



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

HealthSpan Integrated Care

NAIC Group Code 00000 , 00601 NAIC Company Code 95204 Employer's ID Number 34-0922268
(Current Period) (Prior Period)

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 [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 03/29/1962 Commenced Business 10/27/1976

Statutory Home Office 1001 Lakeside Ave. Suite 1200 , Cleveland, OH, US 44114-1153
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1001 Lakeside Ave. Suite 1200
(Street and Number)
Cleveland, OH, US 44114-1153 216-621-5600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1001 Lakeside Ave. Suite 1200 , Cleveland, OH, US 44114-1153
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1001 Lakeside Ave. Suite 1200
(Street and Number)
Cleveland, OH, US 44114-1153 216-621-5600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address HealthSpan.org

Statutory Statement Contact William Trexler , 216-479-5116
(Name) (Area Code) (Telephone Number) (Extension)
WLTrexler@healthspan.org 216-623-8793
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Evan M. Benjamin MD (effective 10/1/2013)</u>	<u>Michael D. Connelly JD, FACHE (effective 10/1/2013)</u>	<u>Cathleen P. Eldridge (effective 10/1/2013)</u>	<u>Geraldine M. Hoyler CSC, CPA (effective 10/1/2013)</u>
<u>David C. Leach MD (effective 10/1/2013)</u>	<u>Joel A. Levine JD (effective 10/1/2013)</u>	<u>James C. Patton CPA (effective 10/1/2013)</u>	<u>Katherine W. Vestal PhD (effective 10/1/2013)</u>
<u>Gloria Ysai-Diaz (effective 10/1/2013)</u>			

State of OH **ss**
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.

<u>Kenneth Page</u> President (effective 10/1/2013)	<u>Dave Nowiski</u> Treasurer	
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Subscribed and sworn to before me this _____ day of _____ , _____

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number _____
2. Date filed 03/01/2014
3. Number of pages attached _____

18

18

18

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior 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.

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

21

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE HealthSpan Integrated Care

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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	20,573,006	5.2	XXX	XXX	20,573,006	
6. Contractual fee payments	83,049,116	21.0	XXX	XXX	83,049,116	
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	291,412,180	73.8	XXX	XXX	291,412,180	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	395,034,302	100.0	XXX	XXX	395,034,302	0
13. Total (Line 4 plus Line 12)	395,034,302	100 %	XXX	XXX	395,034,302	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	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	7,154,689	4,056,126	456,540	3,599,586
6. Total	89,949,556	1,269,575	74,687,212	16,531,919	616,023	15,915,896



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									
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		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						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		395,034,302		12,399,483		228,852,451						33,921,915		119,854,413						6,040	
18. Amount Incurred for Provision of Health Care Services		445,441,202		14,386,343		261,952,870						40,723,011		128,372,251						6,727	

(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		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		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		395,034,302		12,399,483		228,852,451		.0		.0		.0		33,921,915		119,854,413		.0		6,040	
18. Amount Incurred for Provision of Health Care Services		445,441,202		14,386,343		261,952,870		0		0		0		40,723,011		128,372,251		0		6,727	

(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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	211,053,215		211,053,215
2. Accident and health premiums due and unpaid (Line 15).....	11,048,813		11,048,813
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).....	41,006,060		41,006,060
6. Total assets (Line 28)	263,108,088	0	263,108,088
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	77,695,202	0	77,695,202
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).....	69,697,705		69,697,705
15. Total liabilities (Line 24).....	153,796,981	0	153,796,981
16. Total capital and surplus (Line 33).....	109,311,107	XXX	109,311,107
17. Total liabilities, capital and surplus (Line 34)	263,108,088	0	263,108,088
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

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	IN						.0
16. Iowa	IA						.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	0

NONE

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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:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

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Bar code:

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23.


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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, Admn 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	
4710. Other liabilities transferred to Kaiser.....	73,054,420	
4711.		
4797. Summary of remaining write-ins for Line 47 from Page 05	291,962,282	0

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13.
*ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
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

