



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

CareSource

(Name)

NAIC Group Code 3683 , 3683 NAIC Company Code 95201 Employer's ID Number 31-1143265

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

Main Administrative Office 230 North Main Street

Dayton, OH, US 45402 937-531-3300

Mail Address PO Box 2208 , Dayton, OH, US 45401-2208

Primary Location of Books and Records 230 North Main Street

Dayton, OH, US 45402 937-531-3614

Internet Web Site Address www.caresource.com

Statutory Statement Contact Demetri Inempolidis , 937-531-3614

demetri.inempolidis@caresource.com demetri.inempolidis@caresource.com 937-487-1744

OFFICERS

Name	Title	Name	Title
Erhardt H. Preitauer #	President and Chief Executive Officer	Jai P. Pillai #	Chief Operating Officer
Stephen L. Ringel	President, Ohio Market	David W. Goltz	Chief Financial Officer

OTHER OFFICERS

Daniel J. McCabe	Chief Administrative Officer		
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DIRECTORS OR TRUSTEES

Erhardt H. Preitauer #	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.

Stephen L. Ringel
President, Ohio Market

David W. Goltz
Chief Financial Officer

Daniel J. McCabe
Chief Administrative 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

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EXHIBIT 3 - HEALTH CARE RECEIVABLES

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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	70,666,493	70,206,790	2,479,474	68,520,908	73,145,967	66,187,097
2. Claim overpayment receivables	247,705		3,861,742	12,184,792	4,109,447	12,709,582
3. Loans and advances to providers				94,067,580	.0	
4. Capitation arrangement receivables	32,115,263	216,133,412	56,158,473	21,633,245	88,273,736	57,273,328
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	103,029,461	286,340,202	62,499,689	196,406,525	165,529,150	136,170,007

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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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource

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	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



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CareSource		2. _____		(LOCATION)				
NAIC Group Code	3683	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2018			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	1,365,905	57,473						19,912	1,288,520	
2. First Quarter	1,400,927	83,980						20,846	1,296,101	
3. Second Quarter	1,369,537	78,546						21,320	1,269,671	
4. Third Quarter	1,345,383	73,465						21,296	1,250,622	
5. Current Year	1,321,793	69,188						22,197	1,230,408	
6. Current Year Member Months	16,431,778	908,648						254,972	15,268,158	
Total Member Ambulatory Encounters for Year:										
7. Physician	9,609,238	420,925						418,215	8,770,098	
8. Non-Physician	12,183,520	325,416						1,813,561	10,044,543	
9. Total	21,792,758	746,341	0	0	0	0	0	2,231,776	18,814,641	0
10. Hospital Patient Days Incurred	819,173	21,814						60,712	736,647	
11. Number of Inpatient Admissions	172,017	4,925						10,456	156,636	
12. Health Premiums Written (b).....	8,221,000,917	448,613,697						333,939,929	7,438,447,292	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	8,222,600,878	448,613,697						335,539,889	7,438,447,292	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	7,310,292,852	382,168,241						328,114,309	6,600,010,302	
18. Amount Incurred for Provision of Health Care Services	7,321,889,346	397,028,437						323,395,321	6,601,465,588	

(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

30.OH



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource

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REPORT FOR: 1. CORPORATION		CareSource		2. _____		(LOCATION)				
NAIC Group Code	3683	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018			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	1,365,905	57,473	0	0	0	0	0	19,912	1,288,520	0
2. First Quarter	1,400,927	83,980	0	0	0	0	0	20,846	1,296,101	0
3. Second Quarter	1,369,537	78,546	0	0	0	0	0	21,320	1,269,671	0
4. Third Quarter	1,345,383	73,465	0	0	0	0	0	21,296	1,250,622	0
5. Current Year	1,321,793	69,188	0	0	0	0	0	22,197	1,230,408	0
6. Current Year Member Months	16,431,778	908,648	0	0	0	0	0	254,972	15,268,158	0
Total Member Ambulatory Encounters for Year:										
7. Physician	9,609,238	420,925	0	0	0	0	0	418,215	8,770,098	0
8. Non-Physician	12,183,520	325,416	0	0	0	0	0	1,813,561	10,044,543	0
9. Total	21,792,758	746,341	0	0	0	0	0	2,231,776	18,814,641	0
10. Hospital Patient Days Incurred	819,173	21,814	0	0	0	0	0	60,712	736,647	0
11. Number of Inpatient Admissions	172,017	4,925	0	0	0	0	0	10,456	156,636	0
12. Health Premiums Written (b).....	8,221,000,917	448,613,697	0	0	0	0	0	333,939,929	7,438,447,292	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.....	8,222,600,878	448,613,697	0	0	0	0	0	335,539,889	7,438,447,292	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	7,310,292,852	382,168,241	0	0	0	0	0	328,114,309	6,600,010,302	0
18. Amount Incurred for Provision of Health Care Services	7,321,889,346	397,028,437	0	0	0	0	0	323,395,321	6,601,465,588	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 2018 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]

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SCHEDULE S - PART 2

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

[illegible]

SCHEDULE S - PART 3 - SECTION 2

[illegible]

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	9,656	4,366	5,700	18,823	12,038
2. Title XVIII-Medicare.....	1,641	2,356	1,337	(4)	144
3. Title XIX-Medicaid.....	19,959	18,264	15,227	19,245	20,059
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.....	11,659	26,052	23,345	27,606	10,748
8. Reinsurance recoverable on paid losses.....	6,876	.0	7,815	14,224	6,672
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	.0
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	.0	.0
18. Funds deposited by and withheld from (F)	0	.0	.0	.0	.0
19. Letters of credit (L).....	0	.0	.0	.0	.0
20. Trust agreements (T).....	0	.0	.0	.0	.0
21. Other (O)	0	0	0	0	0

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)	1,172,131,217		1,172,131,217
2. Accident and health premiums due and unpaid (Line 15).....	278,696,187		278,696,187
3. Amounts recoverable from reinsurers (Line 16.1).....	6,875,797	(6,875,797)	0
4. Net credit for ceded reinsurance.....	XXX	18,534,350	18,534,350
5. All other admitted assets (Balance).....	198,117,110		198,117,110
6. Total assets (Line 28)	1,655,820,310	11,658,553	1,667,478,863
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	668,493,877	11,658,553	680,152,430
8. Accrued medical incentive pool and bonus payments (Line 2).....	19,884,826		19,884,826
9. Premiums received in advance (Line 8).....	31,727,501		31,727,501
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).....	182,674,052		182,674,052
15. Total liabilities (Line 24).....	902,780,256	11,658,553	914,438,809
16. Total capital and surplus (Line 33).....	753,040,054	XXX	753,040,054
17. Total liabilities, capital and surplus (Line 34)	1,655,820,310	11,658,553	1,667,478,863
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	11,658,553		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	6,875,797		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	18,534,350		
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	18,534,350		

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
03683	CareSource Management Group Co.	00000	45-4937120				CareSource Reinsurance, LLC	MT	IA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
03683	CareSource Management Group Co.	95201	31-1143265				CareSource	OH	RE	CareSource Board of Trustees	Other (See explanation below)	0.0	Board of Trustees	N	0
00000	CareSource Management Group Co.	00000	31-1703368				CareSource Management Group Co.	OH	UDP	CareSource Management Group Co.	Board of Trustees	0.0	Board of Trustees	N	0
00000	CareSource Management Group Co.	00000	31-1703371				CareSource Management Services Co.	OH	NIA	CareSource Management Group Co.	Ownership	100.0	CareSource Management Group Co.	N	0
00000	CareSource Management Group Co.	00000	56-2582561				The CareSource Foundation	OH	DS	CareSource	Board of Trustees	0.0	CareSource Board of Trustees	N	0
03683	CareSource Management Group Co.	10142	32-0121856				CareSource Indiana, Inc.	IN	IA	CareSource Management Group Co.	Board of Directors	0.0	CareSource Management Group Co.	N	0
03683	CareSource Management Group Co.	15479	46-4991603				CareSource Kentucky Co.	KY	IA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
03683	CareSource Management Group Co.	15710	47-2408339				CareSource Georgia Co.	GA	IA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
03683	CareSource Management Group Co.	15728	47-3028244				CareSource West Virginia Co.	WV	IA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
00000	CareSource Management Group Co.	00000	81-1017455				CareSource Network Partners LLC	OH	NIA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
00000	CareSource Management Group Co.	00000	81-1025103				CareSource@Home LLC	OH	NIA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
00000	CareSource Management Group Co.	00000	81-1602217				CareSource Life Services Co.	OH	NIA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
00000	CareSource Management Group Co.	00000	81-1727271				CareSource Virginia Co.	VA	NIA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
00000	CareSource Management Group Co.	00000	81-4170497				CareSource Management Group Foundation	OH	NIA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	0
00000	CareSource Management Group Co.	00000	82-4834822				CareSource Real Estate Holdings LLC	OH	NIA	CareSource Management Group Co.	Board Of Trustees	0.0	CareSource Management Group Co.	N	0

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

Asterisk	Explanation
	CareSource Management Group Co. controls CareSource Indiana, Inc., the reporting entity, CareSource Kentucky Co., CareSource Reinsurance LLC., CareSource Georgia Co., CareSource West Virginia Co., CareSource Network Partners LLC, CareSource@Home LLC, CareSource Life Services Co., CareSource Virginia Co., CareSource Management Group Foundation and CareSource Real Estate Holdings LLC. The CareSource Management Group Co Board of Trustees controls CareSource Management Group Co. The CareSource Board of Trustees controls both CareSource and CareSource Foundation. CareSource Management Group owns 100% of CareSource Management Services Co.....

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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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
14.	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.....
15.	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.....
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17.	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.....
18.	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.....
19.	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		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22.	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.....
23.	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.....
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25.	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
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. No Business not written
12. No Business not written
13. No Business not written
14. No Business not written
15. No Business not written
16. No Business not written
17. Not Applicable
18. Not Applicable
19. Not Applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. No Business not written

21. No Business not written

24. No Business not written

25. No Business not written

Bar code:

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