



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

MCNA INSURANCE COMPANY

NAIC Group Code 4730 , 4730 NAIC Company Code 14063 Employer's ID Number 522459969
(Current Period) (Prior Period)

Organized under the Laws of Texas , State of Domicile or Port of Entry Texas

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized May 4, 2011 Commenced Business May 4, 2011

Statutory Home Office 100 Congress Avenue Suite 1100, Austin, Texas, US 78701
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 800-494-6262
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309
(Street and Number, City or Town, State, Country and Zip Code)
800-494-6262
(Area Code) (Telephone Number)

Internet Website Address www.mcna.net

Statutory Statement Contact Edward Strongin 800-494-6262 x189
(Name) (Area Code) (Telephone Number) (Extension)
estrongin@mcna.net 954-364-7022
(E-Mail Address) (Fax Number)

OFFICERS

JEFFREY FEINGOLD (PRESIDENT/CEO)
CARLOS LACASA (SECRETARY)

GLEN FEINGOLD (CHIEF OPERATING OFFICER)
EDWARD STRONGIN (TREASURY)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

JEFFREY FEINGOLD, DDS
GLEN FEINGOLD
BARBARA FEINGOLD
CARLOS LACASA
GARY CLARKE
ALBERT HAWKINS
JACK GREENMAN, CPA
SAM HAMMER, CPA

State of Florida }
County of Broward } SS

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.

JEFFREY FEINGOLD, DDS PRESIDENT/CEO GLEN FEINGOLD CHIEF OPERATING OFFICER CARLOS LACASA SECRETARY

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 _____

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
Group subscriber subtotal						
Texas HHSC	908,826		20,000	1,713,968		2,642,794
Louisiana DHH	1,089,597	847,315	870,254	2,364,827		5,171,993
Iowa	120,120	40,486	41,605	871,755		1,073,967
Idaho	151,979	151,480	150,820	7,099,236		7,553,515
Nebraska	150,000	120,000	90,000	80,000		440,000
Utah	318,791	312,758	313,081	958,472		1,903,101
0299997 - Group subscriber subtotal	2,739,313	1,472,039	1,485,760	13,088,258		18,785,370
0299999 - TOTAL - Group	2,739,313	1,472,039	1,485,760	13,088,258		18,785,370
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	2,739,313	1,472,039	1,485,760	13,088,258		18,785,370

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
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Other Receivables						
0699998 - Other Receivables not Individually Listed	5,475,344					5,475,344
0699999 - Other Receivables	5,475,344					5,475,344
0799999 - Gross Health Care Receivables	5,475,344					5,475,344

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	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 Amounts 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 (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables		2,524,656		5,475,344		
7. Totals (Lines 1 through 6)		2,524,656		5,475,344		

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)

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
0399999 - Aggregate accounts not individually listed-covered	29,397,331	5,467,693	2,939,441	1,867,503	3,043,964	42,715,932
0499999 - Subtotals	29,397,331	5,467,693	2,939,441	1,867,503	3,043,964	42,715,932
0799999 - Total claims unpaid						42,715,930
0899999 - Accrued medical incentive pool and bonus amounts						1,000,000

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							
Managed Care of North America, Inc.	428,708				428,708		
MCNA Systems, Corp.	885				885		
0199999 - Subtotal - Individually listed receivables	429,593				429,593		
0399999 - TOTAL gross amounts receivable	429,593				429,593		

Page 23

Exhibit 6, Amounts Due to Parent, Subsidiaries and Affiliates

NONE

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	755,856,277	100.000	X X X	X X X		755,856,277
6. Contractual fee payments			X X X	X X X		
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	755,856,277	100.000	X X X	X X X		755,856,277
13. Total (Line 4 plus Line 12)	755,856,277	100%	X X X	X X X		755,856,277

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
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NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY
EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	867,009		529,705		337,304	
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	867,009		529,705		337,304	



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	274,134								274,134	
2. First Quarter	278,656								278,656	
3. Second Quarter	275,588								275,588	
4. Third Quarter	279,101								279,101	
5. Current Year	280,876								280,876	
6. Current Year Member Months	3,333,920								3,333,920	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	66,116,033								66,116,033	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	60,811,662								60,811,662	
18. Amount Incurred for Provision of Health Care Services	60,566,290								60,566,290	

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	280,906								280,906	
2. First Quarter	269,643								269,643	
3. Second Quarter	273,681								273,681	
4. Third Quarter	259,720								259,720	
5. Current Year	265,883								265,883	
6. Current Year Member Months	3,192,879								3,192,879	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	58,187,209								58,187,209	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	49,489,786								49,489,786	
18. Amount Incurred for Provision of Health Care Services	50,234,028								50,234,028	

(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 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	100,260								100,260	
2. First Quarter	103,072								103,072	
3. Second Quarter	104,754								104,754	
4. Third Quarter	111,597								111,597	
5. Current Year	113,410								113,410	
6. Current Year Member Months	1,283,020								1,283,020	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	22,146,113								22,146,113	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	11,699,292								11,699,292	
18. Amount Incurred for Provision of Health Care Services	11,438,416								11,438,416	

(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 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	1,520,589								1,520,589	
2. First Quarter	1,562,657								1,562,657	
3. Second Quarter	1,481,482								1,481,482	
4. Third Quarter	1,561,799								1,561,799	
5. Current Year	1,443,435								1,443,435	
6. Current Year Member Months	18,178,684								18,178,684	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	173,893,393								173,893,393	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	143,936,175								143,936,175	
18. Amount Incurred for Provision of Health Care Services	147,428,716								147,428,716	

(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 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	245,572								245,572	
2. First Quarter	248,836								248,836	
3. Second Quarter	246,926								246,926	
4. Third Quarter	248,422								248,422	
5. Current Year	245,567								245,567	
6. Current Year Member Months	2,961,439								2,961,439	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	57,551,395								57,551,395	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	47,073,170								47,073,170	
18. Amount Incurred for Provision of Health Care Services	43,914,340								43,914,340	

(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 \$

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 \$

30NV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 \$

300K



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	1,367,978								1,367,978	
2. First Quarter	1,358,424								1,358,424	
3. Second Quarter	1,319,454								1,319,454	
4. Third Quarter	1,317,399								1,317,399	
5. Current Year	1,335,011								1,335,011	
6. Current Year Member Months	15,921,813								15,921,813	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	512,750,454								512,750,454	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	427,634,456								427,634,456	
18. Amount Incurred for Provision of Health Care Services	421,196,378								421,196,378	

(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 \$

30TX



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	40,981								40,981	
2. First Quarter	67,741								67,741	
3. Second Quarter	66,855								66,855	
4. Third Quarter	65,238								65,238	
5. Current Year	64,810								64,810	
6. Current Year Member Months	795,877								795,877	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	17,425,837								17,425,837	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	15,211,736								15,211,736	
18. Amount Incurred for Provision of Health Care Services	16,193,008								16,193,008	

(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 \$

30UT



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 \$

30WA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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 2019 OF THE MCNA INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION MCNA INSURANCE COMPANY

2. TX

(LOCATION)

NAIC Group Code: 4730

NAIC Company Code: 14063

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2019

	1 Total	Comprehensive (Hospital and 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	3,830,420								3,830,420	
2. First Quarter	3,889,029								3,889,029	
3. Second Quarter	3,768,740								3,768,740	
4. Third Quarter	3,843,276								3,843,276	
5. Current Year	3,748,992								3,748,992	
6. Current Year Member Months	45,667,632								45,667,632	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	908,070,435								908,070,435	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	755,856,277								755,856,277	
18. Amount Incurred for Provision of Health Care Services	750,971,176								750,971,176	

(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 \$

30GT

Page 31

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health

NONE

Page 32

Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Unauthorized, Non-Affiliates, Non-U.S. Non-Affiliates													
	AA-3160036	03/01/2012	RG REINS CO (BARBADOS) LTD	BRB	QA/A/I	D	195,163,340		9,957,750				
2099999 - General Account, Unauthorized, Non-Affiliates, Non-U.S. Non-Affiliates							195,163,340		9,957,750				
2199999 - General Account, Total Unauthorized Non-Affiliates							195,163,340		9,957,750				
2299999 - Total General Account Unauthorized							195,163,340		9,957,750				
3499999 - Total General Account Authorized, Unauthorized and Certified							195,163,340		9,957,750				
7099999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							195,163,340		9,957,750				
9999999 - TOTAL (Sum of 3499999 and 6899999)							195,163,340		9,957,750				

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
General Account, Accident and Health, Non-Affiliates, U.S. Non-Affiliates														
AA-3160036	03/01/2012		RGS REINS CO (BARBADOS) LTD	9,957,750			9,957,750				9,957,750			9,957,750
1999999 - General Account, Accident and Health, Non-Affiliates, U.S. Non-Affiliates				9,957,750			9,957,750				9,957,750			9,957,750
2199999 - General Account, Accident and Health, Total Non-Affiliates				9,957,750			9,957,750				9,957,750			9,957,750
2299999 - General Account, Total Accident and Health				9,957,750			9,957,750				9,957,750			9,957,750
2399999 - Total General Account				9,957,750			9,957,750				9,957,750			9,957,750
3599999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				9,957,750			9,957,750				9,957,750			9,957,750
9999999 - Total (Sum 2399999 and 3499999)				9,957,750			9,957,750				9,957,750			9,957,750

(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
NONE				

NONE

Page 35

Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers

NONE

Sch. S, Pt. 5, Bank Footnote

NONE

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(\$000 Omitted)

	1	2	3	4	5
	2019	2018	2017	2016	2015
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid	195,163	213,115	215,809	222,894	226,850
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	9,958	8,692	12,256	13,951	14,513
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset	9,958	8,692	12,256	13,951	14,513
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	9,958	8,692	12,256	13,951	14,513
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

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)	176,430,233		176,430,233
2. Accident and health premiums due and unpaid (Line 15)	18,785,370		18,785,370
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X	(9,957,750)	(9,957,750)
5. All other admitted assets (Balance)	6,448,626		6,448,626
6. Total assets (Line 28)	201,664,229	(9,957,750)	191,706,479
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	32,758,182		32,758,182
8. Accrued medical incentive pool and bonus payments (Line 2)	1,000,000		1,000,000
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	9,957,750	(9,957,750)	
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	29,666,134		29,666,134
15. Total liabilities (Line 24)	73,382,065	(9,957,750)	63,424,315
16. Total capital and surplus (Line 33)	128,282,164	X X X	128,282,164
17. Total liabilities, capital and surplus (Line 34)	201,664,229	(9,957,750)	191,706,479
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized insurers	9,957,750		
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets	9,957,750		
31. Total net credit for ceded reinsurance	(9,957,750)		

Page 39

Sch. T, Part 2, Interstate Compact

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MCNA INSURANCE COMPANY

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)	*
4730	MCNA Group		45-2542951				MCNA Health Care Holdings, LLC	FL	UDP	Jeffrey Feingold, DDS	Ownership	100.000	Jeffrey Feingold, DDS	N	
	MCNA Group		45-3641822				MCNA Systems Corp	FL	DS	MCNA Health Care Holdings, LLC	Ownership	100.000	Jeffrey Feingold, DDS	N	
4730	MCNA Group	52014	65-0303864				Managed Care of North America, Inc	FL	DS	MCNA Health Care Holdings, LLC	Ownership	100.000	Jeffrey Feingold, DDS	N	
4730	MCNA Group	14063	52-2459969				MCNA INS CO	TX	RE	MCNA Health Care Holdings, LLC	Ownership	100.000	Jeffrey Feingold, DDS	N	
4730	MCNA Group	00000	82-3922528				Sierra Dental Plan, Inc	FL	DS	MCNA Health Care Holdings, LLC	Ownership	100.000	Jeffrey Feingold, DDS	N	

Asterisk	Explanation
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NONE

SCHEDULE Y

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	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/ (Disbursements) 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)
14063	52-2459969	MCNA INS CO						(73,466,371)			(73,466,371)	
52014	65-0303865	MANAGED CARE OF N AMER INC						59,863,841			59,863,841	
	42-2542951	MCNA Health Care Holdings, LLC						13,602,530			13,602,530	
9999999		CONTROL TOTALS										

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

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	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 210:	
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 220:	

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.

JUNE FILING

RESPONSE

9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES

EXPLANATION:

BARCODE:
Document Identifier 221:

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

EXPLANATION:

BARCODE:
Document Identifier 222:

The following supplemental reports are required to be filed as part of your annual 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

RESPONSE

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 360:



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 205:



13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 420:



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

EXPLANATION:

BARCODE:
Document Identifier 371:



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

EXPLANATION:

BARCODE:
Document Identifier 370:



16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 365:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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

RESPONSE

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?

NO

EXPLANATION:

BARCODE:
Document Identifier 224:



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?

NO

EXPLANATION:

BARCODE:
Document Identifier 225:



19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 226:



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

EXPLANATION:

BARCODE:
Document Identifier 306:



21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 211:



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?

NO

EXPLANATION:

BARCODE:
Document Identifier 216:



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?

NO

EXPLANATION:

BARCODE:
Document Identifier 217:



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?

YES

EXPLANATION:

BARCODE:
Document Identifier 290:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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.

APRIL FILING

RESPONSE

25. Will the Adjustments 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?

YES

EXPLANATION:

BARCODE:

Document Identifier 300:

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:

BARCODE:

Document Identifier 223:

Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business	7	Schedule E - Part 2 - Verification Between Years	SI15
Assets	2	Schedule E - Part 3 - Special Deposits	E29
Cash Flow	6	Schedule S - Part 1 - Section 2	31
Exhibit 1 - Enrollment By Product Type for Health Business Only	17	Schedule S - Part 2	32
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18	Schedule S - Part 3 - Section 2	33
Exhibit 3 - Health Care Receivables	19	Schedule S - Part 4	34
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20	Schedule S - Part 5	35
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule S - Part 6	36
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule S - Part 7	37
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule T - Part 2 - Interstate Compact	39
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24	Schedule T - Premiums and Other Considerations	38
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24	Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Exhibit 8 - Furniture, Equipment and Supplies Owned	25	Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Exhibit of Capital Gains (Losses)	15	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Exhibit of Net Investment Income	15	Statement of Revenue and Expenses	4
Exhibit of Nonadmitted Assets	16	Summary Investment Schedule	SI01
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Supplemental Exhibits and Schedules Interrogatories	43
Five-Year Historical Data	29	Underwriting and Investment Exhibit - Part 1	8
General Interrogatories	27	Underwriting and Investment Exhibit - Part 2	9
Jurat Page	1	Underwriting and Investment Exhibit - Part 2A	10
Liabilities, Capital and Surplus	3	Underwriting and Investment Exhibit - Part 2B	11
Notes To Financial Statements	26	Underwriting and Investment Exhibit - Part 2C	12
Overflow Page For Write-ins	44	Underwriting and Investment Exhibit - Part 2D	13
Schedule A - Part 1	E01	Underwriting and Investment Exhibit - Part 3	14
Schedule A - Part 2	E02		
Schedule A - Part 3	E03		
Schedule A - Verification Between Years	SI02		
Schedule B - Part 1	E04		
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary By Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI10		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E19		
Schedule DB - Part A - Verification Between Years	SI11		
Schedule DB - Part B - Section 1	E20		
Schedule DB - Part B - Section 2	E21		
Schedule DB - Part B - Verification Between Years	SI11		
Schedule DB - Part C - Section 1	SI12		
Schedule DB - Part C - Section 2	SI13		
Schedule DB - Part D - Section 1	E22		
Schedule DB - Part D - Section 2	E23		
Schedule DB - Part E	E24		
Schedule DB - Verification	SI14		
Schedule DL - Part 1	E25		
Schedule DL - Part 2	E26		
Schedule E - Part 1 - Cash	E27		
Schedule E - Part 2 - Cash Equivalents	E28		