



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011
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 Part 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 20065
(Street and Number) (City or Town, State and Zip Code)

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

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

Primary Location of Books and Records 10455 Mill Run Circle
(Street and Number)
Owings Mills, MD 21117 410-998-7011
(City or Town, State 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 John Anthony Picciotto #

OTHER

<u>Gregory Allen Devou EVP, Chief Mktg Officer</u>	<u>Gregory Mark Chaney EVP, CFO</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>Fred Adrian Walton Plumb SVP, ASU-FEP</u>	<u>Kenny Waitem Kan SVP, Chief Actuary</u>	<u>Michael Bruce Edwards SVP, Networks Mgmt</u>
<u>Kevin Charles O'Neill SVP, Strategic Managed Care Initiatives</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>Brian Jay Silverstein # SVP, Primary Care Medical Home</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

Joseph Gerard Hall # Elizabeth St. John Loker # James Wallace #
Robert Marcellus Willis #

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 & Chief Executive Officer

John Anthony Picciotto
John Anthony Picciotto
Secretary

Jeanne Ann Kennedy
Jeanne Ann Kennedy
Treasurer

Subscribed and sworn to before me this 22ND day of FEBRUARY 2012
Cynthia G. 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.....



CAREFIRST BLUECHOICE, INC.
ACTUARIAL STATEMENT OF OPINION
DISTRICT OF COLUMBIA

TABLE of KEY INDICATORS:

This Opinion is Unqualified Qualified Adverse Inconclusive

IDENTIFICATION SECTION:

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

SCOPE SECTION:

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

RELIANCE SECTION:

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

OPINION SECTION:

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

RELEVANT COMMENTS:

Revised Wording

The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice

IDENTIFICATION SECTION

I, Paula R. Holt, Actuary, am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, and an employee of CareFirst of Maryland, Inc. I meet the American Academy of Actuaries qualification standards for rendering this Actuarial Statement of Opinion and am familiar with the valuation requirements applicable to health maintenance organizations. I was appointed by the Board of Directors of CareFirst of Maryland, Inc. on November 12, 2008 to render this Actuarial Statement of Opinion on behalf of CareFirst BlueChoice, Inc., a District of Columbia corporation, which is a subsidiary of CareFirst Holdings LLC, a direct holding-company subsidiary of CareFirst of Maryland, Inc and Group Hospitalization and Medical Services, Inc. Notification of this appointment was made to State regulatory officials on February 18, 2009.

SCOPE SECTION

CareFirst BlueChoice, Inc. is exempt pursuant to the Actuarial Opinion and Memorandum Regulation of the District of Columbia from submitting an Actuarial Statement of Opinion based on an asset adequacy analysis. This Actuarial Statement of Opinion, which is not based on asset adequacy analysis, is rendered in accordance with the Actuarial Opinion and Memorandum Regulation of the District of Columbia. In particular, this opinion applies to all business in force, including individual and group health insurance plans and is based on standards adopted by the Actuarial Standards Board.

I have examined the actuarial methods and underlying actuarial assumptions as well as summaries of enrollment, paid claims by incurral month, claims paid each calendar month, and claim inventories used in determining the reserves and related actuarial items listed below. Both my staff and I have performed such tests and calculations as I consider necessary to confirm the data's accuracy and completeness that is used in determining the reserves and related actuarial items listed below, as shown in the Annual Statement of CareFirst BlueChoice, Inc., as prepared for filing with state regulatory officials as of December 31, 2011:

A. Claims unpaid (Page 3, Line 1)	\$169,890,254
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2)	\$0
C. Unpaid claims adjustment expenses (Page 3, Line 3)	\$6,239,000
D. Aggregate health policy reserves (Page 3, Line 4)	\$71,530,725
E. Aggregate life policy reserves (Page 3, Line 5)	\$0
F. Property/casualty unearned premium reserves (Page 3, Line 6)	\$0
G. Aggregate health claim reserves (Page 3, Line 7)	\$0
H. Any other loss reserves, actuarial liabilities, or related items as Liabilities in the annual statement	\$0
I. Specified actuarial items presented as assets in the annual statement:	
1. Accrued retrospective premiums (Page 2, line 15.3, col. 1)	\$0
2. Receivables related to risk-sharing provisions (Page 2, line 24, col. 1)	\$0
3. Pharmacy rebate receivables based on actuarial estimates (Page 2, line 24, col. 1)	\$0

CareFirst BlueChoice, Inc. had \$169,668,717 of Direct Unpaid claims. CareFirst BlueChoice, Inc. assumed \$221,537 of Unpaid claims from The Dental Network, Inc.

Aggregate health policy reserves include Rate Stabilization Reserve of \$38,550,725 for FEHBP, Premium Deficiency Reserve of \$6,260,000, and Medical Loss Ratio Rebate Reserve of \$26,720,000.

Premium Deficiency Reserve (PDR):

SSAP No. 54, paragraph 18 states: *“when the expected claims payments or incurred costs, claims adjustments expenses, and administration costs exceed the premiums to be collected for the remainder of a contract period, a premium deficiency reserve shall be recognized by recording an additional liability for the deficiency, with a corresponding charge to operations.”*

There are two key assumptions in the calculation of PDR: groupings and projection period.

We have opted to group experience consistent with federal Medical Loss Ratio regulations. After projecting deficits for each grouping, we have re-allocated overhead expenses between the groupings in order to minimize the required PDR.

For projection period, we have separated the experience by renewal cohort and have forecasted experience using claims trend, rate increases, expenses, and regulatory restrictions until the renewal date of each renewal cohort. For those individuals and employer groups whom we know will be renewing as of December 31, 2011, we have projected experience for an additional year.

Since the forecast projected a deficit of \$6,260,000, we booked a PDR of the same amount.

Medical Loss Ratio (MLR) Rebate Reserve:

Section 2718 of the Public Health Service Act (PHSA), added by the Patient Protection and Affordable Care Act (PPACA), requires that health insurers spend at least 85% of large employer group premiums and 80% of small employer group and individual premiums on reimbursements for clinical services and activities that will improve health care quality (i.e. have an MLR of at least 85% or 80%, respectively). The MLR calculation is done at the state and market segment (individual, small employer group, large employer group) level, in accordance with federal regulation.

If the minimum MLR is not met in a given state and market segment grouping, the insurer must pay rebates to policyholders in this grouping. The total amount of rebates paid in a given grouping represents the amount of additional claims and quality improvement expenses that the insurer would have had to incur in order to achieve the minimum MLR.

We have estimated that CareFirst BlueChoice, Inc. will need to pay rebates for 2011 totaling \$26,720,000. We have therefore held an MLR reserve of \$26,720,000 as of December 31, 2011.

RELIANCE SECTION

In forming my opinion on:

- Direct Business (excluding The Dental Network) reserves, I relied on data prepared by Paul Maranto, Project Director, Actuarial Systems and an employee of CareFirst Blue Cross Blue Shield, as certified in the attached statements. I have evaluated the data for reasonableness and consistency.

For Direct and Reinsurance Business manual reserves, I relied on data prepared by William W. Showman, Associate Vice President, Accounting Operations and an employee of CareFirst Blue Cross Blue Shield, as certified in the attached statements. I have evaluated the data for reasonableness and consistency.

I also reconciled that data to the Underwriting and Investment Exhibit – Part 2B of CareFirst BlueChoice, Inc. current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

- The Dental Network (TDN) Business reserves, I relied on claims and enrollment data prepared by Robert Wilsie, Senior Programmer Analyst and an employee of CareFirst Blue Cross Blue Shield, as certified in the attached statements. I have evaluated the data for reasonableness and consistency.

The Dental Network (the Legal Entity) total reserve is assumed entirely by CareFirst BlueChoice.

I also reconciled that data to the Underwriting and Investment Exhibit – Part 2B of CareFirst BlueChoice, Inc. current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

- FEHBP Rate Stabilization Reserve, I relied on the reserve provided by Charles J. Reip, Manager, Federal Contract Reporting and an employee of CareFirst Blue Cross Blue Shield, as certified in the attached statements.
- Unpaid Claims Adjustment Expenses, I relied on the expenses provided by Jean Mattingly, Manager, Budget and Expense Management and an employee of CareFirst Blue Cross Blue Shield, as certified in the attached statements.
- Specified actuarial items presented as assets in the annual statement (Accrued retrospective premiums, Receivables related to risk-sharing provisions and Pharmacy rebate receivables based on actuarial estimates), I relied on the receivables provided by Alan Heath, Senior Director, Financial Reporting and an employee of CareFirst Blue Cross Blue Shield, as certified in the attached statements.

OPINION SECTION

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles and that specifically relate to the Actuarial Statement of Opinion required under the Actuarial Opinion and Memorandum Regulation of the District of Columbia,
- Are computed appropriately,
- Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- Meet the requirements of the laws of the District of Columbia and are at least as great as the minimum aggregate amounts required by the District of Columbia in which this statement is filed,
- Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of CareFirst BlueChoice, Inc. under the terms of its contracts and agreements,
- Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,
- Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and was prepared under my direction consistent with section 3.6, “Follow-Up Studies”, contained in Actuarial Standard of Practice No. 5, “Incurred Health and Disability Claims” adopted by the Actuarial Standards Board of the American Academy of Actuaries in December 2000.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which form the basis of this Actuarial Statement of Opinion.

Based on my analysis, in my opinion, the reserves and related actuarial items, to the extent considered in light of the assets held by CareFirst BlueChoice, Inc., with respect to such reserves and related actuarial items including, but not limited to, the investment earnings on such assets, and the considerations anticipated to be received and retained under such policies and contracts, make adequate provision, according to presently accepted actuarial standards of practice, for the anticipated cash flows required by the contractual obligations and related expenses of CareFirst BlueChoice, Inc.



Paula R. Holt, F.S.A., M.A.A.A.
CareFirst of Maryland, Inc.
10455 Mill Run Circle
Owings Mills, MD. 21117
410-998-4715
February 23, 2012

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
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Certification of Direct Business Reserves Data

CareFirst of BlueChoice, Inc.

For The Year Ending December 31, 2011

I, Paul Maranto, Project Director, Actuarial Systems, on behalf of CareFirst of BlueChoice, Inc., hereby confirm that the data provided to Paula R. Holt to calculate Direct Business Reserves for CareFirst BlueChoice, Inc. was prepared under my direction and to the best of my knowledge and belief, are accurate, reasonable and complete. For CareFirst BlueChoice, Inc., Straight Paid amounted to \$1,554,216,955

Paul D. Maranto 02/15/12

Paul Maranto February 15, 2012
Title: Project Director, Actuarial Systems
Company: CareFirst of Maryland, Inc.
Mailstop: OWML1 - 01-750
10455 Mill Run Circle
Owings Mills, MD 21117
Phone #: 410-998-4835

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
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Certification of General Ledger to Actuarial Paid Reconciliation

CareFirst BlueChoice, Inc.

For The Year Ending December 31, 2011

I, William Showman, Associate Vice President (AVP), Accounting Operations, on behalf of CareFirst BlueChoice, Inc., hereby confirm that the General Ledger paid to Actuarial paid schedules provided as of December 31, 2011 were prepared under my direction and to the best of my knowledge and belief, are correctly recorded in the financial statements and the breakdown between paid care, manual care entries and IBNR expense are accurately reflected in the general ledger. For risk business including FEHBP, General Ledger paid amounted to \$1,576,281,088, which includes manual care of \$22,568,823.

A handwritten signature in black ink, appearing to read "William Showman", written over a horizontal line.

William Showman February 7, 2012
Title: AVP, Accounting Operations
Company: CareFirst of Maryland, Inc.
 Mailstop: OWML1 - 01-650
 10455 Mill Run Circle
 Owings Mills, MD 21117

Phone #: 410-998-7455

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10455 Mill Run Circle
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Certification of Direct Business Reserve Paid Claims Data

The Dental Network, Inc. (TDN)

CareFirst BlueChoice, Inc.

For The Year Ending December 31, 2011

I, Robert Wilsie, Senior Programmer/Analyst, on behalf of CareFirst BlueChoice, Inc., The Dental Network hereby confirm that the paid claims data was prepared under my direction and to the best of my knowledge and belief are appropriately calculated and accurately recorded and provided to the Actuarial Systems Department. Straight Paid Claims for Calendar Year 2011 amounted to \$2,117,746 for The Dental Network, Inc. and CareFirst BlueChoice TDN combined.

A handwritten signature in black ink, appearing to read "R. Wilsie".

Robert Wilsie January 13, 2012

Title: Senior Programmer/Analyst

Company: CareFirst of Maryland, Inc.

10455 Mill Run Circle

Owings Mills, MD 21117

Phone #: 904-280-8233

The Dental Network
1501 S. Clinton Street, Suite 600
Baltimore, Maryland 21224-5730
Tel: (410) 847-9060
Fax: (410) 339-5360
888-833-8464
www.thedentalnet.org

The Dental Network 

Certification of Direct Business Reserve Enrollment Data

The Dental Network, Inc. (TDN)

CareFirst BlueChoice, Inc.

For The Year Ending December 31, 2011

I, Robert Wilsie, Senior Programmer/Analyst, on behalf of CareFirst BlueChoice, Inc., The Dental Network hereby confirm that the enrollment data was prepared under my direction and to the best of my knowledge and belief are accurately recorded and provided to the Actuarial Systems Department. Enrollment at the end of Calendar Year 2011 is 21,901.



Robert Wilsie January 17, 2012

Title: Senior Programmer/Analyst

Company: CareFirst of Maryland, Inc.

10455 Mill Run Circle

Owings Mills, MD 21117

Phone #: 904-280-8233

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559



CERTIFICATION OF RATE STABILIZATION RESERVE

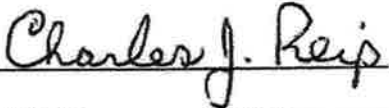
OFFICE OF PERSONNEL MANAGEMENT HEALTH MAINTENANCE ORGANIZATION

CAREFIRST BLUECHOICE, INC.

FOR THE YEAR ENDING DECEMBER 31, 2011

I, Charles J. Reip, Manager, Federal Contract Reporting at CareFirst of Maryland, Inc., on behalf of the CareFirst BlueChoice Office of Personnel Management Health Maintenance Organization, hereby confirm that the values contained in the December 31, 2011 balance of the Office of Personnel Management Health Maintenance Organization Rate Stabilization Reserve (account 311.214108) were prepared under my direction and to the best of my knowledge and belief, are appropriately calculated and correctly recorded in the CareFirst BlueChoice, Inc. financial statements.

Balance at December 31, 2011 Account #: 311.214108 \$ 38,550,725



Charles J. Reip January 20, 2012

Title: Manager, Federal Contract Reporting

Company: CareFirst of Maryland, Inc.

Mailstop: 01-670

10455 Mill Run Circle

Owings Mills, MD 21117

Phone #: 410-998-7207

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
www.carefirst.com



Certification of Rate Stabilization Reserve

CareFirst BlueChoice, Inc.

For The Year Ending December 31, 2011

I, Alan Heath, Senior Director Financial Reporting, on behalf of CareFirst BlueChoice, Inc., hereby confirm that the Rate Stabilization Reserve amount of \$0 for Risk business contained in the December 31, 2011 annual statement was prepared under my direction and to the best of my knowledge and belief, are correctly recorded in the of CareFirst BlueChoice, Inc. financial statements.

A handwritten signature in black ink that reads "Alan A. Heath". The signature is written in a cursive style and is positioned above a horizontal line.

Alan Heath February 15, 2012
Title: Senior Director, Financial Reporting
Company: CareFirst of Maryland, Inc.
 Mailstop: OWML1 - 01-685
 10455 Mill Run Circle
 Owings Mills, MD 21117
Phone #: 410-998-7608

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
www.carefirst.com



Certification of Specified Actuarial Items Presented as Assets

in Annual Statement

CareFirst BlueChoice, Inc.

For The Year Ending December 31, 2011

I, Alan Heath, Senior Director Financial Reporting, on behalf of CareFirst BlueChoice, Inc., hereby confirm the amounts of the following specified actuarial items presented as assets in the annual statement:

- Accrued retrospective premiums are \$0
- Receivables related to risk-sharing provisions are \$0
- Pharmacy rebate receivables based on actuarial estimates are \$0.

All of the above items contained in the December 31, 2011 annual statement were prepared under my direction, and to the best of my knowledge and belief, are correctly recorded in the CareFirst BlueChoice, Inc. financial statements.

A handwritten signature in cursive script that reads "Alan A. Heath". The signature is written in black ink and is positioned above a horizontal line.

Alan Heath February 15, 2012
Title: Senior Director, Financial Reporting
Company: CareFirst of Maryland, Inc.
 Mailstop: OWML1 - 01-685
 10455 Mill Run Circle
 Owings Mills, MD 21117
Phone #: 410-998-7608




Certification of Unpaid Claims Adjustment Expenses

CareFirst BlueChoice, Inc.

For The Year Ending December 31, 2011

I, Jean Mattingly, Manager, Budget and Expense Management, on behalf of CareFirst BlueChoice, Inc., hereby confirm that the Unpaid Claims Adjustment Expenses for CareFirst BlueChoice, Inc. was prepared under my direction and to the best of my knowledge and belief, are accurate, reasonable, and complete. Unpaid Claims Adjustment Expenses as of December 31, 2011 amounted to \$6,239,000.00. Included in this amount is \$25,000.00 of Unpaid Claims Adjustment Expenses for The Dental Network (TDN) as of December 31, 2011.



Jean Mattingly

January 25, 2012

Title: Manager, Budget and Expense Management

Company: CareFirst BlueChoice, Inc.

Mailstop: OWML1 - 01-680

10455 Mill Run Circle

Owings Mills, MD 21117

Phone #: 410-998-5522

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
CareFirst of Maryland, Inc.	General Administrative expenses	3,737,490	3,737,490	0
0199999. Individually listed payables		3,737,490	3,737,490	0
0299999. Payables not individually listed		53,459	53,459	0
0399999 Total gross payables		3,790,949	3,790,949	0

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 2011 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		2011							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	98,817	2,754	61,174	0	0	0	34,889	0	0	0		
2. First Quarter	66,568	2,728	61,448	0	16	49	2,327	0	0	0		
3. Second Quarter	67,298	2,873	62,018	0	19	41	2,347	0	0	0		
4. Third Quarter	67,935	2,957	62,568	0	18	39	2,353	0	0	0		
5. Current Year	70,005	3,141	64,405	0	14	37	2,408	0	0	0		
6. Current Year Member Months	812,091	34,699	748,475	0	178	494	28,245	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	437,748	15,269	333,746	0	0	0	88,733	0	0	0		
8. Non-Physician	124,912	3,866	96,292	0	0	0	24,754	0	0	0		
9. Total	562,660	19,135	430,038	0	0	0	113,487	0	0	0		
10. Hospital Patient Days Incurred	13,634	541	9,728	0	0	0	3,365	0	0	0		
11. Number of Inpatient Admissions	3,845	135	2,865	0	0	0	845	0	0	0		
12. Health Premiums Written (b)	406,056,388	7,824,291	221,374,709	0	84,962	2,302,302	174,470,124	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	386,420,553	4,594,291	218,794,709	0	84,962	2,302,302	160,644,289	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	318,441,052	11,953,910	157,562,893	0	269,410	1,428,454	147,226,385	0	0	0		
18. Amount Incurred for Provision of Health Care Services	324,583,811	13,418,547	162,104,306	0	269,410	1,405,163	147,386,385	0	0	0		

(a) For health business: number of persons insured under PPO managed care products10 and number of persons insured under indemnity only products41 .

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



ANNUAL STATEMENT FOR THE YEAR 2011 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		2011							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	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	352,553	27,154	325,399	0	0	0	0	0	0	0		
2. First Quarter	387,115	25,693	335,350	0	273	347	25,452	0	0	0		
3. Second Quarter	388,321	24,893	337,198	0	284	335	25,611	0	0	0		
4. Third Quarter	391,308	24,151	340,798	0	269	343	25,747	0	0	0		
5. Current Year	393,241	23,854	342,917	0	107	315	26,048	0	0	0		
6. Current Year Member Months	4,670,569	298,469	4,057,702	0	2,969	4,089	307,340	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,369,152	136,477	2,083,113	0	0	0	149,562	0	0	0		
8. Non-Physician	713,062	31,878	640,365	0	0	0	40,819	0	0	0		
9. Total	3,082,214	168,355	2,723,478	0	0	0	190,381	0	0	0		
10. Hospital Patient Days Incurred	78,890	4,053	69,757	0	0	0	5,080	0	0	0		
11. Number of Inpatient Admissions	21,994	1,252	19,413	0	0	0	1,329	0	0	0		
12. Health Premiums Written (b)	1,406,340,822	57,848,589	1,344,934,629	0	253,591	3,304,013	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	1,386,020,822	57,398,589	1,325,064,629	0	253,591	3,304,013	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	1,071,009,385	45,948,841	1,022,112,879	0	964,582	1,983,083	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,093,641,635	47,413,947	1,043,272,842	0	964,582	1,990,264	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products163 and number of persons insured under indemnity only products258 .

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



ANNUAL STATEMENT FOR THE YEAR 2011 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						
		Virginia			(LOCATION)						
		1	Comprehensive (Hospital & Medical)		4	5	6	7	NAIC Company Code		96202
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	65,954	1,665	64,289	0	0	0	0	0	0	0	
2. First Quarter	67,614	1,797	57,483	0	6	45	8,283	0	0	0	
3. Second Quarter	67,770	1,831	57,522	0	10	37	8,370	0	0	0	
4. Third Quarter	68,822	1,892	58,483	0	14	34	8,399	0	0	0	
5. Current Year	71,897	2,058	61,285	0	2	30	8,522	0	0	0	
6. Current Year Member Months	823,290	22,426	699,846	0	116	456	100,446	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	381,636	10,184	330,670	0	0	0	40,782	0	0	0	
8. Non-Physician	102,444	2,078	89,230	0	0	0	11,136	0	0	0	
9. Total	484,080	12,262	419,900	0	0	0	51,918	0	0	0	
10. Hospital Patient Days Incurred	10,816	285	9,163	0	0	0	1,368	0	0	0	
11. Number of Inpatient Admissions	3,130	101	2,674	0	0	0	355	0	0	0	
12. Health Premiums Written (b)	233,708,673	4,237,139	227,265,356	0	58,837	2,147,341	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	226,858,673	3,857,139	220,795,356	0	58,837	2,147,341	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	170,694,201	3,616,954	165,139,604	0	267,132	1,670,511	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	172,998,921	4,019,309	167,094,311	0	267,132	1,618,169	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products8 and number of persons insured under indemnity only products23 .

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



ANNUAL STATEMENT FOR THE YEAR 2011 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				2011		NAIC Company Code	96202
			1 Total	2 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	
	Individual	3 Group											
Total Members at end of:													
1. Prior Year	517,324	31,573	450,862	0	0	0	34,889	0	0	0			
2. First Quarter	521,297	30,218	454,281	0	295	441	36,062	0	0	0			
3. Second Quarter	523,389	29,597	456,738	0	313	413	36,328	0	0	0			
4. Third Quarter	528,065	29,000	461,849	0	301	416	36,499	0	0	0			
5. Current Year	535,143	29,053	468,607	0	123	382	36,978	0	0	0			
6. Current Year Member Months	6,305,950	355,594	5,506,023	0	3,263	5,039	436,031	0	0	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	3,188,536	161,930	2,747,529	0	0	0	279,077	0	0	0			
8. Non-Physician	940,418	37,822	825,887	0	0	0	76,709	0	0	0			
9. Total	4,128,954	199,752	3,573,416	0	0	0	355,786	0	0	0			
10. Hospital Patient Days Incurred	103,340	4,879	88,648	0	0	0	9,813	0	0	0			
11. Number of Inpatient Admissions	28,969	1,488	24,952	0	0	0	2,529	0	0	0			
12. Health Premiums Written (b)	2,046,105,883	69,910,019	1,793,574,694	0	397,390	7,753,656	174,470,124	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	1,999,300,048	65,850,019	1,764,654,694	0	397,390	7,753,656	160,644,289	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	1,560,144,638	61,519,705	1,344,815,376	0	1,501,124	5,082,048	147,226,385	0	0	0			
18. Amount Incurred for Provision of Health Care Services	1,591,224,367	64,851,803	1,372,471,459	0	1,501,124	5,013,596	147,386,385	0	0	0			

(a) For health business: number of persons insured under PPO managed care products181 and number of persons insured under indemnity only products322 .

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

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ANNUAL STATEMENT FOR THE YEAR 2011 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 Federal 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	7,334,228	0	0	1,277,484	0	0
0199999. U.S. Affiliates						7,334,228	0	0	1,277,484	0	0
0399999. Total - Affiliates						7,334,228	0	0	1,277,484	0	0
0699999. Total - Non-Affiliates						0	0	0	0	0	0
0799999. Total U.S. (Sum of 0199999 and 0499999)						7,334,228	0	0	1,277,484	0	0
0899999. Total Non-U.S. (Sum of 0299999 and 0599999)						0	0	0	0	0	0
0999999 - Totals						7,334,228	0	0	1,277,484	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 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
NONE						
1799999 Totals - Life, Annuity and Accident and Health						

ANNUAL STATEMENT FOR THE YEAR 2011 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 Federal 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	LRS/L/A/G	12,500	0	0	0	0	0	0
47058	52-1385894	01/01/2007	CareFirst of Maryland, Inc.	MD	LRS/L/A/G	12,500	0	0	0	0	0	0
0199999. General Account - Authorized U.S. Affiliates						25,000	0	0	0	0	0	0
0399999. Total General Account - Authorized Affiliates						25,000	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
0799999. Total General Account Authorized						25,000	0	0	0	0	0	0
1099999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
1399999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
1499999. Total General Account Unauthorized						0	0	0	0	0	0	0
1599999. Total General Account Authorized and Unauthorized						25,000	0	0	0	0	0	0
1899999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
2199999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
2299999. Total Separate Accounts Authorized						0	0	0	0	0	0	0
2599999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
2899999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2999999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
3099999. Total Separate Accounts Authorized and Unauthorized						0	0	0	0	0	0	0
3199999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						25,000	0	0	0	0	0	0
3299999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						0	0	0	0	0	0	0
3399999 - 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

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
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 unpaid	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0	0	0
13. Letters of credit (L)	0	0	0	0	0
14. Trust agreements (T)	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	783,326,088	0	783,326,088
2. Accident and health premiums due and unpaid (Line 15)	47,730,246	0	47,730,246
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)	182,840,782	0	182,840,782
6. Total assets (Line 28)	1,013,897,116	0	1,013,897,116
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	169,890,254	0	169,890,254
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	47,634,437	0	47,634,437
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0	0	0
11. Reinsurance in unauthorized companies (Line 20)	0	0	0
12. All other liabilities (Balance)	123,300,333	0	123,300,333
13. Total liabilities (Line 24)	340,825,024	0	340,825,024
14. Total capital and surplus (Line 33)	673,072,092	XXX	673,072,092
15. Total liabilities, capital and surplus (Line 34)	1,013,897,116	0	1,013,897,116
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. 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 CN						
58. Aggregate Other Alien OT						
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 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	JA			.0.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	.47058	52-1385894				CareFirst of Maryland, Inc.	MD	JA	CareFirst, Inc.	Board of Directors	.0.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	.53007	53-0078070				Group Hospitalization and Medical Services, Inc.	DC	JA	CareFirst, Inc.	Board of Directors	.0.000	CareFirst, Inc.	
		.00000	52-1635265				CFS Health Group, LLC	MD	NIA	CareFirst of Maryland, Inc.	Ownership	.100.000	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	52-1118153				National Capital Insurance Agency, LLC	DC	NIA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	.60113	52-1962376				FirstCare, Inc.	MD	JA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
		.00000	52-1724358				Capital Area Services Company, LLC	WV	NIA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
		.00000	52-1187907				Willse & Associates, LLC	MD	NIA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
		.00000	52-1330940				National Capital Administrative Services, LLC	DC	NIA	CareFirst Holdings, LLC	Ownership	.100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	.96202	52-1358219				CareFirst BlueChoice, Inc.	DC		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)
47021	52-2069215	CareFirst, Inc.	0	0	0	0	2,076,059	0		0	2,076,059	0
53007	53-0078070	Group Hospitalization & Medical Services, Inc.	0	(14,954,339)	0	0	(60,448,368)	15,942,917		0	(59,459,790)	2,995,330
47058	52-1385894	CareFirst of Maryland, Inc.	0	(14,954,339)	0	0	297,566,700	(14,144,108)		0	268,468,253	(8,869,586)
00000	27-4297513	CareFirst Holdings, LLC	0	29,908,678	0	0	0	0		0	29,908,678	0
60113	52-1962376	First Care, Inc.	0	0	0	0	(4,108,110)	(1,798,809)		0	(5,906,919)	5,874,256
00000	52-1187907	Willse & Associates, LLC	0	0	0	0	(12,778,170)	0		0	(12,778,170)	0
00000	52-1724358	Capital Area Services Co., LLC	0	0	0	0	6,221,313	0		0	6,221,313	0
96202	52-1358219	Carefirst BlueChoice, Inc.	3,835,092	0	0	0	(214,210,474)	0		0	(210,375,382)	(1,277,483)
00000	52-1330940	National Capital Administrative Services, Inc.	0	0	0	0	(9,405,270)	0		0	(9,405,270)	0
00000	52-1118153	National Capital Insurance Agency, LLC	0	0	0	0	(1,702,524)	0		0	(1,702,524)	0
13130	52-1840919	The Dental Network, Inc.	0	0	0	0	(3,211,156)	0		0	(3,211,156)	1,277,483
00000	52-2362725	CapitalCare, Inc.	(3,835,092)	0	0	0	0	0		0	(3,835,092)	0
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 4/15/2012.
 - 11.
 - 12.
 - 13.
 14. Not applicable. Company does not have 100 or more stockholders.
 - 15.
 - 16.
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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]	

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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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