



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC Group Code 0380 0380 NAIC Company Code 96202 Employer's ID Number 52-1358219
(Current) (Prior)

Organized under the Laws of District of Columbia, State of Domicile or Port of Entry District of Columbia

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 06/22/1984 Commenced Business 03/01/1985

Statutory Home Office 840 First Street, NE, Washington, DC, US 20065
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 10455 Mill Run Circle
(Street and Number)
Owings Mills, MD, US 21117 410-581-3000-
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 10455 Mill Run Circle, Owings Mills, MD, US 21117
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10455 Mill Run Circle
(Street and Number)
Owings Mills, MD, US 21117 410-998-7011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.carefirst.com

Statutory Statement Contact William Vincent Stack, 410-998-7011-
(Name) (Area Code) (Telephone Number)
bill.stack@carefirst.com 410-998-6850-
(E-mail Address) (FAX Number)

OFFICERS

President and Chief Executive Officer Chester Emerson Burrell Treasurer Jeanne Ann Kennedy
Secretary Meryl Davis Burgin #

OTHER

<u>Gregory Mark Chaney EVP, CFO</u>	<u>Fred Adrian Walton Plumb EVP, SBU-FEP</u>	<u>William Scott Gould # EVP, Medical Affairs</u>
<u>John Joseph Kaelin # EVP, Strategic Business Development</u>	<u>Gwendolyn Denise Skillern SVP, General Auditor</u>	<u>Michael John Felber SVP, Sales</u>
<u>Maria Harris Tildon SVP, Public Policy</u>	<u>Rita Ann Costello SVP, Strategic Marketing</u>	<u>Kenny Waitem Kan SVP, Chief Actuary</u>
<u>Michael Bruce Edwards SVP, Networks Mgmt</u>	<u>Jennifer Ann Cryor Baldwin # SVP, Patient Centered Medical Home (PCMH)</u>	<u>Harry Dietz Fox SVP, Technical & Ops Support</u>
<u>Steven Jon Margolis SVP, ASU-Small & Medium Groups</u>	<u>Michael Thomas Avotins SVP, ASU -Large Groups</u>	<u>Jon Paul Shematek SVP, Chief Medical Officer</u>
<u>Michelle Judith Wright SVP, Human Resource</u>	<u>Wanda Kay Oneferu-Bey SVP, ASU-Consumer Direct</u>	

DIRECTORS OR TRUSTEES

Larry Donovan Bailey # James Wallace John Frederick Reim #

State of Maryland SS:
County of Baltimore

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.

Chester Emerson Burrell
Chester Emerson Burrell
President and Chief Executive Officer

Meryl Davis Burgin
Meryl Davis Burgin
Secretary

Jeanne Ann Kennedy
Jeanne Ann Kennedy
Treasurer

Subscribed and sworn to before me this 27th day of FEBRUARY 2014
Cynthia J. Kipp

- 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 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 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 Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	0	0	0	8,274,048	0	6,368,993
2. Claim overpayment receivables	0	0	0	3,991,230	0	3,368,947
3. Loans and advances to providers	0	0	0	30,150,400	0	33,106,600
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	0	0	0	42,415,678	0	42,844,540

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

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	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		District of Columbia		2013							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	70,248	3,925	66,286	0	8	29	0	0	0	0		
2. First Quarter	71,608	4,217	67,376	0	4	11	0	0	0	0		
3. Second Quarter	74,828	4,338	70,473	0	4	13	0	0	0	0		
4. Third Quarter	75,899	4,586	71,306	0	6	1	0	0	0	0		
5. Current Year	76,096	4,438	71,642	0	8	8	0	0	0	0		
6. Current Year Member Months	883,200	52,568	830,470	0	67	95	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	421,108	25,563	395,545	0	0	0	0	0	0	0		
8. Non-Physician	227,241	14,607	212,634	0	0	0	0	0	0	0		
9. Total	648,349	40,170	608,179	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	12,471	688	11,783	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	3,524	198	3,326	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	291,463,640	12,558,614	275,929,071	0	147,798	2,828,157	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	292,432,323	12,838,614	276,617,754	0	147,798	2,828,157	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	229,897,055	15,122,320	212,844,537	0	114,396	1,815,802	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	230,619,282	15,039,771	213,660,487	0	114,396	1,804,628	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products14 .

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

30.DC



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maryland		2013							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	410,788	26,923	335,457	0	112	220	48,076	0	0	0		
2. First Quarter	418,024	27,701	336,254	0	149	156	53,764	0	0	0		
3. Second Quarter	415,021	28,246	332,400	0	149	121	54,105	0	0	0		
4. Third Quarter	412,816	28,779	329,320	0	94	94	54,529	0	0	0		
5. Current Year	414,987	28,383	331,428	0	91	98	54,987	0	0	0		
6. Current Year Member Months	4,982,545	339,130	3,990,054	0	1,575	1,524	650,262	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,625,656	150,463	2,026,290	0	0	0	448,903	0	0	0		
8. Non-Physician	1,459,324	80,014	1,204,506	0	0	0	174,804	0	0	0		
9. Total	4,084,980	230,477	3,230,796	0	0	0	623,707	0	0	0		
10. Hospital Patient Days Incurred	91,418	4,428	71,837	0	0	0	15,153	0	0	0		
11. Number of Inpatient Admissions	24,331	1,363	19,344	0	0	0	3,624	0	0	0		
12. Health Premiums Written (b)	1,789,547,467	69,579,448	1,451,880,189	0	217,432	3,302,586	264,567,812	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,794,422,584	71,059,448	1,453,490,189	0	217,432	3,302,586	266,352,929	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,445,653,008	62,134,921	1,134,838,536	0	168,292	1,679,314	246,831,945	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,436,936,427	61,774,344	1,123,633,460	0	168,292	1,674,771	249,685,560	0	0	0		

(a) For health business: number of persons insured under PPO managed care products25 and number of persons insured under indemnity only products155 .

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Virginia		2013							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	72,401	2,658	69,696	0	2	45	0	0	0	0		
2. First Quarter	75,104	2,792	72,267	0	6	39	0	0	0	0		
3. Second Quarter	76,441	2,926	73,475	0	8	32	0	0	0	0		
4. Third Quarter	76,729	3,005	73,689	0	2	33	0	0	0	0		
5. Current Year	78,778	2,925	75,821	0	2	30	0	0	0	0		
6. Current Year Member Months	915,003	34,873	879,655	0	58	417	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	457,423	16,844	440,579	0	0	0	0	0	0	0		
8. Non-Physician	210,972	8,722	202,250	0	0	0	0	0	0	0		
9. Total	668,395	25,566	642,829	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	12,467	467	12,000	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	3,680	196	3,484	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	304,262,013	7,755,918	294,005,744	0	111,804	2,388,547	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	305,592,725	7,755,918	295,336,456	0	111,804	2,388,547	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	239,249,101	7,333,797	230,237,797	0	86,536	1,590,971	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	238,934,227	7,300,453	230,015,663	0	86,536	1,531,575	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products12 and number of persons insured under indemnity only products20 .

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

30.VA



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total			DURING THE YEAR				2013		NAIC Company Code	96202
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:													
1. Prior Year	553,437	33,506	471,439	0	122	294	48,076	0	0	0			
2. First Quarter	564,736	34,710	475,897	0	159	206	53,764	0	0	0			
3. Second Quarter	566,290	35,510	476,348	0	161	166	54,105	0	0	0			
4. Third Quarter	565,444	36,370	474,315	0	102	128	54,529	0	0	0			
5. Current Year	569,861	35,746	478,891	0	101	136	54,987	0	0	0			
6. Current Year Member Months	6,780,748	426,571	5,700,179	0	1,700	2,036	650,262	0	0	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	3,504,187	192,870	2,862,414	0	0	0	448,903	0	0	0			
8. Non-Physician	1,897,537	103,343	1,619,390	0	0	0	174,804	0	0	0			
9. Total	5,401,724	296,213	4,481,804	0	0	0	623,707	0	0	0			
10. Hospital Patient Days Incurred	116,356	5,583	95,620	0	0	0	15,153	0	0	0			
11. Number of Inpatient Admissions	31,535	1,757	26,154	0	0	0	3,624	0	0	0			
12. Health Premiums Written (b)	2,385,273,120	89,893,980	2,021,815,004	0	477,034	8,519,290	264,567,812	0	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	2,392,447,632	91,653,980	2,025,444,399	0	477,034	8,519,290	266,352,929	0	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	1,914,799,164	84,591,038	1,577,920,870	0	369,224	5,086,087	246,831,945	0	0	0			
18. Amount Incurred for Provision of Health Care Services	1,906,489,936	84,114,568	1,567,309,610	0	369,224	5,010,974	249,685,560	0	0	0			

(a) For health business: number of persons insured under PPO managed care products39 and number of persons insured under indemnity only products189 .

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

30.GT

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
13130	52-1840919	04/01/2008	The Dental Network, Inc.	MD	QA/A/G	6,887,950	0	0	757,438	0	0
0299999. U.S. Affiliates - Other						6,887,950	0	0	757,438	0	0
0399999. Total - U.S. Affiliates						6,887,950	0	0	757,438	0	0
0699999. Total - Non-U.S. Affiliates						0	0	0	0	0	0
0799999. Total - Affiliates						6,887,950	0	0	757,438	0	0
1099999. Total - Non-Affiliates						0	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)						6,887,950	0	0	757,438	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)						0	0	0	0	0	0
9999999 - Totals						6,887,950	0	0	757,438	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
NONE						
9999999 Totals - Life, Annuity and Accident and Health						

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CareFirst BlueChoice, Inc.

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	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
53007	53-0078070	01/01/2007	Group Hospitalization and Medical Services, Inc.	DC	LRLS/A/G	12,500	0	0	0	0	0	0
47058	52-1385894	01/01/2007	CareFirst of Maryland, Inc.	MD	LRLS/A/G	12,500	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other						25,000	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates						25,000	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates						25,000	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999. Total General Account Authorized						25,000	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999. Total General Account Unauthorized						0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999. Total General Account Certified						0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified						25,000	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized						0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified						0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						25,000	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0
9999999 - Totals						25,000	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	25	25	25	25	25
2. Title XVIII - Medicare	0	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	0	0	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	XXX	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	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX
19. Letters of credit (L)	0	0	XXX	XXX	XXX
20. Trust agreements (T)	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

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)	839,821,229	0	839,821,229
2. Accident and health premiums due and unpaid (Line 15)	64,384,931	0	64,384,931
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	138,956,964	0	138,956,964
6. Total assets (Line 28)	1,043,163,124	0	1,043,163,124
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	138,229,712	0	138,229,712
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	53,978,404	0	53,978,404
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	117,604,212	0	117,604,212
15. Total liabilities (Line 24)	309,812,328	0	309,812,328
16. Total capital and surplus (Line 33)	733,350,796	XXX	733,350,796
17. Total liabilities, capital and surplus (Line 34)	1,043,163,124	0	1,043,163,124
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	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					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CareFirst BlueChoice, 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	Federal 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)	*
.0380	Carefirst Inc Group	47021	52-2069215				CareFirst, Inc.	MD	IA			.0.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	53007	53-0078070				Group Hospitalization and Medical Services, Inc.	DC	IA	CareFirst, Inc.	Board of Directors	.0.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	47058	52-1385894				CareFirst of Maryland, Inc.	MD	IA	CareFirst, Inc.	Board of Directors	.0.000	CareFirst, Inc.	
		.00000	20-1907367				Service Benefit Plan Administrative Services Corporation	DE	NIA	Group Hospitalization and Medical Services, Inc.	Ownership	.90.000	CareFirst, Inc.	
		.00000	27-4297513				CareFirst Holdings, LLC	MD	UDP	CareFirst, Inc.	Board of Directors	.0.000	CareFirst, Inc.	
		.00000	52-1724358				Capital Area Services Company, LLC	WV	NIA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	96202	52-1358219				CareFirst BlueChoice, Inc.	DC	RE	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
		.00000	52-1187907				CFA, LLC	MD	NIA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	60113	52-1962376				First Care, Inc.	MD	IA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
		.00000	52-1118153				National Capital Insurance Agency, LLC	DC	NIA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
		.00000	52-2362725				CapitalCare, Inc.	VA	DS	CareFirst BlueChoice, Inc.	Ownership	.100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	13130	52-1840919				The Dental Network, Inc.	MD	DS	CareFirst BlueChoice, Inc.	Ownership	.100.000	CareFirst, Inc.	

Asterisk	Explanation
	N/A

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	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (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)
53007	53-0078070	Group Hospital & Medical Services, Inc.	0	0	0	0	(82,189,964)	0		0	(82,189,964)	23,926,380
47058	52-1385894	Carefirst of Maryland, Inc.	0	0	0	0	351,167,289	0		0	351,167,289	(28,430,230)
00000	20-1907367	Service Benefit Plan Administrative Services Corp.	0	0	0	0	(37,629,044)	0		0	(37,629,044)	0
60113	52-1962376	First Care, Inc.	0	0	0	0	0	0		0	0	4,503,850
00000	52-1187907	CFA, LLC	0	0	0	0	(25,193,674)	0		0	(25,193,674)	0
00000	52-1724358	Capital Area Service Company, LLC	0	0	0	0	41,145,207	0		0	41,145,207	0
96202	52-1358219	CareFirst BlueChoice, Inc.	0	0	0	0	(247,299,814)	0		0	(247,299,814)	(757,438)
13130	52-1840919	The Dental Network, Inc.	0	0	0	0	0	0		0	0	757,438
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.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
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 Accountant's 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 annual 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
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 electronically with the NAIC by March 1?.....	NO
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

1. An extension was granted by the state of domicile to file on 4/15/2014.
- 11.
- 12.
- 13.
14. Not applicable. Company does not have 100 or more stockholders.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. Property/Casualty Supplement [Document Identifier 207]	
15. Participating Opinion for Exhibit 5 [Document Identifier 371]	
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Medicare Part D Coverage Supplement [Document Identifier 365]	
18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
20. Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]



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