

Amending the filings to include audit adjustments posted for the audited financial statements.



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

HealthSpan Integrated Care

NAIC Group Code	00000	,	00000	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						
	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	Griffin Hurd			,	513-981-6264		
	(Name)				(Area Code) (Telephone Number) (Extension)		
	gehurd@mercy.com				513-981-6118		
	(E-Mail Address)				(Fax Number)		

OFFICERS

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

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Robert Campbell	William Frank	R. Jeffrey Copeland	Walid Sidani MD

State ofOhio.....

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County ofCuyahoga.....

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	Dave Nowiski
President (effective 10/1/2013)	Treasurer
Subscribed and sworn to before me this	a. Is this an original filing? Yes [] No [X]
day of	b. If no:
	1. State the amendment number 1
	2. Date filed 06/18/2015
	3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpan Integrated Care

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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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	17,908	1,959,888		3,433,810	17,908	17,908
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	7,583,874	84,286,391		7,887,981	7,583,874	7,583,874
7. Totals (Lines 1 through 6)	7,601,782	86,246,279	0	11,321,791	7,601,782	7,601,782

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)

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpan Integrated Care

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 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	7,406,751	1.6	XXX	XXX	0	7,406,751
6. Contractual fee payments	208,753,432	46.4	XXX	XXX	0	208,753,432
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	233,801,795	52.0	XXX	XXX	233,801,795	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	449,961,978	100.0	XXX	XXX	233,801,795	216,160,183
13. Total (Line 4 plus Line 12)	449,961,978	100 %	XXX	XXX	233,801,795	216,160,183

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	11,910,960	161,834	12,072,794	0		0
2. Medical furniture, equipment and fixtures	61,370,701	1,242,544	57,460,803	5,152,442		5,152,442
3. Pharmaceuticals and surgical supplies	6,464,606			6,464,606		6,464,606
4. Durable medical equipment						
5. Other property and equipment	8,926,022	43,344	7,900,797	1,068,569	390,174	678,395
6. Total	88,672,289	1,447,722	77,434,394	12,685,617	390,174	12,295,443



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014				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	81,606	3,578	53,185				6,542	18,301		
2 First Quarter	76,597	2,686	51,326				6,134	16,451		
3 Second Quarter	77,369	6,086	48,976				6,061	16,246		
4. Third Quarter	76,425	6,392	47,842				6,023	16,168		
5. Current Year	74,819	8,522	44,220				6,000	16,077		
6 Current Year Member Months	919,471	90,538	560,162				72,867	195,904		
Total Member Ambulatory Encounters for Year:										
7. Physician	446,110	19,686	154,593				130,611	141,220		
8. Non-Physician	69,610	3,706	33,039				5,810	27,055		
9. Total	515,720	23,392	187,632	0	0	0	136,421	168,275	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	6,793	344	2,776				468	3,205		
12. Health Premiums Written (b).....	421,804,503	30,417,506	220,469,576				39,445,706	131,471,715		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	421,804,503	30,417,506	220,469,576				39,445,706	131,471,715		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	449,076,326	25,998,148	255,000,254				46,560,838	121,512,884		4,202
18. Amount Incurred for Provision of Health Care Services	412,234,219	24,924,543	228,899,391				42,021,630	116,385,046		3,609

(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 \$91,299,170

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ANNUAL STATEMENT FOR THE YEAR 2014 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 2014						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	81,606	3,578	53,185	0	0	0	6,542	18,301	0	0	
2 First Quarter	76,597	2,686	51,326	0	0	0	6,134	16,451	0	0	
3 Second Quarter	77,369	6,086	48,976	0	0	0	6,061	16,246	0	0	
4. Third Quarter	76,425	6,392	47,842	0	0	0	6,023	16,168	0	0	
5. Current Year	74,819	8,522	44,220	0	0	0	6,000	16,077	0	0	
6 Current Year Member Months	919,471	90,538	560,162	0	0	0	72,867	195,904	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	446,110	19,686	154,593	0	0	0	130,611	141,220	0	0	
8. Non-Physician	69,610	3,706	33,039	0	0	0	5,810	27,055	0	0	
9. Total	515,720	23,392	187,632	0	0	0	136,421	168,275	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	6,793	344	2,776	0	0	0	468	3,205	0	0	
12. Health Premiums Written (b)	421,804,503	30,417,506	220,469,576	0	0	0	39,445,706	131,471,715	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	421,804,503	30,417,506	220,469,576	0	0	0	39,445,706	131,471,715	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	449,076,326	25,998,148	255,000,254	0	0	0	46,560,838	121,512,884	0	4,202	
18. Amount Incurred for Provision of Health Care Services	412,234,219	24,924,543	228,899,391	0	0	0	42,021,630	116,385,046	0	3,609	

(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 \$91,299,170

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 1 - SECTION 2

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

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 2

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

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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.....	2,473	.0	.0	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
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 receivable .....		.0	.0	.0	.0
7. Claims payable.....	886	.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	3,012	.0	.0	.0	.0
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)	303,863,336		303,863,336
2. Accident and health premiums due and unpaid (Line 15).....	14,699,159		14,699,159
3. Amounts recoverable from reinsurers (Line 16.1).....	3,012,188		3,012,188
4. Net credit for ceded reinsurance.....	XXX	3,897,839	3,897,839
5. All other admitted assets (Balance).....	21,261,378		21,261,378
6. Total assets (Line 28)	342,836,061	3,897,839	346,733,900
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	40,997,111	885,651	41,882,762
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	1,583,768		1,583,768
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).....	246,460,287		246,460,287
15. Total liabilities (Line 24).....	289,041,166	885,651	289,926,817
16. Total capital and surplus (Line 33).....	53,794,895	XXX	53,794,895
17. Total liabilities, capital and surplus (Line 34)	342,836,061	885,651	343,721,712
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	885,651		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	3,012,188		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	3,897,839		
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	3,897,839		

ANNUAL STATEMENT FOR THE YEAR 2014 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	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
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

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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. Medicare Reserves / Payables.....	10,036,317		10,036,317	20,191,767
2305. Premium Tax and Other Taxes Payable.....	2,867,801		2,867,801	0
2306. Affordable Care Act Payable.....	3,442,707		3,442,707	0
2307.			0	0
2308.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	16,346,825	0	16,346,825	20,191,767

M004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. Other Benefits (Home Care, Hospice, DME).....		3,662,454	8,470,408
1405. Community Service.....		15,532,450	14,012,426
1406.			0
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	19,194,904	22,482,834

M005 Additional Aggregate Lines for Page 05 Line 47.
*REVEX2 - Capital and Surplus Account

	1 Current Year	2 Prior Year
4704. Payroll related liabilities transferred to Kaiser.....		23,251,190
4705. PDR liability transferred to Kaiser.....		15,500,000
4706. Pension liability transferred to Kaiser.....		54,925,644
4707. Post retirement liability transferred to Kaiser.....		65,583,205
4708. Other liabilities transferred to Kaiser.....		65,254,420
4709. Aggregate write-in for gains (losses) in surplus.....	(317)	0
4710.		0
4711.		0
4797. Summary of remaining write-ins for Line 47 from Page 05	(317)	224,514,459

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. Property impairment.....				1,387,682	1,387,682
2505. Miscellaneous.....			287,108	0	287,108
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	287,108	1,387,682	1,674,790

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.....	90,000,845	60,093,812				9,693,276	20,212,324		1,433	
Other Benefits (home Care, Hospice, Admin										
1305. Excep, DME, excluding payroll).....	3,662,454	2,238,935				374,803	1,048,659		.57	
1306. Community Service.....	15,532,450	9,684,393				1,249,842	4,598,215			
1397. Summary of remaining write-ins for Line 13 from page 7	109,195,749	72,017,140	0	0	0	11,317,921	25,859,198	0	1,490	

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