



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

HealthSpan Integrated Care

NAIC Group Code	00000	(Current 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 [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]	
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ ]	
	Other [ ]		Is HMO, Federally Qualified? Yes [ ] 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					
	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
Allan Greenberg #	President	Dave Nowiski	Treasurer

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Jeffery J Copeland	Robert Campbell	William Franks	Allan Calonge
Walid Sidani MD			

State of Ohio. 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.

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

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2015 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 .....				4,366,901	.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 .....				2,671,865	.0	
7. Totals (Lines 1 through 6)	0	0	0	7,038,766	0	0

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 2015 OF THE HealthSpan Integrated Care

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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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 .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....	5,387,444					5,387,444
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	5,387,444	0	0	0	0	5,387,444



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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 .....		74,819		8,522		44,220						6,000		16,077							
2. First Quarter .....		68,845		7,497		39,598						5,939		15,811							
3. Second Quarter .....		66,738		7,060		38,178						5,948		15,552							
4. Third Quarter .....		63,748		6,119		36,308						5,917		15,404							
5. Current Year .....		62,249		5,568		35,419						5,930		15,332							
6. Current Year Member Months .....		791,660		80,148		452,823						71,545		187,144							
Total Member Ambulatory Encounters for Year:																					
7. Physician .....		826,881		55,406		321,141						82,257		368,077							
8. Non-Physician .....		108,212		8,475		47,524						9,924		42,289							
9. Total .....		935,093		63,881		368,665		0		0		0		92,181		410,366		0		0	
10. Hospital Patient Days Incurred .....		0																			
11. Number of Inpatient Admissions .....		6,231		480		2,349						549		2,853							
12. Health Premiums Written (b) .....		360,577,917		12,901,265		184,089,124						36,892,577		126,694,951							
13. Life Premiums Direct .....		0																			
14. Property/Casualty Premiums Written .....		0																			
15. Health Premiums Earned .....		360,577,917		12,901,265		184,089,124						36,892,577		126,694,951							
16. Property/Casualty Premiums Earned .....		0																			
17. Amount Paid for Provision of Health Care Services .....		376,376,508		28,944,412		189,124,267						42,164,277		116,143,552							
18. Amount Incurred for Provision of Health Care Services .....		362,491,289		31,756,135		181,513,234						38,110,402		111,111,518							

(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 \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015		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 .....		74,819	8,522	44,220	0	0	0	6,000	16,077	0	0				
2. First Quarter .....		68,845	7,497	39,598	0	0	0	5,939	15,811	0	0				
3. Second Quarter .....		66,738	7,060	38,178	0	0	0	5,948	15,552	0	0				
4. Third Quarter .....		63,748	6,119	36,308	0	0	0	5,917	15,404	0	0				
5. Current Year		62,249	5,568	35,419	0	0	0	5,930	15,332	0	0				
6. Current Year Member Months		791,660	80,148	452,823	0	0	0	71,545	187,144	0	0				
Total Member Ambulatory Encounters for Year:															
7. Physician .....		826,881	55,406	321,141	0	0	0	82,257	368,077	0	0				
8. Non-Physician .....		108,212	8,475	47,524	0	0	0	9,924	42,289	0	0				
9. Total		935,093	63,881	368,665	0	0	0	92,181	410,366	0	0				
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0				
11. Number of Inpatient Admissions		6,231	480	2,349	0	0	0	549	2,853	0	0				
12. Health Premiums Written (b).....		360,577,917	12,901,265	184,089,124	0	0	0	36,892,577	126,694,951	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.....		360,577,917	12,901,265	184,089,124	0	0	0	36,892,577	126,694,951	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 .....		376,376,508	28,944,412	189,124,267	0	0	0	42,164,277	116,143,552	0	0				
18. Amount Incurred for Provision of Health Care Services		362,491,289	31,756,135	181,513,234	0	0	0	38,110,402	111,111,518	0	0				

(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 \$ .....0

## ANNUAL STATEMENT FOR THE YEAR 2015 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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2015 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

[illegible]

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## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

## SCHEDULE S - PART 4

### Reinsurance Ceded To Unauthorized Companies

[illegible]

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

## 35

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3535



SCHEDULE S – PART 6

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

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	1,991	2,473	0	0	0
2. Title XVIII-Medicare.....	86	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>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		886	0	0	0
8. Reinsurance recoverable on paid losses.....	4,136	3,012	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	0	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	XXX
18. Funds deposited by and withheld from (F).....	0	0	0	0	XXX
19. Letters of credit (L).....	0	0	0	0	XXX
20. Trust agreements (T).....	0	0	0	0	XXX
21. Other (O).....	0	0	0	0	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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	145,228,184		145,228,184
2. Accident and health premiums due and unpaid (Line 15).....	11,066,156		11,066,156
3. Amounts recoverable from reinsurers (Line 16.1).....	4,136,470		4,136,470
4. Net credit for ceded reinsurance.....	XXX	4,136,470	4,136,470
5. All other admitted assets (Balance).....	58,062,246		58,062,246
6. Total assets (Line 28)	218,493,056	4,136,470	222,629,526
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	28,495,612	0	28,495,612
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	5,181,979		5,181,979
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).....	153,001,531		153,001,531
15. Total liabilities (Line 24).....	186,679,122	0	186,679,122
16. Total capital and surplus (Line 33).....	31,813,932	XXX	31,813,932
17. Total liabilities, capital and surplus (Line 34)	218,493,054	0	218,493,054
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	4,136,470		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	4,136,470		
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	4,136,470		

ANNUAL STATEMENT FOR THE YEAR 2015 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	2	3	4	5	6
		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.

22.

23.

Bar code:



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.....	8,998,310		8,998,310	10,036,317
2305. Premium Tax and Other Taxes Payable.....	2,330,302		2,330,302	2,867,801
2306. Affordable Care Act Payable.....	14,534,169		14,534,169	3,442,707
2307. ....			0	0
2308. ....			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	25,862,781	0	25,862,781	16,346,825

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
1405. Community Service.....		3,302,427	15,532,450
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	3,302,427	19,194,904

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.....		0
4705. PDR liability transferred to Kaiser.....		0
4706. Pension liability transferred to Kaiser.....		0
4707. Post retirement liability transferred to Kaiser.....		0
4708. Other liabilities transferred to Kaiser.....		0
4709. Aggregate write-in for gains (losses) in surplus.....		(317)
4710. ....		0
4711. ....		0
4797. Summary of remaining write-ins for Line 47 from Page 05	0	(317)

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. Severance.....	3,475		13,958,000		13,961,475
2505. Miscellaneous.....			0		0
2597. Summary of remaining write-ins for Line 25 from Page 14	3,475	0	13,958,000	0	13,961,475



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