



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

AmeriHealth District of Columbia, Inc.

NAIC Group Code 00936 , 00936 NAIC Company Code 15088 Employer's ID Number 46-1480213
(Current Period) (Prior Period)

Organized under the Laws of District of Columbia , State of Domicile or Port of Entry District of Columbia
 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 11/30/2012 Commenced Business 03/18/2013

Statutory Home Office 1120 Vermont Avenue Suite 200 , Washington, DC, US 20005
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1120 Vermont Avenue Suite 200 , Washington, DC, US 20005
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealthdc.com

Statutory Statement Contact Terrence James Cunningham , 202-326-8740
(Name) (Area Code) (Telephone Number) (Extension)
tcunningham@amerhealthdc.com 202-408-0166
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Steven Harvey Bohner</u>	<u>Vice President and Treasurer</u>	<u>Karen Margaret Dale</u>	<u>Executive Director</u>
<u>Robert Howard Gilman Esquire</u>	<u>Vice President and Secretary</u>	<u>George Dennis Mulligan</u>	<u>Assistant Secretary</u>

OTHER OFFICERS

_____ , _____ , _____

DIRECTORS OR TRUSTEES

Peter Andrew Jakuc # Steven Harvey Bohner _____

State of Pennsylvania
 County of Delaware

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.

Steven Harvey Bohner
 Vice President and Treasurer

Robert Howard Gilman Esquire
 Vice President and Secretary

- 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 _____

Subscribed and sworn to before me this _____ day of February, 2015

Maureen Waite, Notary Public
 04/22/2018

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

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 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables	819,111	896,772		1,188,637	819,111	778,560
2. Claim overpayment receivables	341,635	22,808,652	1,490,707	533,599	1,832,342	414,327
3. Loans and advances to providers .....					.0	356,462
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	1,160,746	23,705,424	1,490,707	1,722,236	2,651,453	1,549,349

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

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
Claims Unpaid (Reported)						
CHILDRENS HOSPITAL.....	2,106,762	504,635				2,611,397
GEORGE WASHINGTON UNIVERSITY HOSPITAL.....	1,498,655	550,744				2,049,399
HOWARD UNIVERSITY HOSPITAL.....	1,119,179	129,930				1,249,109
PROVIDENCE HOSPITAL.....	800,706					800,706
WASHINGTON HOSPITAL CENTER.....	622,925					622,925
UNITED MEDICAL CENTER.....	445,150	15,115				460,265
PRINCE GEORGES HOSPITAL CENTER.....	200,906					200,906
PSYCHIATRIC INSTITUTE OF WASHINGTON.....	169,361					169,361
ADVENTIST HEALTHCARE INC.....	127,166					127,166
DC FIRE AND EMS DEPARTMENT.....	113,948					113,948
FORT WASHINGTON HOSPITAL.....	64,849					64,849
SIBLEY MEMORIAL HOSPITAL.....	63,632					63,632
EASTSIDE MEDICAL CENTER.....	60,943					60,943
GEORGETOWN UNIVERSITY HOSPITAL.....	59,609					59,609
HILLCREST HOSPITAL.....	48,746					48,746
MEDSTAR SO MD HOSP.....	46,813					46,813
MBI HEALTH SERVICES LLC.....	44,211					44,211
DOCTORS COMMUNITY HOSPITAL.....	36,410					36,410
HARMINDER SETHI.....	58,654					58,654
PREVENTIVE MEASURES OF WASH DC LLC.....	27,451					27,451
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM.....	25,387					25,387
CHELSEA LATNEY.....	22,400					22,400
AMR MADKOUR.....	24,817					24,817
JILL KRAPP.....	21,588					21,588
KEYSTONE OF NEWPORT NEWS LLC.....	19,872					19,872
MARISA VACCALLUZZO.....	18,750					18,750
FOX CHASE REHAB AND NURSING CENTER.....	17,835					17,835
LIFE ENHANCEMENT SERVICES OF DC.....	17,228					17,228
KRISTIN A GORELIK.....	18,117					18,117
TIMOTHY DOUGHERTY.....	16,367					16,367
HOLY CROSS HOSPITAL.....	14,713					14,713
NEW HAMPSHIRE PHARMACY & MEDICAL EQUIPME.....	19,858					19,858
JOHN LARSEN JR.....	13,764					13,764
MANORCARE HEALTH SERVICES - ADELPHI.....	14,879					14,879
INOVA ALEXANDRIA HOSPITAL.....	13,098					13,098
SUBODH ARORA.....	22,884					22,884
RESTON HOSPITAL CTR.....	12,094					12,094
CHARLES MACRI.....	12,316					12,316
BRIGHAM AND WOMENS HOSPITAL.....	11,673					11,673
COASTAL HEALTHCARE SERVICES.....	11,320					11,320
SHADY GROVE ADVENTIST HOSPITAL.....	11,166					11,166
VIVEK JAIN.....	11,591					11,591
ALLEN FLOOD.....	11,462					11,462
NEB DOCTORS OF MD LLC.....	10,839					10,839
PSI FAMILY SERVICES III.....	10,429					10,429
BRIAN CHOI.....	11,597					11,597
WARREN YU.....	23,187					23,187
JEEVAN MATHURA.....	10,075					10,075
HOSPITAL FOR SICK CHILDREN.....		41,040				41,040
MARY WASHINGTON HOSPITAL.....		62,655				62,655
SUBURBAN HOSPITAL.....		17,259				17,259
SPECIALTY HOSPITAL OF WASHINGTON HADLEY.....		282,900				282,900
ACRO PHARMACEUTICAL SERVICES LLC.....		66,150				66,150
RAI CHILLUM HYATTSVILLE.....		20,953				20,953
ALBERT CHUN.....		10,243				10,243
0199999 Individually listed claims unpaid.....	8,165,381	1,701,625	0	0	0	9,867,005

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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.....						0
0399999 Aggregate accounts not individually listed-covered.....	2,094,307	72,082	50			2,166,439
0499999 Subtotals	10,259,688	1,773,707	50	0	0	12,033,444
0599999 Unreported claims and other claim reserves						38,944,389
0699999 Total amounts withheld						
0799999 Total claims unpaid						50,977,833
0899999 Accrued medical incentive pool and bonus amounts						0

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
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

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	9,439,195	2.7	37,938	33.9		9,439,195
2. Intermediaries	0	0.0		0.0		
3. All other providers	10,779,995	3.1	296,767	264.9		10,779,995
4. Total capitation payments	20,219,190	5.9	334,705	298.7	0	20,219,190
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	324,464,190	94.1	XXX	XXX		324,464,190
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	324,464,190	94.1	XXX	XXX	0	324,464,190
13. Total (Line 4 plus Line 12)	344,683,380	100 %	XXX	XXX	0	344,683,380

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 Totals			XXX	XXX	XXX

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	436,597		210,502	226,095	226,095	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	436,597	0	210,502	226,095	226,095	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth District of Columbia, Inc.

2.

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2014				NAIC Company Code		15088
	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	105,240							0	105,240	
2. First Quarter	106,002							109	105,893	
3. Second Quarter	108,743							135	108,608	
4. Third Quarter	110,847							143	110,704	
5. Current Year	112,048							117	111,931	
6. Current Year Member Months	1,304,374							1,484	1,302,890	
Total Member Ambulatory Encounters for Year:										
7. Physician	735,613							323	735,290	
8. Non-Physician	130,640							313	130,327	
9. Total	866,253	0	0	0	0	0	0	636	865,617	0
10. Hospital Patient Days Incurred	30,147							58	30,089	
11. Number of Inpatient Admissions	6,665							6	6,659	
12. Health Premiums Written (b)	447,028,149							1,615,683	445,412,466	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	447,028,149							1,615,683	445,412,466	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	344,683,380							763,483	343,919,897	
18. Amount Incurred for Provision of Health Care Services	351,415,550							1,430,118	349,985,432	

(a) For health business: number of persons insured under PPO managed care products 0 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 \$1,615,683

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth District of Columbia, Inc.

2.

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2014						NAIC Company Code	15088
	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	105,240	0	0	0	0	0	0	0	105,240	0	
2. First Quarter	106,002	0	0	0	0	0	0	109	105,893	0	
3. Second Quarter	108,743	0	0	0	0	0	0	135	108,608	0	
4. Third Quarter	110,847	0	0	0	0	0	0	143	110,704	0	
5. Current Year	112,048	0	0	0	0	0	0	117	111,931	0	
6. Current Year Member Months	1,304,374	0	0	0	0	0	0	1,484	1,302,890	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	735,613	0	0	0	0	0	0	323	735,290	0	
8. Non-Physician	130,640	0	0	0	0	0	0	313	130,327	0	
9. Total	866,253	0	0	0	0	0	0	636	865,617	0	
10. Hospital Patient Days Incurred	30,147	0	0	0	0	0	0	58	30,089	0	
11. Number of Inpatient Admissions	6,665	0	0	0	0	0	0	6	6,659	0	
12. Health Premiums Written (b)	447,028,149	0	0	0	0	0	0	1,615,683	445,412,466	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	447,028,149	0	0	0	0	0	0	1,615,683	445,412,466	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	344,683,380	0	0	0	0	0	0	763,483	343,919,897	0	
18. Amount Incurred for Provision of Health Care Services	351,415,550	0	0	0	0	0	0	1,430,118	349,985,432	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 \$ 1,615,683

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	10	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	351,416	218,302	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	0	0	XXX	XXX
19. Letters of credit (L).....	0	0	0	XXX	XXX
20. Trust agreements (T).....	0	0	0	XXX	XXX
21. Other (O).....	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	105,956,046		105,956,046
2. Accident and health premiums due and unpaid (Line 15).....	8,897,991		8,897,991
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	678,800		678,800
6. Total assets (Line 28)	115,532,837	0	115,532,837
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	50,977,833	0	50,977,833
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
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).....	19,480,502		19,480,502
15. Total liabilities (Line 24).....	70,458,335	0	70,458,335
16. Total capital and surplus (Line 33).....	45,074,502	XXX	45,074,502
17. Total liabilities, capital and surplus (Line 34)	115,532,837	0	115,532,837
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	0		0
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	0		0
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	0		0

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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 2014 OF THE AmeriHealth District of Columbia, Inc.

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
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)	*
00936	Independence Health Group, Inc.	00000	47-1233198				Independence Health Group, Inc.	PA	UIP					
00936	Independence Health Group, Inc.	00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	50.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	
00936	Independence Health Group, Inc.	00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	29.2	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	04-3355932				NaviNet, Inc.	DE	NIA	3BE Holdings, LLC	Ownership	29.2	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	30.2	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	98-0426648				AmeriHealth Assurance, Ltd.	BMJ	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

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
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)	*
00936	Independence Health Group, Inc.	00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	
00936	Independence Health Group, Inc.	00000	66-0195325				PRHP, Inc.	PR	NIA	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	54-1867679				Worldwide Insurance Services, Inc.	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	36-4685801				Independence Blue Cross Foundation	PA		Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	1

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

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
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00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	
00936	Independence Health Group, Inc.	00000	23-2219720				Preferred Health Systems, Incorporated	PA	NIA	Inter-County Hospitalization Plan, Inc.	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	
00936	Independence Health Group, Inc.	00000	22-2724721				Independence Blue Cross & Highmark Blue Shield Caring Foundation For Children	PA		Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	1
00936	Independence Health Group, Inc.	00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	10975	06-1505051				AmeriHealth Casualty Insurance Company	DE	IA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	AmeriHealth New Jersey Holdings, LLC	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	
00936	Independence Health Group, Inc.	00000	61-1741805				AmeriHealth TPA of New Jersey, LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

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

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00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth New Jersey, LLC	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	
00936	Independence Health Group, Inc.	00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	
00936	Independence Health Group, Inc.	00000	45-3672640				IBC MH LLC	DE	UIP	AmeriHealth, Inc. (95%) / Keystone Health Plan East, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	
00936	Independence Health Group, Inc.	00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	

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

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00936	Independence Health Group, Inc.	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UDP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	77-0632420				Shore Points AmeriHealth Mercy of Louisiana, L.L.C.	LA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AmeriHealth District of Columbia, Inc.

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

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00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth District of Columbia, Inc.	DC	RE	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	

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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
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00936	Independence Health Group, Inc.	00000	45-4244113				AmeriHealth Northeast, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	
00936	Independence Health Group, Inc.	14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska	
00936	Independence Health Group, Inc.	14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida	

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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
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00936	Independence Health Group, Inc.	00000	45-0563075				Prestige Health Choice, L.L.C.	FL	NIA	Florida True Health, Inc.	Ownership	12.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida / Prestige Health Choice	
00936	Independence Health Group, Inc.	00000	61-1720226				Prestige MSO, LLC	FL	NIA	Florida True Health, Inc.	Ownership	15.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida / Prestige Health Choice	
00936	Independence Health Group, Inc.	00000	37-1752699				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc.	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida	
00936	Independence Health Group, Inc.	00000	46-4191591				Regence AmeriHealth Caritas, Inc.	WA	NIA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Regence Blue Shield	
00936	Independence Health Group, Inc.	00000	47-2582248				Complete Health, LLC	MI	NIA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	

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

Asterisk	Explanation
1	Charity.....

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)
95458	57-1032456	Select Health of South Carolina, Inc.					(44,872,607)				(44,872,607)	
00000	25-1765391	Community Behav Health Network of PA	8,000,000				4,873,717				12,873,717	
13630	26-0885397	CBHNP Services, Inc	(8,000,000)				(1,449,521)				(9,449,521)	
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.		8,300,000			(29,549,604)				(21,249,604)	
14378	45-4088232	Florida True Health, Inc.		30,000,000			(7,021,178)			(8,000,000)	14,978,822	
14261	45-3790685	AmeriHealth Nebraska, Inc.		4,000,000			(5,289,955)				(1,289,955)	
15088	46-1480213	AmeriHealth District of Columbia, Inc.		2,500,000			(31,285,177)				(28,785,177)	
15104	46-0906893	AmeriHealth Michigan, Inc.		3,000,000							3,000,000	
00000	23-2859523	AmeriHealth Caritas Health Plan		(33,300,000)			103,013,634				69,713,634	
00000	27-0863878	PerformRx, LLC					11,580,691				11,580,691	
77780	47-0095156	Blue Cross and Blue Shield of Nebraska		(1,200,000)							(1,200,000)	
00000	59-2468517	Diversified Health Services, Inc.		(16,700,000)							(16,700,000)	
00000	45-0563075	Prestige Health Choice, LLC		2,400,000						8,000,000	10,400,000	
00000	61-1720226	Prestige MSO, LLC		(200,000)							(200,000)	
00000	37-1752699	Community Care of Florida, LLC		1,200,000							1,200,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING	
8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?NO.....

Explanation:

- 11.
- 12.
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Intangible assets.....	6,771,716	6,771,716	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	6,771,716	6,771,716	0	0

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Donations.....	51,408		25,313		76,721
2505. Purchased Services.....	23,740		72,870		96,610
2597. Summary of remaining write-ins for Line 25 from Page 14	75,148	0	98,183	0	173,331

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