



ANNUAL STATEMENT

For the Year Ended December 31, 2012
of the Condition and Affairs of the

Molina Healthcare of the District of Columbia, Inc.

NAIC Group Code.....1531, (Current Period) (Prior Period) NAIC Company Code..... 14398 Employer's ID Number..... 45-4750271

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

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... March 9, 2012 Commenced Business..... August 9, 2012

Statutory Home Office 555 12th Street NW, Suite 670..... Washington DC 20004
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 200 Oceangate, Suite 100..... Long Beach CA 90802 888-562-5442
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 200 Oceangate, Suite 100..... Long Beach CA 90802
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 555 12th Street NW, Suite 670..... Washington DC 20004 888-562-5442
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address Molinahealthcare.com

Statutory Statement Contact Margo Louise Wright 888-562-5442
(Name) (Area Code) (Telephone Number) (Extension)
margo.wright@molinahealthcare.com 562-437-7235
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Brian David Smith #	President	2. Joseph William White #	Treasurer/Chief Financial Officer
3. Jeffrey Don Barlow #	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Helga Lore Gergens # Brian David Smith # Jean Susan Glossa #

State of.....
County of.....

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.

_____ (Signature) Brian David Smith	_____ (Signature) Joseph William White	_____ (Signature) Jeffrey Don Barlow
_____ 1. (Printed Name) President	_____ 2. (Printed Name) Treasurer/Chief Financial Officer	_____ 3. (Printed Name) Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2013

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 _____

Ex. 2
NONE

Ex. 3
NONE

Ex. 4
NONE

Ex. 5
NONE

Ex. 6
NONE

Ex. 7-Pt.1
NONE

Ex. 7-Pt.2
NONE

Ex. 8
NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION....Molina Healthcare of the District of Columbia, Inc. 2. Washington, DC

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....1531

NAIC Company Code....14398

	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.....	0									
2. First quarter.....	0									
3. Second quarter.....	0									
4. Third quarter.....	0									
5. Current year.....	0									
6. Current year member months.....	0									
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	0									
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	0									
18. Amount incurred for provision of health care services.....	0									

NONE

29

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

Sch. S-Pt. 1-Sn. 2
NONE

Sch. S-Pt. 2
NONE

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

Sch. S-Pt. 5
NONE

Sch. S-Pt. 6
NONE

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).....	1,520,312		1,520,312
2. Accident and health premiums due and unpaid (Line 15).....			.0
3. Amounts recoverable from reinsurers (Line 16.1).....			.0
4. Net credit for ceded reinsurance.....	XXX		.0
5. All other admitted assets (balance).....	332		332
6. Totals assets (Line 28).....	1,520,644	0	1,520,644
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....			.0
8. Accrued medical incentive pool and bonus payments (Line 2).....			.0
9. Premiums received in advance (Line 8).....			.0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			.0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			.0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			.0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			.0
14. All other liabilities (balance).....	225		225
15. Total liabilities (Line 24).....	225	0	225
16. Total capital and surplus (Line 33).....	1,520,419	XXX	1,520,419
17. Total liabilities, capital and surplus (Line 34).....	1,520,644	0	1,520,644
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						.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

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)	*
Members														
1531.....	Molina Healthcare, Inc.....	00000.....	13-4204626		0001179929	Molina Healthcare, Inc.....	Molina Healthcare, Inc.....	DE.....	UDP.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	33-0342719			Molina Healthcare, Inc.....	Molina Healthcare of California.....	CA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	52630.....	38-3341599			Molina Healthcare, Inc.....	Molina Healthcare of Michigan, Inc.....	MI.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	95502.....	33-0617992			Molina Healthcare, Inc.....	Molina Healthcare of Utah, Inc.....	UT.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	96270.....	91-1284790			Molina Healthcare, Inc.....	Molina Healthcare of Washington, Inc.....	WA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	95739.....	85-0408506			Molina Healthcare, Inc.....	Molina Healthcare of New Mexico, Inc.....	NM.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
							Molina Healthcare of New Mexico Medical Clinics, Inc.							
1531.....	Molina Healthcare, Inc.....	00000.....	37-1661581			Molina Healthcare, Inc.....	Molina Healthcare of Texas, Inc.....	NM.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	10757.....	20-1494502			Molina Healthcare, Inc.....	Molina Healthcare of Texas, Inc.....	TX.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	13778.....	27-0522725			Molina Healthcare, Inc.....	Molina Healthcare of Texas Insurance Company...	TX.....	DS.....	Molina Healthcare of Texas, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	12334.....	20-0750134			Molina Healthcare, Inc.....	Molina Healthcare of Ohio, Inc.....	OH.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	20-2714545			Molina Healthcare, Inc.....	Molina Healthcare of California Partner Plan, Inc....	CA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	95609.....	43-1743902			Molina Healthcare, Inc.....	Alliance for Community Health, LLC	MO.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	13128.....	26-0155137			Molina Healthcare, Inc.....	Molina Healthcare of Florida, Inc.....	FL.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	26-1769086			Molina Healthcare, Inc.....	Molina Healthcare of Virginia, Inc.....	VA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
							Molina Information Systems, LLC (dba Molina Medicaid Solutions)							
1531.....	Molina Healthcare, Inc.....	00000.....	27-1510177			Molina Healthcare, Inc.....	Molina Healthcare of Wisconsin, Inc.....	CA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	12007.....	20-0813104			Molina Healthcare, Inc.....	Molina Healthcare of Wisconsin, Inc.....	WI.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	14104.....	27-1823188			Molina Healthcare, Inc.....	Molina Healthcare of Illinois, Inc.....	IL.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	45-2854547			Molina Healthcare, Inc.....	Molina Pathways, LLC.....	DE.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	27-4034065			Molina Healthcare, Inc.....	Molina Center LLC.....	DE.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	45-2634351			Molina Healthcare, Inc.....	Molina Healthcare Data Center, Inc.....	NM.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	37-1652282			Molina Healthcare, Inc.....	American Family Care, Inc.....	CA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	26-1938644			Molina Healthcare, Inc.....	Molina Healthcare of Arizona, Inc.....	AZ.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	80-0800257			Molina Healthcare, Inc.....	Molina Healthcare of Georgia, Inc.....	GA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	26-3342852			Molina Healthcare, Inc.....	Molina Healthcare of Missouri, Inc.....	MO.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	26-4390042			Molina Healthcare, Inc.....	Molina Healthcare of Mississippi, Inc.....	MS.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	27-0941584			Molina Healthcare, Inc.....	Molina Healthcare Services.....	CA.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	14398.....	45-4750271			Molina Healthcare, Inc.....	Molina Healthcare of the District of Columbia, Inc.	DC.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	
1531.....	Molina Healthcare, Inc.....	00000.....	46-0598968			Molina Healthcare, Inc.....	Molina Healthcare of Maryland, Inc.....	MD.....	DS.....	Molina Healthcare, Inc.....	Ownership.....	100.000	Molina Healthcare, Inc.....	

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)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	104,538,205	(91,632,121)			422,665,546				435,571,630	
00000	33-0342719	Molina Healthcare of California	(5,298,173)	7,000,000			(56,524,693)				(54,822,866)	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(5,000,000)				(52,948,129)				(57,948,129)	
95502	33-0617992	Molina Healthcare of Utah, Inc.	(5,000,000)				(31,050,482)				(36,050,482)	
96270	91-1284790	Molina Healthcare of Washington, Inc.	(11,000,032)				(88,342,733)				(99,342,765)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.	(5,000,000)				(31,378,186)				(36,378,186)	
10757	20-1494502	Molina Healthcare of Texas, Inc.		70,000,000			(49,954,076)	(3,114,341)			16,931,583	
13778	27-0522725	Molina Healthcare of Texas Insurance Company					(529,859)	3,114,341			2,584,482	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(36,000,000)				(93,663,416)				(129,663,416)	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.					(618,000)				(618,000)	
95609	43-1743902	Alliance for Community Health, LLC	(19,000,000)				(7,662,072)				(26,662,072)	
13128	26-0155137	Molina Healthcare of Florida, Inc.					(17,885,490)				(17,885,490)	
00000	26-1769086	Molina Healthcare of Virginia, Inc.					(393,916)				(393,916)	
00000	27-1510177	Molina Information Systems, LLC (dba Molina Medicaid Soluti	(20,000,000)				(6,845,129)				(26,845,129)	
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.		7,500,000			(1,205,592)				6,294,408	
14104	27-1823188	Molina Healthcare of Illinois, Inc.		300,000			8,000				308,000	
00000	27-4034065	Molina Center LLC					3,336,982				3,336,982	
00000	45-2634351	Molina Healthcare Data Center, Inc.	(1,800,000)	100,000			3,186,679				1,486,679	
00000	37-1652282	American Family Care, Inc.		19,798,205			9,804,566				29,602,771	
14398	45-4750271	Molina Healthcare of the District of Columbia, Inc.		1,520,000							1,520,000	
00000	46-0598968	Molina Healthcare of Maryland, Inc.		1,000							1,000	
69647	31-0628424	Molina Healthcare Insurance Company		(10,837,084)							(10,837,084)	
12905	20-3567602	Molina Healthcare of Nevada, Inc.	3,560,000	(3,750,000)							(190,000)	
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

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

YES
SEE EXPLANATION
YES
YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
YES
YES

JUNE FILING

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

YES
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?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
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?
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?
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?
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?

SEE EXPLANATION
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SEE EXPLANATION

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
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?
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?
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?

SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

- 1.
- 2. The Company has no written business, exemption not to file was approved January 9, 2013



- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

11. This line of business is not written by the company



12. This line of business is not written by the company



13. This line of business is not written by the company



14. Not Applicable



15. Not Applicable



16. Not Applicable



17. This line of business is not written by the company



18. Not Applicable



19. Not Applicable



20. Not Applicable



21. This line of business is not written by the company



22. This line of business is not written by the company



23. This line of business is not written by the company



24. Not Applicable



25. Not Applicable



26.

**Overflow Page
NONE**

**Overflow Page
NONE**

**2012 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
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