



ANNUAL STATEMENT

For the Year Ending December 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

DC CHARTERED HEALTH PLAN, INC.

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	95748	Employer's ID Number	52-1492499
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:	<input type="checkbox"/> Life, Accident & Health[] <input type="checkbox"/> Dental Service Corporation[] <input type="checkbox"/> Other[]		<input type="checkbox"/> Property/Casualty[] <input type="checkbox"/> Vision Service Corporation[] <input type="checkbox"/> Is HMO Federally Qualified? Yes[] No[X] N/A[]		<input type="checkbox"/> Hospital, Medical & Dental Service or Indemnity[] <input checked="" type="checkbox"/> Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1986		Commenced Business	09/12/1986		
Statutory Home Office	1025 15TH STREET NW <small>(Street and Number)</small>			WASHINGTON, DC 20005-2601 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	WASHINGTON, DC 20005-2601 <small>(City or Town, State and Zip Code)</small>		1025 15TH STREET NW <small>(Street and Number)</small>	(202)408-4720 <small>(Area Code) (Telephone Number)</small>		
Mail Address	1025 15TH STREET NW <small>(Street and Number or P.O. Box)</small>			WASHINGTON, DC 20005-2601 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	WASHINGTON, DC 20005-2601 <small>(City or Town, State and Zip Code)</small>		1025 15TH STREET NW <small>(Street and Number)</small>	(202)408-3973 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.chartered-health.com					
Statutory Statement Contact	MAYNARD GEORGE MCALPIN <small>(Name)</small>			(202)408-3973 <small>(Area Code)(Telephone Number)(Extension)</small>		
	MMcalpin@chartered-health.com <small>(E-Mail Address)</small>			(202)289-6642 <small>(Fax Number)</small>		

OFFICERS

Name	Title
JEFFREY EARL THOMPSON	Chairman
MAYNARD GEORGE MCALPIN	President & CEO
JOE NEIL LOWRY	Chief Financial Officer

VICE PRESIDENT

PARMINDER SINGH SETHI, CIO #
 KEITH ANTHONY MACCANNON, SVP, Health Plan Services, Marketing and Com. #
 LAVDNA ADAMS ORR MD, CMO

DIRECTORS OR TRUSTEES

JEFFREY EARL THOMPSON	JOHNNIE BROOKS BOOKER
MYRTLE ROSALIND GOMEZ	NICHOLAS GEORGE KAREMBALAS
WILLIAM JEFFREY STRUDWICK	

State of District of Columbia
 County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)	(Signature)	(Signature)
MAYNARD GEORGE MCALPIN		JOE NEIL LOWRY
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Secretary	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2012

- 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 _____

 (Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	5,049,630	1,625,141		842,911		7,517,682
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	5,049,630	1,625,141		842,911		7,517,682

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CAREMARK				1,021,345		1,021,345
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables				1,021,345		1,021,345
Claim Overpayment Receivables						
Howard University Hospital				123,423		123,423
GEORGE WASH UNIV HOSP	1,241,896				797,081	444,814
WASH HOSP CENTER	233,164					233,164
GEORGE WASHINGTON-MFA	169,866					169,866
0299998 Claim Overpayment Receivables - Not Individually Listed	542,851				84,265	458,586
0299999 Subtotal - Claim Overpayment Receivables	2,187,776			123,423	881,346	1,429,852
Loans and Advances to Providers						
UNITY HEALTH CARE				750,000	134,235	615,765
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers				750,000	134,235	615,765
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	2,187,776			1,894,768	1,015,582	3,066,962

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
WASH HOSP CENTER	4,087,591	477,605				4,565,196
CHILDREN'S NATL MED CTR	4,048,530					4,048,530
GEORGE WASHINGTON-MFA	1,065,721					1,065,721
CAREMARK	1,996,172					1,996,172
DENTAQUEST	451,070					451,070
0199999 Total - Individually Listed Claims Unpaid	11,649,083	477,605				12,126,688
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	5,370,594	83,485				5,454,079
0499999 Subtotals	17,019,677	561,090				17,580,767
0599999 Unreported claims and other claim reserves						20,669,233
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						38,250,000
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
DC HEALTHCARE SYS	300,000				300,000		
0199999 Total - Individually listed receivables	300,000				300,000		
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	300,000				300,000		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
DC HEALTHCARE SYS		426,986	392,664	34,322
0199999 Total - Individually listed payables	X X X	426,986	392,664	34,322
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	426,986	392,664	34,322

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	7,119,751	2.134	110,550	100.000		7,119,751
2. Intermediaries						
3. All other providers	6,416,544	1.923	110,550	100.000		6,416,544
4. TOTAL Capitation Payments	13,536,294	4.056	221,100	200.000		13,536,294
Other Payments:						
5. Fee-for-service	76,217,550	22.840	X X X	X X X	823,495	75,394,055
6. Contractual fee payments	243,952,076	73.104	X X X	X X X		243,952,076
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	320,169,626	95.944	X X X	X X X	823,495	319,346,131
13. TOTAL (Line 4 plus Line 12)	333,705,921	100.000	X X X	X X X	823,495	332,882,425

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
	Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,104,220	.....	941,303	162,917	162,917	.....
2.	Medical furniture, equipment and fixtures	486,206	.....	486,206	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,590,426	.....	1,427,508	162,917	162,917	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Company Code 95748

	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	110,184		14,444						95,740	
2. First Quarter	110,597		13,394						97,203	
3. Second Quarter	109,938		13,117						96,821	
4. Third Quarter	110,582		13,060						97,522	
5. Current Year	110,550		12,442						98,108	
6. Current Year Member Months	1,325,230		157,893						1,167,337	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	416,034		99,420						316,614	
8. Non-Physician	208,342		44,193						164,149	
9. TOTAL	624,376		143,613						480,763	
10. Hospital Patient Days Incurred	29,580		5,299						24,281	
11. Number of Inpatient Admissions	8,081		1,186						6,895	
12. Health Premiums Written (b)	356,929,263		26,924,402						330,004,861	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	356,929,263		26,924,402						330,004,861	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	333,705,921		24,138,623						309,567,298	
18. Amount Incurred for Provision of Health Care Services	341,434,318		23,506,325						317,927,992	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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

29 District of Columbia



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95748

	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	110,184		14,444						95,740	
2. First Quarter	110,597		13,394						97,203	
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	356,929,263		26,924,402						330,004,861	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	333,705,921		24,138,623						309,567,298	
18. Amount Incurred for Provision of Health Care Services	341,434,318		23,506,325						317,927,992	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>											
0999999 Total (Sum of 0399999 and 0699999)											

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
0799999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
27855	36-2781080	09/01/2010	ZURICH AMER INS CO OF IL	IL	273,685	253,925
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					273,685	253,925
1399999 Total - Accident and Health - Non-Affiliates					273,685	253,925
1499999 Total - Accident and Health					273,685	253,925
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					273,685	253,925
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)						
1799999 Total (Sum of 0799999 and 1499999)					273,685	253,925

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	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
27855	36-2781080	09/01/2010	ZURICH AMER INS CO OF IL	IL	SSL/L/G	1,430,652						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						1,430,652						
0699999 Total - General Account - Authorized - Non-Affiliates						1,430,652						
0799999 Total - General Account Authorized						1,430,652						
1499999 Total - General Account - Unauthorized												
1599999 Total - General Account - Authorized and Unauthorized						1,430,652						
2299999 Total - Separate Accounts - Authorized												
2999999 Total - Separate Accounts - Unauthorized												
3099999 Total - Separate Accounts - Authorized and Unauthorized												
3199999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699993, 1999999, 2399999 and 2699999)						1,430,652						
3299999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)												
3399999 Total (Sum of 1599999 and 3099999)						1,430,652						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8
2599999 Total (Sum of 1599999 and 2299999)																

(a)

Code	American Bankers Association (ABA) Routing Number	NONE

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			123	192	214
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	1,431	1,491	1,155	854	647
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	758	806			
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	254				390
8. Reinsurance recoverable on paid losses	274	158	211	277	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

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)	32,071,476		32,071,476
2. Accident and health premiums due and unpaid (Line 15)	7,517,682		7,517,682
3. Amounts recoverable from reinsurers (Line 16.1)	273,685	(273,685)	0
4. Net credit for ceded reinsurance	X X X	527,610	527,610
5. All other admitted assets (Balance)	7,795,491		7,795,491
6. TOTAL Assets (Line 28)	47,658,334	253,925	47,912,259
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	37,996,075	253,925	38,250,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	8,220,318		8,220,318
13. TOTAL Liabilities (Line 24)	46,216,394	253,925	46,470,319
14. TOTAL Capital and Surplus (Line 33)	1,441,940	X X X	1,441,940
15. TOTAL Liabilities, Capital and Surplus (Line 34)	47,658,334	253,925	47,912,259
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	253,925		
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses	273,685		
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables	527,610		
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance	527,610		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
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. TOTALS						

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)	Name 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)	*
0		0					MR. JEFFREY EARL THOMPSON	DC	UIP	MR. JEFFREY EARL THOMPSON	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		95748	52-1492499				DC CHARTERED HEALTH PLAN INC	DC		DC HEALTHCARE SYSTEMS	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		0	14-1987257				JT Real Estate Holdings, LLC	DC	NIA	DC HEALTHCARE SYSTEMS	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		0	52-2237617				DC HEALTHCARE SYSTEMS	DC	UDP	JEFFREY EARL THOMPSON	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		0	52-1563500				THOMPSON, COBB, BAZILIO & ASSOCIATES, PC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		0	68-0596237				Bright Star Entertainment LLC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		0	57-7905828				Capital Financial Services	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		0	26-3779125				EUCLID STREET PARTNERS, LLC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	MR. JEFFREY EARL THOMPSON	
0		0	20-4732163				KMJ Development, LLC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	MR. JEFFREY EARL THOMPSON	

39

Asterisk	Explanation
0000001	Footnote

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/(Disburse- ments) 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)
.. 95748 ..	.. 52-1492499 52-2237617 ..	DC CHARTERED HLTH PLAN INC DC HEALTHCARE SYSTEMS INC .....	.....	.....	.....	.....	..... (426,986) 426,986	.....	.....	.....	..... (426,986) 426,986	.....
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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? | See Explanation |
| 2. Will an actuarial opinion be filed by March 1? | See Explanation |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | See Explanation |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | See Explanation |

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

- | | |
|--|-----|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | Yes |
|--|-----|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it 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? | No |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|----|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | No |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | No |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

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

Explanations:

1. Extension granted by DC DISB until 04/13/2012
2. Extension granted by DC DISB until 04/13/2012

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



9574820113600000 2011 Document Code: 360

Health Life Supplement



9574820112050000 2011 Document Code: 205

Health Property / Casualty Supplement



9574820112070000 2011 Document Code: 207

Schedule SIS



9574820114200000 2011 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



9574820113710000 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



9574820113700000 2011 Document Code: 370

Medicare Part D Coverage Supplement



9574820113650000 2011 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



9574820112240000 2011 Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property/Casualty Supplement - Insurance Expense Exhibit



Supplemental Health Care Exhibit



Supplemental Health Care Exhibit's Expense Allocation Report



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
2504. ACCUM AMORT GOODWILL	(554,018)	(554,018)		158,516
2505. ACCOUNTS RECVBLE-RETURNED CHKS				0
2506. ADVANCES - EMPLOYEE	21,797	21,797		0
2507. ACCOUNTS RECEIVABLE - OTHER	280,375	280,375		
2508. NOTES RECEIVABLES	201,882	201,882		
2509. DUE FROM CFHC	347,035	347,035		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	297,069	297,069		158,516

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
2904. Other Miscellaneous Income		89,958	
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)		89,958	

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. ACCUM AMORT GOODWILL	(554,018)	(554,018)	
2505. ACCOUNTS RECVBLE-RETURNED CHKS		29	29
2506. ADVANCES - EMPLOYEE	21,797	22,354	557
2507. ACCOUNTS RECEIVABLE - OTHER	280,375	159,302	(121,072)
2508. NOTES RECEIVABLES	201,882	235,873	33,991
2509. Due From CFHC	347,035		(347,035)
2510. LICENSING FEE		200	200
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	297,069	(136,260)	(433,329)

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