



ANNUAL STATEMENT

For the Year Ending December 31, 2010

OF THE CONDITION AND AFFAIRS OF THE

QCA Health Plan, Inc.

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	95448	Employer's ID Number	71-0794605
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	Arkansas		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	04/08/1996		Commenced Business	07/31/1996		
Statutory Home Office	12615 Chenal Parkway, Suite 300 <small>(Street and Number)</small>		Little Rock, AR 72211 <small>(City or Town, State and Zip Code)</small>			
Main Administrative Office	12615 Chenal Parkway, Suite 300 <small>(Street and Number)</small>					
	Little Rock, AR 72211 <small>(City or Town, State and Zip Code)</small>		(501)228-7111 <small>(Area Code) (Telephone Number)</small>			
Mail Address	12615 Chenal Parkway, Suite 300 <small>(Street and Number or P.O. Box)</small>		Little Rock, AR 72211 <small>(City or Town, State and Zip Code)</small>			
Primary Location of Books and Records	12615 Chenal Parkway, Suite 300 <small>(Street and Number)</small>					
	Little Rock, AR 72211 <small>(City or Town, State and Zip Code)</small>		(501)228-7111 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.qualchoice.com					
Statutory Statement Contact	Randall Crow <small>(Name)</small>		(501)219-5109 <small>(Area Code)(Telephone Number)(Extension)</small>			
	randall.crow@qualchoice.com <small>(E-Mail Address)</small>		(501)228-0135 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Michael Edward Stock	President
James W. Couch	Secretary
Randall Alvin Crow	Treasurer

OTHERS

<p>Miles Haley Wilson, Vice President/CIO-I.T. Richard Parker Armstrong M.D., Vice President - Medical Affairs # Betty Jo Tatum-Himes, Vice President - Sales & Marketing</p>	<p>James W. Couch J.D., Chief Compliance Officer Joni Self Daniels, Vice President - Operations Jon Foose, Vice President - Underwriting</p>
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DIRECTORS OR TRUSTEES

<p>Richard Allen Pierson Joseph Patrick Searcy Charles W. Smith M.D. Joseph Maurice Elser M.D. James Knox Hendren PhD</p>	<p>Buford Joseph Suffridge DDS, MS,PA James Arden Tanner M.D. Barbara Garner Williams RN, PhD Raymond William Montgomery II Martin Fiser M.D.</p>
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State of Arkansas
 County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

<p>_____ <small>(Signature)</small> Michael Edward Stock <small>(Printed Name)</small> 1. President <small>(Title)</small></p>	<p>_____ <small>(Signature)</small> James W. Couch <small>(Printed Name)</small> 2. Secretary <small>(Title)</small></p>	<p>_____ <small>(Signature)</small> Randall Alvin Crow <small>(Printed Name)</small> 3. Treasurer <small>(Title)</small></p>
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Subscribed and sworn to before me this _____ day of _____, 2011

- 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 _____

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

John P Schaefer #
Alan D. Winkler

Michael Edward Stock
Ben Beaumont #

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
United Cerebral Palsy of Arkansas	52,460					52,460
Orthopaedics PA	51,418	68,364				119,782
City of Osceola	119,782	142,780	85,861			348,423
Federal Employees Health Programs	51,498					51,498
Individual Product Members	9,274					9,274
0299997 Subtotal - Group Subscribers:	284,432	211,144	85,861			581,437
0299998 Premium due and unpaid not individually listed	46,101	4,567	3,210	6,878	22,685	38,070
0299999 Total group	330,533	215,711	89,071	6,878	22,685	619,507
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	330,533	215,711	89,071	6,878	22,685	619,507

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	61,709	61,684	61,708	586,580	771,051	
0199999 Subtotal - Pharmaceutical Rebate Receivables	61,709	61,684	61,708	586,580	771,051	
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	61,709	61,684	61,708	586,580	771,051	

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered	235,736	1,826				237,562
0399999 Aggregate Accounts Not Individually Listed - Covered	2,214,742	17,153				2,231,895
0499999 Subtotals	2,450,478	18,979				2,469,457
0599999 Unreported claims and other claim reserves						12,356,451
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						14,825,908
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
QualChoice of Arkansas, Inc.	266,630					266,630	
0199999 Total - Individually listed receivables	266,630					266,630	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	266,630					266,630	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
QualChoice Life and Health Insurance Company, Inc.		3,747	3,747	
0199999 Total - Individually listed payables	X X X	3,747	3,747	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	3,747	3,747	

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						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	29,374,603	23.962	X X X	X X X		29,374,603
6. Contractual fee payments	93,212,076	76.038	X X X	X X X	15,007,144	78,204,932
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	122,586,679	100.000	X X X	X X X	15,007,144	107,579,535
13. TOTAL (Line 4 plus Line 12)	122,586,679	100.000	X X X	X X X	15,007,144	107,579,535

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EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

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	NONE					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: QCA Health Plan Inc. 2. LOCATION: N/A
 BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Group Code

NAIC Company Code 95448

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	44,017	1,053	42,964							
2. First Quarter	46,057	1,432	44,471				154			
3. Second Quarter	46,989	2,116	44,707				166			
4. Third Quarter	47,994	2,972	44,807				215			
5. Current Year	49,625	3,691	45,702				232			
6. Current Year Member Months	567,122	27,912	536,963				2,247			
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	366,464	12,300	352,487				1,677			
8. Non-Physician	58,760	1,453	57,088				219			
9. TOTAL	425,224	13,753	409,575				1,896			
10. Hospital Patient Days Incurred	9,088	132	8,935				21			
11. Number of Inpatient Admissions	2,278	32	2,238				8			
12. Health Premiums Written (b)	149,979,683	3,249,817	146,029,431				700,435			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	149,979,683	3,249,817	146,029,431				700,435			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	122,586,679	2,339,340	119,661,871				585,468			
18. Amount Incurred for Provision of Health Care Services	127,012,180	2,515,449	123,872,239				624,492			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95448

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	44,017	1,053	42,964							
2. First Quarter	46,057	1,432	44,471				154			
3. Second Quarter	46,989	2,116	44,707				166			
4. Third Quarter	47,994	2,972	44,807				215			
5. Current Year	49,625	3,691	45,702				232			
6. Current Year Member Months	567,122	27,912	536,963				2,247			
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	366,464	12,300	352,487				1,677			
8. Non-Physician	58,760	1,453	57,088				219			
9. TOTAL	425,224	13,753	409,575				1,896			
10. Hospital Patient Days Incurred	9,088	132	8,935				21			
11. Number of Inpatient Admissions	2,278	32	2,238				8			
12. Health Premiums Written (b)	149,979,683	3,249,817	146,029,431				700,435			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	149,979,683	3,249,817	146,029,431				700,435			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	122,586,679	2,339,340	119,661,871				585,468			
18. Amount Incurred for Provision of Health Care Services	127,012,180	2,515,449	123,872,239				624,492			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>											
0399999 Totals											

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Life and Annuity, Non-Affiliates						
92711	35-1817054	10/01/2007	HCC LIFE INS CO	Kennesaw, Georgia	733,888	
0299999 Total - Life and Annuity, Non-Affiliates					733,888	
0399999 Totals - Life and Annuity					733,888	
0799999 Totals - Life, Annuity and Accident and Health					733,888	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Affiliates												
92711	35-1817054	10/01/2007	HCC LIFE INS CO	Kennesaw, GA		3,180,174						
0199999 Subtotal - Authorized General Account - Affiliates						3,180,174						
0399999 Total - Authorized General Account						3,180,174						
0799999 Total - Authorized and Unauthorized General Account						3,180,174						
1599999 Totals						3,180,174						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Totals (General Account and Separate Accounts combined)													

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums	3,180	2,519	2,126	1,491	1,310
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	734	295	580	401	251
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	42,894,090		42,894,090
2. Accident and health premiums due and unpaid (Line 15)	619,508		619,508
3. Amounts recoverable from reinsurers (Line 16.1)	733,888		733,888
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	523,343		523,343
6. TOTAL Assets (Line 28)	44,770,829		44,770,829
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,825,908		14,825,908
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	4,045,418		4,045,418
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	2,735,907		2,735,907
13. TOTAL Liabilities (Line 24)	21,607,233		21,607,233
14. TOTAL Capital and Surplus (Line 33)	23,163,596	X X X	23,163,596
15. TOTAL Liabilities, Capital and Surplus (Line 34)	44,770,829		44,770,829
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance			

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)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y (Continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95448	71-0794605	QCA HEALTH PLAN INC					(17,481,009)				(17,481,009)	
	71-0752544	QualChoice of Arkansas					17,481,009				17,481,009	
95448	71-0794605	QCA HLTH PLAN INC		(1,500,000)							(1,500,000)	
70998	71-0386640	QUALCHOICE LIFE & HLTH INS CO INC		1,500,000							1,500,000	
9999999 Totals										X X X		

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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? | 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 it 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 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 |

APRIL FILING

- | | |
|---|-----------------|
| 18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 20. 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 |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | See Explanation |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be file with the state of domicile and the NAIC by April 1? | See Explanation |

AUGUST FILING

- | | |
|--|----|
| 23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanations:

- 11. The company has none
- 12. The company has none
- 13. The company has none
- 14. The company has none
- 17. The company has none
- 18. The company has none
- 19. The company has none
- 20. The company has none
- 21. The Health Care Reform Law requiring these pages has been found unconstitutional
- 22. The Health Care Reform Law requiring these pages has been found unconstitutional

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



9544820103600000 2010 Document Code: 360

Health Life Supplement



9544820102050000 2010 Document Code: 205

Health Property / Casualty Supplement



9544820102070000 2010 Document Code: 207

Schedule SIS



9544820104200000 2010 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



9544820103710000 2010 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



9544820103700000 2010 Document Code: 370

Medicare Part D Coverage Supplement



9544820103650000 2010 Document Code: 365

LTC Supplemental Interrogatories



9544820103060000 2010 Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



95448201021100000

2010

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95448201021300000

2010

Document Code: 213

Management's Report of Internal Control over Financial Reporting



95448201022300000

2010

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Education, Subscriptions and other employee expenses	102,319	102,319
2505. Recruitment fees	16,486	16,486
2506. Dues, Subscriptions, Education, Seminars	118,832	118,832
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	237,637	237,637

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