



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

CARESOURCE

NAIC Group Code	3683	,	3683	NAIC Company Code	95201	Employer's ID Number	31-1143265
(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 [] No [X]						
Incorporated/Organized	06/12/1985			Commenced Business	10/01/1988		
Statutory Home Office	230 North Main Street			Dayton, OH, US 45402			
		(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	230 North Main Street						
				(Street and Number)			
Dayton, OH, US 45402				937-531-3300			
(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	PO Box 8738			Dayton, OH, US 45401-8738			
		(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	230 North Main Street						
				(Street and Number)			
Dayton, OH, US 45402				937-531-2159			
(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.caresource.com						
Statutory Statement Contact	Tarlton Thomas			937-531-2159			
		(Name)		(Area Code) (Telephone Number) (Extension)			
Tarlton.Thomas@caresource.com				937-396-3438			
(E-Mail Address)				(Fax Number)			

OFFICERS

Name	Title	Name	Title
Pamela B. Morris	President & Chief Executive Officer	L. Tarlton Thomas III	Chief Financial Officer
Bobby L. Jones	Chief Operating Officer	Craig Thiele M.D.	Chief Medical Officer

OTHER OFFICERS

Stephen L. Ringel #	President, Ohio Market		
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DIRECTORS OR TRUSTEES

Pamela B. Morris	Michael E. Ervin M.D.	William F. Marsteller D.C.	Gary L. LeRoy M.D. #
Craig Brown	Ellen S. Leffak	Douglas A. Fecher	David T. Miller
David Kaelber M.D. #			

State ofOhio.....
County ofMontgomery.....

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.

Pamela B. Morris President & Chief Executive Officer	L. Tarlton Thomas III Chief Financial Officer	Bobby L. Jones Chief Operating Officer
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 _____		
3. Number of pages attached _____		

18

18

18

EXHIBIT 3 - HEALTH CARE RECEIVABLES

16

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	17,086,022	18,220,575	1,226,045	37,810,284	18,312,067	19,195,825
2. Claim overpayment receivables	5,151,801	5,203,695	8,522,325	7,497,707	13,674,126	5,602,865
3. Loans and advances to providers0	
4. Capitation arrangement receivables	37,546,884	181,790,558	19,465	34,367,261	37,566,349	44,524,441
5. Risk sharing receivables0	
6. Other health care receivables0	
7. Totals (Lines 1 through 6)	59,784,707	205,214,828	9,767,835	79,675,252	69,552,542	69,323,131

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 2014 OF THE CARESOURCE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

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	493,694,223	11.2	1,226,038	96.1	0	493,694,223
2. Intermediaries	89,862,213	2.0	1,226,038	96.1	0	89,862,213
3. All other providers	53,730,059	1.2	1,275,430	100.0	0	53,730,059
4. Total capitation payments	637,286,495	14.4	3,727,506	292.2	0	637,286,495
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	0	0
6. Contractual fee payments	3,784,959,093	85.6	XXX	XXX	0	3,784,959,093
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	3,784,959,093	85.6	XXX	XXX	0	3,784,959,093
13. Total (Line 4 plus Line 12)	4,422,245,588	100 %	XXX	XXX	0	4,422,245,588

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	118,845		118,845			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	118,845	0	118,845	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				CARESOURCE				2. _____			
NAIC Group Code		3683		BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2014		(LOCATION)			
								NAIC Company Code		95201	
		1		Comprehensive (Hospital & Medical)		4		5		6	
		2		3						7	
		Total		Individual		Group		Medicare Supplement		Vision Only	
								Dental Only		Federal Employees Health Benefit Plan	
								8		9	
								Title XVIII Medicare		Title XIX Medicaid	
										10	
										Other	
Total Members at end of:											
1. Prior Year		977,010	0						1,198	972,929	2,883
2. First Quarter		1,002,886	12,104						1,184	987,106	2,492
3. Second Quarter		1,114,173	30,242						1,093	1,066,459	16,379
4. Third Quarter		1,196,792	25,505						1,041	1,144,828	25,418
5. Current Year		1,275,430	24,459						974	1,226,038	23,959
6. Current Year Member Months		13,475,134	274,038						13,128	13,002,563	185,405
Total Member Ambulatory Encounters for Year:											
7. Physician		7,269,824	115,637						20,472	7,026,214	107,501
8. Non-Physician		5,157,311	67,501						12,535	4,221,536	855,739
9. Total		12,427,135	183,138	0	0	0	0	0	33,007	11,247,750	963,240
10. Hospital Patient Days Incurred		947,764	10,534						5,502	911,171	20,557
11. Number of Inpatient Admissions		196,475	2,732						2,907	184,391	6,445
12. Health Premiums Written (b).....		5,629,382,816	73,630,832						14,287,088	5,135,745,594	405,719,302
13. Life Premiums Direct.....		0	0						0	0	0
14. Property/Casualty Premiums Written.....		0	0						0	0	0
15. Health Premiums Earned.....		5,637,519,547	73,630,832						14,287,088	5,143,882,325	405,719,302
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		4,413,073,132	49,865,847						13,619,718	4,137,532,699	212,054,868
18. Amount Incurred for Provision of Health Care Services		4,746,308,325	65,884,590						11,779,596	4,375,061,632	293,582,507

(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 \$14,287,088



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CARESOURCE		2.		(LOCATION)				
NAIC Group Code	3683	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2014			NAIC Company Code 95201			
	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	977,010	0	0	0	0	0	0	1,198	972,929	2,883
2. First Quarter	1,002,886	12,104	0	0	0	0	0	1,184	987,106	2,492
3. Second Quarter	1,114,173	30,242	0	0	0	0	0	1,093	1,066,459	16,379
4. Third Quarter	1,196,792	25,505	0	0	0	0	0	1,041	1,144,828	25,418
5. Current Year	1,275,430	24,459	0	0	0	0	0	974	1,226,038	23,959
6. Current Year Member Months	13,475,134	274,038	0	0	0	0	0	13,128	13,002,563	185,405
Total Member Ambulatory Encounters for Year:										
7. Physician	7,269,824	115,637	0	0	0	0	0	20,472	7,026,214	107,501
8. Non-Physician	5,157,311	67,501	0	0	0	0	0	12,535	4,221,536	855,739
9. Total	12,427,135	183,138	0	0	0	0	0	33,007	11,247,750	963,240
10. Hospital Patient Days Incurred	947,764	10,534	0	0	0	0	0	5,502	911,171	20,557
11. Number of Inpatient Admissions	196,475	2,732	0	0	0	0	0	2,907	184,391	6,445
12. Health Premiums Written (b)	5,629,382,816	73,630,832	0	0	0	0	0	14,287,088	5,135,745,594	405,719,302
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	5,637,519,547	73,630,832	0	0	0	0	0	14,287,088	5,143,882,325	405,719,302
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	4,413,073,132	49,865,847	0	0	0	0	0	13,619,718	4,137,532,699	212,054,868
18. Amount Incurred for Provision of Health Care Services	4,746,308,325	65,884,590	0	0	0	0	0	11,779,596	4,375,061,632	293,582,507

(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 \$ 14,287,088

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums.....	12,038	.0	.0	.0	.0
2. Title XVIII-Medicare.....	144	163	172	93	26
3. Title XIX-Medicaid.....	20,059	17,369	16,914	14,253	8,057
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable0	.0	.0	.0
7. Claims payable.....	10,748	10,157	7,212	6,442	5,650
8. Reinsurance recoverable on paid losses.....	6,672	10	1,381	3,663	5,714
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	0	.0	.0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	.0	.0	.0	.0
14. Letters of credit (L).....	0	.0	.0	.0	.0
15. Trust agreements (T).....	0	.0	.0	.0	.0
16. Other (O).....	0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	.0	.0	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	.0	.0	XXX	XXX
19. Letters of credit (L).....	0	.0	.0	XXX	XXX
20. Trust agreements (T).....	0	.0	.0	XXX	XXX
21. Other (O).....	0	0	0	XXX	XXX

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)	1,487,250,054		1,487,250,054
2. Accident and health premiums due and unpaid (Line 15).....	135,352,487		135,352,487
3. Amounts recoverable from reinsurers (Line 16.1).....	6,671,595	(6,671,595)	0
4. Net credit for ceded reinsurance.....	XXX	17,419,342	17,419,342
5. All other admitted assets (Balance).....	91,656,504		91,656,504
6. Total assets (Line 28)	1,720,930,640	10,747,747	1,731,678,387
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	795,029,033	10,747,747	805,776,780
8. Accrued medical incentive pool and bonus payments (Line 2).....	615,600		615,600
9. Premiums received in advance (Line 8).....	22,606,577		22,606,577
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).....	159,146,044		159,146,044
15. Total liabilities (Line 24).....	977,397,254	10,747,747	988,145,001
16. Total capital and surplus (Line 33).....	743,533,386	XXX	743,533,386
17. Total liabilities, capital and surplus (Line 34)	1,720,930,640	10,747,747	1,731,678,387
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	10,747,747		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	6,671,595		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	17,419,342		
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	17,419,342		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

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

41

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42

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

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?

.....WAIVED.....

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?

.....SEE EXPLANATION.....
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?

.....SEE EXPLANATION.....
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?

.....SEE EXPLANATION.....

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.

No exemption needed.
19.

No exemption needed.
20.

No exemption needed.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:

4.


9 5 2 0 1 2 0 1 4 3 9 0 0 0 0 0 0

11.


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

12.


9 5 2 0 1 2 0 1 4 2 0 5 0 0 0 0 0

13.


9 5 2 0 1 2 0 1 4 2 0 7 0 0 0 0 0

14.


9 5 2 0 1 2 0 1 4 4 2 0 0 0 0 0 0

15.


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

16.


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

17.


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

21.


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

22.


9 5 2 0 1 2 0 1 4 2 1 1 5 9 0 0 0

23.


9 5 2 0 1 2 0 1 4 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Member Assistance Expenses.....			17,607		17,607
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	17,607	0	17,607

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

