420	0
4711.		
4797. Summary of remaining write-ins for Line 47 from Page 05	284,162,282	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

OVERFLOW PAGE FOR WRITE-INS

--	--	--	--	--	--	--	--	--	--	--	--

M007 Additional Aggregate Lines for Page 07 Line 13.

*ANAOPS - Analysis of Operations by Lines of Business

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1304. Medical Administration.....	62,961,821	39,018,855				5,712,918	18,228,905			1,143
Other Benefits (Home Care, Hospice, Admin										
1305. Excep, DME) excluding payroll.....	8,470,408	5,249,302				768,573	2,452,379			154
1306. Community Service.....	14,012,426	8,507,784				1,149,215	4,355,087			340
1307.	0									
1397. Summary of remaining write-ins for Line 13 from page 7	85,444,655	52,775,941	0	0	0	7,630,706	25,036,371	0	1,637	

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care