



ANNUAL STATEMENT

For the Year Ended December 31, 2010

of the Condition and Affairs of the

MMM Healthcare, Inc.

NAIC Group Code..... , (Current Period) (Prior Period)
 Organized under the Laws of PR State of Domicile or Port of Entry PR Country of Domicile US
 Licensed as Business Type..... Is HMO Federally Qualified? Yes [X] No []
 Incorporated/Organized..... September 25, 2000 Commenced Business..... January 1, 2001
 Statutory Home Office 350 CHARDON AVE. STE. 500..... SAN JUAN 918
 (Street and Number) (City or Town, State and Zip Code)
 Main Administrative Office 350 CHARDON AVE. STE. 500..... SAN JUAN PR 918 787-622-3000
 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)
 Mail Address 350 CHARDON AVE. STE. 500..... SAN JUAN PR 918
 (Street and Number or P. O. Box) (City or Town, State and Zip Code)
 Primary Location of Books and Records 350 CHARDON AVE. STE. 500..... SAN JUAN PR 918 787-622-3000
 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)
 Internet Web Site Address WWW.MEDICAREYMUCHOMAS.COM
 Statutory Statement Contact SONIA I NIEVES 787-620-2399
 (Name) (Area Code) (Telephone Number) (Extension)
 sonia.nieves@mmmhc.com 787-620-2399
 (E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. ORLANDO GONZALEZ	PRESIDENT	2. JOSE MERCADO	VP OF FINANCE
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

RICK SHINTO ORLANDO GONZALEZ DOUG MALTON CLAUDE CHEVANCE
 ROBERT TORRICELLI

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) ORLANDO GONZALEZ	_____ (Signature) JOSE MERCADO	_____ (Signature)
1. (Printed Name) PRESIDENT	2. (Printed Name) VP OF FINANCE	3. (Printed Name)
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
 This _____ day of _____ 2011

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 _____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	212,986,962		212,986,962	208,278,514
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	250,000		250,000	
2.2 Common stocks.....			0	7,353,275
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....17,219,585, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....4,406,268, Sch. DA).....	21,625,853		21,625,853	48,133,112
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	204,362
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	600,000	0	600,000	600,000
12. Subtotals, cash and invested assets (Lines 1 to 11).....	235,462,815	0	235,462,815	264,569,263
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,237,953		1,237,953	1,445,465
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	49,269,821	2,020,517	47,249,304	26,804,276
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	1,863,632	1,080,028	783,604	2,537,143
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	48,875	48,875	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	35,718		35,718	
24. Health care (\$.....6,822,700) and other amounts receivable.....	6,822,700		6,822,700	5,764,436
25. Aggregate write-ins for other than invested assets.....	1,352,180	810,237	541,943	67,040
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	296,093,694	3,959,657	292,134,037	301,187,623
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	296,093,694	3,959,657	292,134,037	301,187,623

DETAILS OF WRITE-INS

1101. Certificate of Deposit (P.R. Insurance Commissioner's Statutory Deposit).....	600,000		600,000	600,000
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	600,000	0	600,000	600,000
2501. Prepaid Expense.....	63,416	63,416	0	
2502. Rent Deposit.....	504,413	504,413	0	
2503. Other Receivable.....	500,667	63,627	437,040	67,040
2598. Summary of remaining write-ins for Line 25 from overflow page.....	283,684	178,781	104,903	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,352,180	810,237	541,943	67,040

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	117,312,521		117,312,521	134,419,772
2. Accrued medical incentive pool and bonus amounts.....	51,189,788		51,189,788	48,405,900
3. Unpaid claims adjustment expenses.....	1,017,188		1,017,188	1,004,973
4. Aggregate health policy reserves.....	13,150,000		13,150,000	5,050,000
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....	2,406,593		2,406,593	2,385,041
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	3,339,424		3,339,424	48,519,087
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....	1,329,466		1,329,466	1,745,861
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	17,025,015		17,025,015	3,687,486
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....			0	
20. Reinsurance in unauthorized companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....	251,511		251,511	1,946,778
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	25,602,544	0	25,602,544	600,000
24. Total liabilities (Lines 1 to 23).....	232,624,050	0	232,624,050	247,764,898
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	2,000	2,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	1,999,000	1,999,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	57,508,987	51,421,725
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	59,509,987	53,422,725
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	292,134,037	301,187,623

DETAILS OF WRITE-INS

2301. Statutory Liabilities.....	600,000		600,000	600,000
2302. Plan to Plan.....	2,544		2,544	
2303. Dividend Payable.....	25,000,000		25,000,000	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	25,602,544	0	25,602,544	600,000
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	1,595,451	1,564,673
2. Net premium income (including \$.....0 non-health premium income).....	XXX	1,328,295,559	1,319,105,188
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	.0	.0
7. Aggregate write-ins for other non-health revenues.....	XXX	.0	.0
8. Total revenues (Lines 2 to 7).....	XXX	1,328,295,559	1,319,105,188
Hospital and Medical:			
9. Hospital/medical benefits.....		723,190,960	735,505,899
10. Other professional services.....		12,607,340	12,772,632
11. Outside referrals.....			
12. Emergency room and out-of-area.....		12,283,530	11,260,301
13. Prescription drugs.....		205,720,896	201,854,901
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		118,829,536	78,306,124
16. Subtotal (Lines 9 to 15).....	.0	1,072,632,262	1,039,699,857
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	.0	1,072,632,262	1,039,699,857
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....			
21. General administrative expenses.....		150,286,776	118,456,653
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	.0	1,222,919,038	1,158,156,510
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	105,376,521	160,948,678
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		4,953,827	2,967,148
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....		243,555	(1,231,042)
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	5,197,382	1,736,106
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	.0	4,615,259	2,411,019
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	115,189,162	165,095,803
31. Federal and foreign income taxes incurred.....	XXX	35,409,773	65,635,081
32. Net income (loss) (Lines 30 minus 31).....	XXX	79,779,389	99,460,722

DETAILS OF WRITE-INS

0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	.0	.0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	.0	.0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	.0	.0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	.0	.0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	.0	.0	.0
2901. Other Income.....		4,526,825	2,411,019
2902. Other Income.....		88,434	
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0	.0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.0	4,615,259	2,411,019

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	53,422,725	39,903,337
34. Net income or (loss) from Line 32.....	79,779,389	99,460,722
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....84,865.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	(2,726,057)	(9,492,715)
39. Change in nonadmitted assets.....	3,322,040	22,629,100
40. Change in unauthorized reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....	(74,260,000)	(99,162,669)
47. Aggregate write-ins for gains or (losses) in surplus.....	(28,110)	84,950
48. Net change in capital and surplus (Lines 34 to 47).....	6,087,262	13,519,388
49. Capital and surplus end of reporting period (Line 33 plus 48).....	59,509,987	53,422,725

DETAILS OF WRITE-INS

4701. Net Change Unrealized depreciation of equity securities.....		422,647
4702. Increase in not Admitted assets.....		(337,697)
4703. Other Surplus Adjustment.....	(28,110)	
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	(28,110)	84,950

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,317,356,841	1,313,567,571
2. Net investment income.....	7,481,128	2,840,521
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	1,324,837,969	1,316,408,092
5. Benefit and loss related payments.....	1,087,628,987	996,434,400
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	137,237,151	103,035,389
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	76,063,175	25,349,734
10. Total (Lines 5 through 9).....	1,300,929,313	1,124,819,523
11. Net cash from operations (Line 4 minus Line 10).....	23,908,656	191,588,569
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	67,248,604	12,039,952
12.2 Stocks.....	7,226,451	1,234,583
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	74,475,055	13,274,535
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	73,938,312	202,611,993
13.2 Stocks.....		69,198
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	73,938,312	202,681,191
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	536,743	(189,406,656)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....	(1,692,659)	
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....	49,260,000	99,162,669
16.6 Other cash provided (applied).....		(10,528,926)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(50,952,659)	(109,691,595)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(26,507,260)	(107,509,682)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	48,133,112	155,642,794
19.2 End of year (Line 18 plus Line 19.1).....	21,625,852	48,133,112

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....				0
2. Medicare supplement.....				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal employees health benefits plan.....				0
6. Title XVIII - Medicare.....	1,328,295,559			1,328,295,559
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8).....	1,328,295,559	0	0	1,328,295,559
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	1,328,295,559	0	0	1,328,295,559

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	970,909,977						970,909,977			
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	970,909,977	0	0	0	0	0	970,909,977	0	0	0
2. Paid medical incentive pools and bonuses.....	78,896,136						78,896,136			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	117,312,521						117,312,521			
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	117,312,521	0	0	0	0	0	117,312,521	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	51,189,788						51,189,788			
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	134,419,772						134,419,772			
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	134,419,772	0	0	0	0	0	134,419,772	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	48,405,900						48,405,900			
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	953,802,726	0	0	0	0	0	953,802,726	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	953,802,726	0	0	0	0	0	953,802,726	0	0	0
13. Incurred medical incentive pools and bonuses.....	81,680,024	0	0	0	0	0	81,680,024	0	0	0

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	117,312,521						117,312,521			
1.2 Reinsurance assumed.....	.0									
1.3 Reinsurance ceded.....	.0									
1.4 Net.....	117,312,521	.0	.0	.0	.0	.0	117,312,521	.0	.0	.0
2. Incurred but unreported:										
2.1 Direct.....	.0									
2.2 Reinsurance assumed.....	.0									
2.3 Reinsurance ceded.....	.0									
2.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	.0									
3.2 Reinsurance assumed.....	.0									
3.3 Reinsurance ceded.....	.0									
3.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Totals:										
4.1 Direct.....	117,312,521	.0	.0	.0	.0	.0	117,312,521	.0	.0	.0
4.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net.....	117,312,521	.0	.0	.0	.0	.0	117,312,521	.0	.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					.0	
2. Medicare supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal employees health benefits plan.....					.0	
6. Title XVIII - Medicare.....	121,727,226	886,332,263	3,590,416	113,722,104	125,317,642	134,419,772
7. Title XIX - Medicaid.....					.0	
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	121,727,226	886,332,263	3,590,416	113,722,104	125,317,642	134,419,772
10. Healthcare receivables (a).....					.0	
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	44,298,884	34,597,252	3,779,015	47,410,773	48,077,899	48,405,899
13. Totals (Lines 9 - 10 + 11 + 12).....	166,026,110	920,929,515	7,369,431	161,132,877	173,395,541	182,825,671

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior.....	.849,899	.849,899	.849,899	.849,899	.849,899
2. 2006.....	.763,533	.852,872	.852,872	.852,872	.852,872
3. 2007.....	.XXX	.784,561	.894,919	.894,919	.894,919
4. 2008.....	.XXX	.XXX	.768,335	.884,163	.884,163
5. 2009.....	.XXX	.XXX	.XXX	.880,606	.166,622
6. 2010.....	.XXX	.XXX	.XXX	.XXX	.921,006

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior.....	.859,592	.859,592	.859,592	.859,592	.859,592
2. 2006.....	.847,590	.847,590	.847,590	.847,590	.847,590
3. 2007.....	.XXX	.893,438	.893,438	.893,438	.893,438
4. 2008.....	.XXX	.XXX	.900,641	.900,641	.900,641
5. 2009.....	.XXX	.XXX	.XXX	.1,039,700	.1,039,700
6. 2010.....	.XXX	.XXX	.XXX	.XXX	.1,072,632

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2006.....	1,008,539	.852,872	.852,872	.00	.852,872	.84.6			.852,872	.84.6
2. 2007.....	1,074,489	.894,919	.894,919	.00	.894,919	.83.3			.894,919	.83.3
3. 2008.....	1,091,304	.878,693	.878,693	.00	.878,693	.80.5			.878,693	.80.5
4. 2009.....	1,319,188	.996,434	.996,434	.00	.996,434	.75.5			.996,434	.75.5
5. 2010.....	1,328,296	.1,087,628	.1,087,628	.00	.1,087,628	.81.9	.168,501	.1,017	.1,257,146	.94.6

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior.....	NONE				
2. 2006.....					
3. 2007.....		XXX			
4. 2008.....		XXX	XXX		
5. 2009.....		XXX	XXX	XXX	
6. 2010.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior.....	NONE				
2. 2006.....					
3. 2007.....		XXX			
4. 2008.....		XXX	XXX		
5. 2009.....		XXX	XXX	XXX	
6. 2010.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2006.....	1,008,539	852,872		0.0	852,872	84.6			852,872	84.6
2. 2007.....	1,074,489	894,919		0.0	894,919	83.3			894,919	83.3
3. 2008.....	1,091,304	878,693		0.0	878,693	80.5			878,693	80.5
4. 2009.....	1,319,188	996,434		0.0	996,434	75.5			996,434	75.5
5. 2010.....	1,328,296	1,087,628		0.0	1,087,628	81.9			1,087,628	81.9

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior.....	NONE				
2. 2006.....					
3. 2007.....		XXX			
4. 2008.....		XXX	XXX		
5. 2009.....		XXX	XXX	XXX	
6. 2010.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior.....	859,592	859,592	859,592	859,592	859,592
2. 2006.....	847,590	847,590	847,590	847,590	847,590
3. 2007.....	XXX	893,438	893,438	893,438	893,438
4. 2008.....	XXX	XXX	900,641	900,641	
5. 2009.....	XXX	XXX	XXX	1,039,700	
6. 2010.....	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2006.....				NONE		0.0			0	0.0
2. 2007.....						0.0			0	0.0
3. 2008.....						0.0			0	0.0
4. 2009.....						0.0			0	0.0
5. 2010.....						0.0			0	0.0

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Dental
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Dental
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Dental
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Other
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
POLICY RESERVE									
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income.....	.0								
5. Aggregate write-ins for other policy reserves.....	13,150,000	.0	.0	.0	.0	.0	13,150,000	.0	.0
6. Totals (gross).....	13,150,000	.0	.0	.0	.0	.0	13,150,000	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (net) (Page 3, Line 4).....	13,150,000	.0	.0	.0	.0	.0	13,150,000	.0	.0
CLAIM RESERVE									
9. Present value of amounts not yet due on claims.....	.0								
10. Reserve for future contingent benefits.....	.0								
11. Aggregate write-ins for other claim reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded.....	.0								
14. Totals (net) (Page 3, Line 7).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
DETAILS OF WRITE-INS									
0501. Risk Sharing.....	13,150,000						13,150,000		
0502. ....	.0								
0503. ....	.0								
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	13,150,000	.0	.0	.0	.0	.0	13,150,000	.0	.0
1101. ....	.0								
1102. ....	.0								
1103. ....	.0								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0

13

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....			3,420,183		3,420,183
2. Salaries, wages and other benefits.....			81,460,248		81,460,248
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			4,500,323		4,500,323
4. Legal fees and expenses.....			883,107		883,107
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			6,426,165		6,426,165
7. Traveling expenses.....			838,356		838,356
8. Marketing and advertising.....			8,017,553		8,017,553
9. Postage, express and telephone.....			1,556,534		1,556,534
10. Printing and office supplies.....			7,444,017		7,444,017
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....					0
13. Cost or depreciation of EDP equipment and software.....			4,658,396		4,658,396
14. Outsourced services including EDP, claims, and other services.....			6,929,551		6,929,551
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....			265,356		265,356
17. Collection and bank service charges.....					0
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....					0
24. Investment expenses not included elsewhere.....					0
25. Aggregate write-ins for expenses.....	0	0	23,886,987	0	23,886,987
26. Total expenses incurred (Lines 1 to 25).....	0	0	150,286,776	0	(a) 150,286,776
27. Less expenses unpaid December 31, current year.....			2,406,593		2,406,593
28. Add expenses unpaid December 31, prior year.....			2,385,041		2,385,041
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	0	150,265,224	0	150,265,224

DETAILS OF WRITE-INS

2501. Other Expenses.....			17,262,352		17,262,352
2502. Provider Relation.....			335,361		335,361
2503. Equipment & Car Rental.....			11,515		11,515
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	6,277,759	0	6,277,759
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	23,886,987	0	23,886,987

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....1,008,481	.....991,203
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....3,736,157	.....3,573,465
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....387,732	.....387,476
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....33,295	.....1,683
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....5,165,665	.....4,953,827
11. Investment expenses.....	.....	(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....0
17. Net investment income (Line 10 minus Line 16).....	.....	.....4,953,827

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

- (a) Includes \$.....28,269 accrual of discount less \$.....2,211,342 amortization of premium and less \$.....204,361 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....7,566 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....17,959	.....	.....17,959	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....337,669	.....(154,000)	.....183,669	.....3,561	.....
1.2 Other bonds (unaffiliated).....	.....	.....	.....0	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....41,871	.....	.....41,871	.....81,304	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....56	.....	.....56	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....397,555	.....(154,000)	.....243,555	.....84,865	.....0

DETAILS OF WRITE-INS

0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Derivatives.....			.0
8. Other invested assets (Schedule BA).....			.0
9. Receivables for securities.....			.0
10. Securities lending reinvested collateral assets.....			.0
11. Aggregate write-ins for invested assets.....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	.0
13. Title plants (for Title insurers only).....			.0
14. Investment income due and accrued.....			.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
15.3 Accrued retrospective premiums.....			.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.0
16.2 Funds held by or deposited with reinsured companies.....			.0
16.3 Other amounts receivable under reinsurance contracts.....			.0
17. Amounts receivable relating to uninsured plans.....			.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
18.2 Net deferred tax asset.....	1,080,028	2,051,980	971,952
19. Guaranty funds receivable or on deposit.....			.0
20. Electronic data processing equipment and software.....		258,696	258,696
21. Furniture and equipment, including health care delivery assets.....	48,875		(48,875)
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0
23. Receivables from parent, subsidiaries and affiliates.....			.0
24. Health care and other amounts receivable.....			.0
25. Aggregate write-ins for other than invested assets.....	2,830,754	4,971,021	2,140,267
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	3,959,657	7,281,697	3,322,040
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	3,959,657	7,281,697	3,322,040

DETAILS OF WRITE-INS

1101.....			.0
1102.....			.0
1103.....			.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0
2501. Prepaid Expense.....	63,416	776,736	713,320
2502. Rent Deposit.....	504,413	504,413	.0
2503. Other Receivable.....	63,627	.974	(62,653)
2598. Summary of remaining write-ins for Line 25 from overflow page.....	2,199,298	3,688,898	1,489,600
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	2,830,754	4,971,021	2,140,267

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....	133,726	130,660	132,602	134,919	135,649	1,595,451
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	133,726	130,660	132,602	134,919	135,649	1,595,451

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

(1) Organization and Summary of Significant Accounting Policies

(a) Organization

MMM Healthcare, Inc. (the Company or MMM) was organized under the laws of the Commonwealth of Puerto Rico during September 2000 and is a wholly owned subsidiary of MMM Holdings, Inc. (Holdings), a corporation organized under the laws of the Commonwealth of Puerto Rico and wholly owned by Aveta, Inc. (Aveta).

The Company was organized to develop and provide Medicare Advantage Plan (MA Plan) coverage to residents of Puerto Rico who are eligible for Medicare benefits. The MA Plan offered by the Company provides plan members with full Medicare Part A and Plan B benefits plus coverage of Medicare deductibles and copayment amounts and additional benefits that Medicare does not provide. Since January 2006, the MA Plan has also offered Medicare Part D drug coverage (MA-PD plan). The MA Plan operates as a health services organization (HSO) whereby members are covered for care provided by physicians, hospitals, and other healthcare providers.

The Company offers its Medicare Advantage Plan pursuant to a contract with the United States Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services. Under the terms of this contract, CMS pays the Company a fixed amount for each member of the Company's coordinated care plan and the Company provides the coverage to that member for the health services provided. The contract is for a period of one year commencing January 1 and ending on December 31, and can be renewed for periods of one year, as defined in the contract. The contract was renewed effective January 1, 2011 for a period of one year. The Company also provides supplemental health coverage to Medicare and Medicaid dual eligible members enrolled in a specified MA-PD plan.

(b) Basis of Presentation

The accompanying statutory financial statements of the Company have been prepared in accordance with accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico (the Commissioner of Insurance), which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles. The Company adopted the National Association of Insurance Commissioners' statutory accounting practices (NAIC SAP), as the basis of its statutory accounting practices, as long as they do not contradict the provisions of the Insurance Code of the Commonwealth of Puerto Rico (the Insurance Code) or the Circular Letters issued by the Commissioner of Insurance.

The Commissioner of Insurance has the right to permit other specific practices that may deviate from prescribed practices. Prescribed statutory accounting practices (SAP) include a variety of publications of the National Association of Insurance Commissioners (NAIC) including its codification initiative contained in its accounting practices and procedures manual, as well as state laws, regulations, and general administrative rules. Permitted statutory accounting practices encompass all accounting practices not so prescribed. The Commissioner of Insurance has adopted certain permitted accounting practices that differ from those found in NAIC SAP. However, differences adopted by the Commissioner of Insurance do not have a significant effect on the net income and statutory capital and surplus of the Company.

(c) Nonadmitted Assets

Certain assets designated as nonadmitted assets have been excluded from the statutory statements of admitted assets, liabilities, and capital and surplus by a charge to unassigned surplus. The nonadmitted assets charged to unassigned surplus during 2010 and 2009 are as follows:

	2010	2009
Furniture and equipment	\$ 48,875	258,696
Prepaid expenses and rent security deposits	567,829	1,281,149
Receivables and advance to providers	2,262,925	3,687,264
Advance to affiliate	—	2,608
Deferred tax assets	1,079,462	2,051,980
	<u>\$ 3,959,091</u>	<u>7,281,697</u>

Depreciation expense on the related furniture and equipment designated as nonadmitted assets amounted to \$209,821 and \$404,899 for the years ended December 31, 2010 and 2009, respectively, and was charged against operations and is presented as part of general and administrative expenses in the accompanying statutory statements of revenue and expenses. Depreciation is calculated on the straight-line method over the estimated useful lives of the assets.

NOTES TO FINANCIAL STATEMENTS

(d) Use of Estimates

The preparation of the statutory financial statements requires management of the Company to make estimates and assumptions relating to the reported amounts included in the statutory financial statements and accompanying notes. The most significant items subject to estimates and assumptions are the actuarial determination for liabilities related to medical costs, the Company's estimated risk adjustment payments receivable from CMS, the valuation of securities carried at fair value, and certain amounts recorded related to the Part D program. Actual results could differ from these estimates.

(e) Recognition of Premium Revenue

Premium revenue is recognized as revenue over the period in which service or benefits are obligated to be provided. The Company recognizes premium revenue for the Part D payments received from CMS for which it assumes risk. The Company does not record revenue related to Part D payments from CMS that represent payments for claims for which it assumes no risk (see note 4).

Substantially all revenues recognized by the Company are received from CMS and from the Commonwealth of Puerto Rico Health Insurance Administration (ASES by its Spanish acronym). Revenues are recognized ratably over the period of coverage based on anticipated CMS and ASES reimbursement rates, number of enrollees, and expected Medicare and Medicaid eligibility status. Actual amounts received from CMS and ASES are subject to adjustment based on subsequent review of members' eligibility or retroactive adjustments of reimbursement rates. An estimate is made of such retroactive adjustments based on historical trends, premiums billed, number of members, expected eligibility, and other information. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by CMS. Changes in revenues from CMS resulting from the periodic changes in risk adjustment scores for the Company's membership are recognized when the amounts become determinable, and the collectibility is reasonably assured. Such estimates are regularly reviewed and updated, and any resulting adjustments are included in the current year's results.

(f) Cash, Cash Equivalents, and Short-Term Investments

The Company considers all highly liquid investments with original maturities of three months or less to be cash equivalents. Short-term investments are defined as short-term highly liquid investments with remaining maturities of one year or less (excluding those investments classified as cash equivalents). Short-term investments having an original maturity of less than one year are stated at cost. At December 31, 2010 and 2009, cash and cash equivalents consisted of cash deposited in financial institutions and money market funds amounting to approximately \$21,600,000 and \$48,000,000, respectively, of which approximately \$4,406,000 and \$20,907,000, respectively, represent cash equivalents. At December 31, 2009, there were short-term investments amounting to \$2,522,000 (none at December 31, 2010.)

(g) Investment Securities

Debt securities, mutual funds, and equity securities are valued in accordance with rules promulgated by NAIC. Bonds eligible for amortization under such rules and nonredeemable preferred stocks are stated at amortized cost. Equity securities comprised by common stocks, including bonds and municipal securities held in mutual funds, are carried at estimated fair value. Adjustments reflecting the unrealized appreciation or depreciation of equity securities are shown as a component of surplus, net of tax and are not included in the determination of the net gain from operations.

Realized gains or losses on the sale of investments are included in operations and are derived using the specific-identification method for determining the cost of securities sold. Interest and dividend income is recognized when earned.

A decline in the fair value of any security below cost that is deemed to be other-than-temporary impairment (OTTI) results in a reduction in carrying amount to fair value. The impairment is charged to operations and a new cost basis for the security is established. To determine whether an impairment is other-than-temporary, the Company considers all available information relevant to the recoverability of the security, including past events, current conditions, and reasonable and supportable forecasts when developing estimate of cash flows expected to be collected.

Evidence considered in this assessment includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end, and forecasted performance of the investee.

Premiums and discounts on debt securities are amortized or accreted over the life of the related security as an adjustment to yield using the effective-interest method. Such amortization and accretion is included in the investment income line item in the accompanying statutory statements of revenue and expenses. Dividend and interest income are recognized when earned.

The Company's investments are exposed to three primary sources of risk: credit, interest rate, and liquidity risk. The financial statement risks, stemming from such investment risks, are those associated with the determination of estimated fair values, the diminished ability to sell certain investments in times of strained market conditions, the recognition of impairments and the recognition of income on certain investments. These

NOTES TO FINANCIAL STATEMENTS

financial statement risks may have a material effect on the amounts presented within the statutory financial statements.

(h) *Medical Claim Liabilities and Medical Costs and Claims*

Medical claim liabilities are accrued as services are rendered, including claims in process and an estimate for claims incurred but not yet reported, which is determined based upon an actuarial analysis of the Company's historical claim payment patterns, management estimates, and other statistics. In addition, the Company contracts with various service providers, which are compensated based on a capitation basis. Expenses related to these providers, which are based in part on estimates, are recorded in the period in which the related services are rendered.

The medical claim liabilities are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the statutory statements of revenue and expenses of the current period. The actual results could differ materially from the amount recorded in the statutory financial statements of the Company.

Medical costs and claims consist of claim payments, capitation payments, risk sharing payments, and pharmacy costs, net of rebates, as well as estimates of future payments of claims provided for services rendered prior to the end of the reporting period. Capitation payments represent monthly contractual fees disbursed to physicians and other providers who are responsible for providing medical care to members. Risk sharing payments represent amounts paid under risk sharing arrangements with providers, including independent physician associations. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers. Rebates are recognized when the rebates are earned according to the contractual arrangements with the respective vendors. Premiums the Company pays to reinsurer are reported as an off-set to premiums, and related reinsurance recoveries are reported as reductions from medical expenses.

(i) *Income Taxes*

Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. Under SAP, the amount permitted to be recognized is more restrictive and, the effect on deferred tax assets and liabilities of a change in tax rates is recognized in the accompanying statutory statements of changes in capital and surplus in the period that includes the enactment date.

During 2009, a statutory accounting standard became effective that revised statutory accounting for deferred income taxes. This standard requires a statutory valuation allowance for deferred tax assets and also changes the admissibility requirements of deferred tax assets. The Company reviews its deferred tax assets for recoverability and establishes a valuation allowance based on historical taxable income, projected future taxable income, applicable tax strategies, and the expected timing of the reversals of existing temporary differences. A valuation allowance is provided when it is more likely than not that some portion or all of the deferred tax assets will not be realized. This statutory accounting standard did not have impact on the Company's statutory financial statements.

Tax credits purchased are initially recorded at cost. Gains on tax credits are deferred until the value of the tax credits utilized exceeds its cost. Losses on tax credits are recognized when known. Gains and losses on tax credits are reflected in other income in the accompanying statutory statements of revenue and expenses.

Information under US Generally Accepted Accounting Principles (GAAP)

The accompanying statutory financial statements have been prepared in conformity with accounting practices prescribed or permitted by the Commissioner of Insurance, which vary in some respects from GAAP. Accounting policies under statutory accounting practices used by the Company in preparing statutory financial statements are disclosed in note 1. Under GAAP, the following policies are used, which are the principal variances with statutory accounting practices:

The accounting basis of investments in debt and equity securities is based upon classifications of the investments as held-to-maturity, trading, and available-for-sale. Held-to-maturity securities are accounted for at amortized cost. Trading and available-for-sale securities are carried at estimated fair value; trading securities' unrealized gains or losses are included in earnings; and available-for-sale securities' unrealized gains or losses are included in a separate component of stockholder's equity, net of tax.

NOTES TO FINANCIAL STATEMENTS

The statutory statements of cash flows emphasize the changes in cash and cash equivalents and present the sources and uses of cash in three classifications that are operating, investing, and financing activities.

The nonadmitted assets are not excluded from the balance sheet.

Changes in deferred tax assets and liabilities are included in income tax expense or benefit and are allocated to operations.

Push-down accounting in a business combination is not permitted under statutory accounting.

The total assets of the Company under GAAP at December 31, 2010 and 2009 were approximately \$459 million and \$477 million, respectively. Net income under GAAP was approximately \$77 million and \$96 million in 2010 and 2009, respectively, and stockholder's equity was approximately \$235 million and \$230 million in 2010 and 2009, respectively.

(2) Accounting Changes and Corrections of Errors N/A**(3) Business Combinations and Goodwill N/A****(4) Discontinued Operation N/A****(5) Investment Securities**

The amortized cost, gross unrealized gains, gross unrealized losses, and estimated fair value of investment securities at December 31, 2010 and 2009 are as follows:

	2010			
	Amortized cost	Gross unrealized gains	Gross unrealized losses	Estimated fair value
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities	\$ 60,437,126	869,902	8,301	61,298,727
Mortgage-backed securities	19,723,033	191,518	137,875	19,776,676
Asset-backed securities	10,525,995	83,788	25,806	10,583,977
Collateralized mortgage obligations	19,004,651	597,737	—	19,602,388
Corporate bonds	97,279,774	1,358,446	313,178	98,325,042
Foreign securities	6,016,202	92,338	—	6,108,540
	<u>212,986,781</u>	<u>3,193,729</u>	<u>485,160</u>	<u>215,695,350</u>
Preferred stocks	250,000	—	—	250,000
	<u>\$ 213,236,781</u>	<u>3,193,729</u>	<u>485,160</u>	<u>215,945,350</u>
	2009			
	Amortized cost	Gross unrealized gains	Gross unrealized losses	Estimated fair value
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities	\$ 59,930,362	306,823	131,839	60,105,346
Mortgage-backed securities	22,835,551	116,514	114,101	22,837,964
Asset-backed securities	12,315,012	—	69,523	12,245,489
Collateralized mortgage obligations	17,979,870	18,880	107,970	17,890,780
Corporate bonds	95,217,719	482,109	234,228	95,465,600
	<u>208,278,514</u>	<u>924,326</u>	<u>657,661</u>	<u>208,545,179</u>
Bonds and municipal securities held in mutual funds	6,690,675	30,166	—	6,720,841
Preferred stocks	250,000	—	—	250,000
Common stocks	493,903	—	111,469	382,434
	<u>\$ 215,713,092</u>	<u>954,492</u>	<u>769,130</u>	<u>215,898,454</u>

Proceeds from sales and maturities of investments in debt securities and bonds and municipal securities held in mutual funds during 2010 and 2009 amounted to approximately \$67,248,000 and \$12,040,000, respectively.

NOTES TO FINANCIAL STATEMENTS

Proceeds from sales of investments in equity securities during 2010 and 2009 were approximately \$7,226,000 and \$1,235,000, respectively.

Gross unrealized losses on investment securities and the estimated fair value of the related securities, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position as of December 31, 2010 and 2009 are as follows:

		2010					
		Less than 12 months		12 months or longer		Total	
		Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses
U.S. Treasury securities and							
obligations of U.S. government							
instrumentalities	\$	3,256,900	8,301	—	—	3,256,900	8,301
Mortgage-backed securities		5,732,308	137,875	—	—	5,732,308	137,875
Asset-backed securities		1,736,722	25,806	—	—	1,736,722	25,806
Corporate bonds		16,758,161	313,178	—	—	16,758,161	313,178
Total	\$	27,484,091	485,160	—	—	27,484,091	485,160
		2009					
		Less than 12 months		12 months or longer		Total	
		Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses
U.S. Treasury securities and							
obligations of U.S. government							
instrumentalities	\$	28,126,660	131,839	—	—	28,126,660	131,839
Mortgage-backed securities		11,084,540	114,101	—	—	11,084,540	114,101
Asset-backed securities		12,245,490	69,523	—	—	12,245,490	69,523
Collateralized mortgage obligations		13,900,622	107,970	—	—	13,900,622	107,970
Corporate bonds		48,321,416	230,580	150,439	3,648	48,471,855	234,228
Common stocks		—	—	382,434	111,469	382,434	111,469
Total	\$	113,678,728	654,013	532,873	115,117	114,211,601	769,130

The Company regularly monitors and evaluates the difference between the cost and estimated fair value of investments. For investments with a fair value below cost, the process includes evaluating the length of time and the extent to which cost exceeds fair value, the prospects and financial condition of the issuer, and the Company's intent and ability to retain the investment to allow for recovery in fair value, among other factors. This process is not exact and further requires consideration of risks such as credit and interest rate risks. Consequently, if an investment's cost exceeds its fair value solely due to changes in interest rates, impairment may not be appropriate. If after monitoring and analyzing, the Company determines that a decline in the estimated fair value of any fixed income or equity security below cost is other than temporary, the carrying amount of the security is reduced to its fair value. The impairment is charged to operations and a new cost basis for the security is established. During 2010 and 2009, an OTTI loss of approximately \$154,000 and \$877,000, respectively was recognized in earnings on equity securities where the primary reason for the impairment was the severity and duration of the unrealized loss position.

The unrealized losses on investment securities as of December 31, 2010 were caused principally by the increased market volatility and changes in interest rates. Because the Company has the ability and intent to hold these securities until a market price recovery or maturity, these investments are not considered other-than-temporarily impaired. The Company has assessed each position for credit impairment.

The amortized cost and estimated fair value of debt securities at December 31, 2010 by contractual maturity are shown below. Expected maturities may differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

NOTES TO FINANCIAL STATEMENTS

	<u>Amortized cost</u>	<u>Estimated fair value</u>
Due in one year or less	\$ 32,268,944	32,501,722
Due after one year through five years	132,925,267	134,858,761
Due after five years through ten years	10,886,218	10,809,516
Due after ten years	36,906,352	37,525,351
Preferred stocks	250,000	250,000
	<u>\$ 213,236,781</u>	<u>215,945,350</u>

Fair Value Hierarchy

The Company follows an accounting standard for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. During 2009, the Company also adopted the standard for fair value of financial and nonfinancial items recognized or disclosed on a nonrecurring basis. This accounting standard establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- (j) Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- (k) Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- (l) Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following table presents assets and liabilities that are measured at fair value on a recurring basis at December 31, 2010 and 2009

	<u>As reflected on the statutory statement of admitted assets liabilities, capital and surplus as of December 31, 2010</u>	<u>Fair value measurements at reporting date using</u>		
		<u>Quoted prices in active markets for identical assets (Level 1)</u>	<u>Significant other observable inputs (Level 2)</u>	<u>Significant unobservable inputs (Level 3)</u>
Assets:				
Cash equivalents	\$ 4,406,268	4,406,268	—	—
U.S. Treasury securities and obligations of U.S. government agencies, state, and authorities	60,437,126	—	61,298,727	—
Mortgage-backed securities	19,723,033	—	19,776,676	—
Asset-backed securities	10,525,995	—	10,583,977	—
Corporate bonds	97,279,774	—	98,200,656	124,386
Collateralized mortgage obligations	19,004,651	—	19,602,388	—
Foreign securities	6,016,202	—	6,108,540	—
Preferred stocks	250,000	—	—	250,000
Restricted certificates of deposit	600,000	600,000	—	—
Total	<u>\$ 218,243,049</u>	<u>5,006,268</u>	<u>215,570,964</u>	<u>374,386</u>

(6) Joint Venture, Partnerships and Limited Companies N/A**(7) Investment Income**

Components of net investment income, including net realized gains and losses on sales of securities, for the years ended December 31, 2010 and 2009 were as follows:

NOTES TO FINANCIAL STATEMENTS

	<u>2010</u>	<u>2009</u>
Cash and short-term investments	\$ 287,305	717,228
Debt securities	4,363,512	1,801,524
Common stocks	610,919	(804,747)
Preferred stocks	24,080	22,101
Total	<u>\$ 5,285,816</u>	<u>1,736,106</u>

For the year ended December 31, 2010, net realized gains of \$487,221 and OTTI loss of \$154,047 are included as component of net investment income. For the year ended December 31, 2009, gross realized losses of \$428,088 and OTTI loss of \$877,528 are included as component of net investment income

(8) Derivative Instruments N/A**(9) Income Taxes**

The income tax expense differs from the amount computed by applying the Puerto Rico statutory income tax rate of 38.2% in 2010 and 41.0% in 2009 to income before income taxes as a result of the following

	<u>2010</u>	<u>2009</u>
Computed "expected" tax expense	\$ 44,002,260	67,689,279
Increase (reduction) in income taxes resulting from:		
Exempt interest income	(993,563)	(452,166)
Benefits on the purchase of tax credits	(1,692,719)	(940,297)
OTTI tax rate differential	35,770	210,067
Change in nonadmitted deferred income tax asset	972,518	8,710,972
Other disallowances and nondeductible expenses, net	(4,188,436)	(90,059)
Total	<u>\$ 38,135,830</u>	<u>75,127,796</u>
Income tax expense	\$ 35,409,773	65,635,081
Change in deferred income taxes	<u>2,726,057</u>	<u>9,492,715</u>
Total statutory income tax expense	<u>\$ 38,135,830</u>	<u>75,127,796</u>

On November 15, 2010, the Commonwealth of Puerto Rico passed Law No. 171. This law gives corporations that complied with Christmas bonus requirements a seven percent (7%) tax credit based on the regular tax, surtax and recaptured amounts but, will not be allowed against the alternative minimum tax. For the year ended December 31, 2010, the effect of this tax credit was a decrease to the Company's statutory income tax rate by approximately 270 basis points.

On March 9, 2009, the Government of Puerto Rico signed into law Act No. 7, *Special Act Declaring State of Fiscal Emergency and Establishing an Integrated Fiscal Stabilizing Plan to Save the Credit of Puerto Rico*. The plan is organized with revenue generating measures, permanent and temporary, cost reducing, and financial measures. Among the tax related measures, the law affects corporations operating in Puerto Rico by requiring a five percent (5%) surtax over the determined tax liability. These measures are effective for tax years commencing after December 31, 2008 and through December 31, 2011. For the years ended December 31, 2010 and 2009, the effect of this surcharge was an increase to the Company's statutory income tax rate by approximately 195 basis points.

On January 31, 2011, the Governor of Puerto Rico signed into laws the Internal Revenue Code for a New Puerto Rico (the "New Code"). This law replaces the Puerto Rico Internal Revenue Code of 1994, as amended ("1994 Code"), and as the latter one it covers the Puerto Rico income tax, gift and estate tax, sales and use tax, excise tax, liquor tax and their administrative provisions. The New Code retains the twenty percent (20%) regular income tax rate but establishes significant lower surtax rates and eliminates the five percent (5%) additional surtax described above established by Act No. 7. Under the New Code, the maximum rate will be 30% unless the Company makes a decision to apply the provisions of the 1994 Code for a period of 5 years, in which case the 30% would be applicable after the 5 year period.

Deferred income taxes reflect the tax effects of temporary differences between carrying amounts of assets and liabilities for financial reporting purposes and income tax purposes. Deferred tax assets and deferred tax liabilities at December 31, 2010 and 2009 of the Company are composed of the following.

NOTES TO FINANCIAL STATEMENTS

	2010	2009
Gross deferred tax assets:		
Accrued expenses	\$ 660,751	1,372,763
Nonadmitted assets	1,179,208	2,141,569
Extraordinary tax	—	930,966
OTTI on investment securities	23,107	131,629
Unrealized loss on equity securities	—	12,196
Total gross deferred tax assets	<u>1,863,066</u>	<u>4,589,123</u>
Nonadmitted deferred tax assets	(1,079,462)	(2,051,980)
Admitted deferred tax assets	<u>\$ 783,604</u>	<u>2,537,143</u>

Under SAP, gross deferred tax assets generally are admitted to the extent the Company's income taxes paid in prior years that can be recovered through loss carrybacks; plus the lesser of (a) the amount of gross deferred tax assets expected to be realized within one year after year-end (changed to within three years under the new statutory accounting standard at December 31, 2009), or (b) 10% (increased to 15% under the new statutory accounting standard at December 31, 2009) of statutory capital and surplus as of year-end; plus any remaining deferred tax assets that can be offset against existing gross deferred tax liabilities.

The change in deferred income tax expense during 2010 and 2009 amounted to \$2,726,057 and \$9,492,715, respectively, and was charged directly to unassigned surplus.

During 2010 and 2009, the Company purchased and used tax credits amounting to approximately \$30,179,000 and \$15,167,000, respectively, to reduce the income tax payable. The Company realized approximately \$4,489,000 and \$2,411,000 in benefits on the purchase of these tax credits which were recorded as other income in the accompanying statutory statement of revenue and expenses for the years ended December 31, 2010 and 2009, respectively.

In May 2006, the Commonwealth of Puerto Rico enacted Act No. 98, which imposed an extraordinary income tax of 5% on corporations with gross income in excess of \$10 million. Pursuant to this law, the Company is entitled to use 100% of the extraordinary tax paid as a tax credit in four equal installments to offset prospective income tax liabilities for taxable years commencing after July 31, 2006. The Company paid approximately \$3,724,000 of extraordinary tax in 2006 and used approximately \$931,000 per year to offset taxable income in 2010, 2009, 2008, 2007 and 2006. There are no unused balances as of December 31, 2010. The unused balance of \$931,000 as of December 31, 2009 was recorded as deferred tax asset in the accompanying statements of admitted assets, liabilities and capital and surplus.

The Company files its income tax return with a statute of limitation. In the normal course of the business, the Company is subject to examination by various taxing authorities. As of December 31, 2010, the Company is subject to income tax examinations for the fiscal tax years ended in 2006 through 2010.

(10) Information Concerning Parents, Subsidiaries and Affiliates and Others Related Parties

Holdings provide certain management, infrastructure support, and consulting services in the operations of the Company and other subsidiaries of Holdings. For these services, which Holdings charges a management fee based on 120% of Holdings monthly operating expenses, Holdings charged the Company approximately \$96,149,000 and \$94,862,000 during the years ended December 31, 2010 and 2009, respectively. Such service charges are presented within the general and administrative expenses in the accompanying statutory statements of revenues and expenses.

On August 1, 2009, the Company entered into a delegation agreement with MSO of Puerto Rico, Inc. ("MSO"), an affiliate, to provide management and administrative services with respect to the network of physicians and other healthcare providers contracted by the Company in exchange for a management fee. The delegation agreement terms include a fixed and variable component. The fixed component is determined based on a fixed percentage (4%) of the total premiums earned by the Company. The variable component is the 25% of the Surplus as contractually defined in the delegation agreements. During 2010 and 2009, MSO charged the Company approximately \$80,925,000 and \$32,475,000, respectively, of which \$53,132,000 and \$21,740,000, respectively, (fixed component) and \$27,793,000 and \$10,735,000, respectively, (variable component) are included in general and administrative expenses and medical costs and claims, respectively, in the accompanying statements of revenue and expenses.

The amounts due to and due from parent company and affiliates at December 31, 2010 and 2009 are noninterest-bearing.

(11) Debt N/A

(12) Retirement Plans, Compensations, Postemployment Benefits and Compensated absences and Other Postretirement Benefits Plan N/A

(13) Capital and Surplus, Shareholders Dividend Restrictions Quasi-Reorganizations

NOTES TO FINANCIAL STATEMENTS

Surplus is restricted as to payment of dividends by statutory limitations applicable to insurance companies. Such limitations restrict the payment of dividends by the insurance companies generally to unassigned surplus funds reported for statutory purposes.

Common stock reported as a component of capital and surplus has a par value of \$10 per share and consists of 100,000 shares authorized at December 31, 2010 and 2009. At December 31, 2010 and 2009, stocks issued and outstanding amounted to 200 shares.

As a health service organization, the Company is required to maintain a minimum capital as defined by the Insurance Code. At December 31, 2010 and 2009, the Company was in compliance with this requirement. Failure to meet minimum capital requirements exposes the Company to regulatory sanctions that may include restrictions on operations and growth, mandatory asset dispositions, and placing the Company under regulatory control.

On March 18, 2008, the Commonwealth of Puerto Rico enacted Law No. 32 (the Law) to add a new Chapter 45, Risk-Based Capital (RBC), to the Insurance Code of Puerto Rico. The Law will require, among other things, that all insurance companies, including all health insurance organizations, authorized to conduct business in Puerto Rico comply with the RBC requirements as adopted by the NAIC, to file each year an RBC report with the NAIC and the Commissioner of Insurance on or before March 31 and maintain an RBC requirement of 200%. The Law states that the Commissioner of Insurance will provide a ruling whereby a compliance transition period of five years will be established. On January 5, 2010, a ruling (Rule 92 or the Rule) was approved by the Commissioner of Insurance to establish the requirements to implement Law No. 32. Rule 92 establishes a phased transition period of five years to comply with the minimum 200% RBC requirements depending on the RBC of the Company at the Rule's effective date. At December 31, 2010, the Company was in compliance with Rule 92.

In order for the Company to participate in the Platino program, which allows the Company to provide a comprehensive wrap around benefit care to dual eligible Reforma (Medicaid eligible) members, the Company is required under its contract with ASES to maintain a level of capital based on 100% of the RBC requirements. As of December 31, 2010 and 2009, the minimum statutory capital and surplus requirements for the Company under its contract with ASES was approximately \$44,273,000 and \$43,194,000, respectively. At December 31, 2010 and 2009, the Company was in compliance with these requirements as the statutory capital and surplus at such dates amounted to approximately \$59,510,000 and \$53,423,000, respectively

(14) Contingencies**Legal Matters**

Clinical Medical Services, Inc. v. MMM. In September 2007, Clinical Medical Services, Inc., (Clinical) a durable medical equipment provider, brought the following arbitration claims against MMM before the American Health Lawyers Association: (1) claim for breach of contract due to allegedly underpaying Clinical for durable medical equipment and by unilaterally lowering the per-member per-month payments; (2) claim for breach of contract due to allegedly failing to pay for fee-for-service medical claims; (3) claim for breach of contract due to allegedly failing to negotiate a long-term contract to provide orthotics and prosthetics services; and (4) claim for alleged breach of an exclusivity provision by allegedly (a.) diverting members to other durable medical equipment providers in Puerto Rico, and (b.) failing to divert members of Preferred Medicare Choice, Inc (PMC), an affiliated entity, to Clinical.

Clinical Medical Services, Inc. v. MMM. On January 4, 2010, Clinical filed another breach of contract claim against MMM alleging that the Company (1) tortiously interfered with the Clinical and MMM contract by misappropriating confidential information in Clinical's August 2006 Confidential Offering Memorandum, (2) tortiously interfered with Clinical's relationships with third parties, including those with whom Clinical was negotiating a potential sale of the company, and (3) conspired to misappropriate and misappropriated Clinical's confidential information.

All of these litigations and arbitrations with clinical were settled on April 20, 2010, following a two-day mediation. Pursuant to the settlement MMM and Aveta made a payment to Clinical that did not have a material impact on the statutory financial statements for the year ended December 31, 2010.

The College of Dental Surgeons of Puerto Rico, on its own behalf and in representation of its members, v. Triple S Management Inc. The College of Dental Surgeons of Puerto Rico filed a putative class action complaint before the Court of First Instance in San Juan, Puerto Rico, on its own behalf and on behalf of its members in the Commonwealth of Puerto Rico, against 24 payors licensed in the Commonwealth of Puerto Rico, including the Company. The complaint alleges that the Company, among other payors, in violation of various state laws and statutes engaged in the following actions: (a) imposing unilateral cancellation clauses in their provider contracts, which were then used against the dentists in the event that the dentist contested the payor's payment schedules; (b) denial of payments for services rendered that allegedly were medically necessary; and (c) unilateral downcoding of claims to underpay the dentists. The plaintiffs allege that the named payors, including the Company, engaged in conduct violating the Racketeer Influenced and Corrupt Organization Act (RICO) constituting a pattern of organized crime with the intent to illegally appropriate funds that belong to the dentists in violation of the state RICO statute. The parties have been engaged in motion practice over whether the action should proceed in federal district court or commonwealth court. That motion practice is ongoing and the parties have not yet engaged in any discovery

NOTES TO FINANCIAL STATEMENTS

concerning the merits. The complaint alleges damages of \$150 million against the entire group of defendants but it is not possible now to determine what the Company's share of such amount could be. Although it is too early to make a judgment as to the probability of a favorable or unfavorable outcome, the Company believes that it has valid defenses against these claims, that they are without merit and it is vigorously defending itself against them.

At December 31, 2010, the Company is a defendant in various other lawsuits and other claims arising in the ordinary course of business. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the financial position and results of operations of the Company.

From time to time in the ordinary course of business, the Company denies payments for service based on factors such as medical necessity and failure to meet preauthorization requirements. Certain providers have notified the Company that they disagree with its determinations and have threatened legal action. The Company has included in its medical cost liabilities a provision for the potential payments to these providers.

- ***Audits from CMS and from the Commissioner of Insurance***

Under the terms of the agreement with CMS, the Company is subject to audits of compliance with federal regulations. During 2010 and 2009, the Company was subject to CMS audits. The results of these audits did not have a material adverse effect on the Company's statutory financial statements. The Company is also subject to audits by the Commissioner of Insurance. Future audits could result in claims against the Company that could have a material adverse effect on the financial position and results of operations of the Company.

(15) Lease N/A

(16) Information About Financial Investment With Off Balance Sheet risk and Financial Instruments With Concentration of Credit Risk N/A

(17) Sale, Transfer and Servicing of Financial Asset Extinguishments of Liabilities N/A

(18) Gain or Loss to the Reporting Entity from Uninsured Plans and Uninsured N/A

(19) Direct premium Written / Produced by managing general Agents / Third Party Administrators N/A

(20) Fair Value Measurement

On January 1, 2008, the Company adopted an accounting standard issued by the Financial Accounting Standards Board related to fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. This standard defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This standard also establishes a framework for measuring fair value and expands disclosures about fair value measurements. The adoption of this standard resulted in additional disclosures included in note 5 and did not have any impact on the Company's statutory financial position, results of operations or cash flows.

On January 1, 2009, the Company adopted a provision of this standard for all nonfinancial assets and nonfinancial liabilities that are recognized or disclosed at fair value in the financial statements on a nonrecurring basis. The adoption of this provision did not have any impact on the Company's statutory financial position, results of operations or cash flows.

The carrying amounts of cash and cash equivalents, short-term investments, receivables, accounts payable, and accrued liabilities approximate fair value because of the short-term nature of these instruments and should be collected or paid within 12 months after year-end.

The fair value of the investment securities is based on quoted market prices for those or similar investments. Additional information on the fair value of investments is included in note

21) Other Items

Deposit with the Commissioner of Insurance

The Insurance Code requires health service organizations authorized to do business in Puerto Rico to make an initial deposit of \$600,000 as a guarantee to the healthcare plan members and healthcare service providers. This amount cannot be used in the Company's operations unless previously approved by the Commissioner of Insurance.

Certificates of deposit of \$600,000, as of December 31, 2010 and 2009, were deposited with the Commissioner of Insurance to comply with the deposit requirements of the Insurance Code. Such deposits are included as part of the Company's admitted assets and liabilities in the accompanying statutory financial statements.

NOTES TO FINANCIAL STATEMENTS

Medicare Payment System

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) made numerous changes to the Medicare payment system. Under the Medicare risk adjustment formula, Medicare Advantage plans are paid by CMS based on a member's health condition.

As of December 31, 2010 and 2009, the Company has receivables from CMS of approximately \$45,462,000 and \$26,270,000, respectively, for estimated risk adjustment revenue, which are reflected as components of premium receivables in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus. These amounts are determined based on an analysis of the health status of the Company's members. The amount of Medicare risk adjustment revenue recorded is subject to future adjustment based on the final determinations by CMS of the amounts actually due to the Company.

The Company recorded changes in estimates of the amounts due from CMS for estimated risk adjustments and Medicaid eligibility amounts as additional premiums earned of approximately \$5,817,000 and \$17,476,000 for the years ended December 31, 2010 and 2009, respectively.

(2) Significant Risks and Uncertainties Including Business and Credit Concentration

Financial instruments that potentially subject the Company to significant concentrations of credit risk consist principally of cash, cash equivalents, and investments in securities. The Company invests its excess cash primarily in money market funds. Although a majority of its cash accounts exceed the federally insured deposit amount, management does not anticipate nonperformance by financial institutions and reviews the financial viability of these institutions on a periodic basis. The Company attempts to limit its risk in investment securities by maintaining a diversified portfolio. The components of investment securities are shown in note 5.

The healthcare industry is impacted by health trends as well as being significantly impacted by government regulations. Changes in government regulations may significantly affect medical claims costs and the Company's performance.

The Company provides its health plan to residents of Puerto Rico eligible for Medicare benefits under current Puerto Rico and federal laws and regulations and the premium for the health services provided is generated from contracts with CMS as described in note 1. Changes in such laws and regulations could affect the premiums to be received by the Company under such contracts and the population eligible to participate in the plan. Earned premium revenue relating to premiums received from CMS amounted to approximately \$1,294,000,000 and \$1,290,000,000 for the years ended December 31, 2010 and 2009, respectively.

The Company provides enhanced benefit coverage to Medicaid-eligible members under the Medicare Platino Program sponsored by ASES. Changes in laws and regulations governing the Medicare Platino Program could affect the premiums to be received by the Company under such contracts and the population eligible to participate in the plan. Earned premium revenue relating to premium received from ASES, amounted to approximately to \$24,395,000 and \$20,989,000 for the years ended December 31, 2010 and 2009, respectively.

(22) Events Subsequent N/A

(23) Reinsurance

Accounting for Prescription Drugs Benefit Under Medicare Part D

Commencing January 1, 2006, Medicare prescription drug coverage was made available to eligible members with Medicare. As a result, the Company renewed their contracts with CMS to offer MA-PD insurance coverage for medical and prescription drug benefits. The contract was renewed effective January 1, 2011.

In general, pharmacy benefits under Part D plans (collectively referred to as Part D plans) may vary in terms of coverage levels and out-of-pocket costs for beneficiary premiums, deductibles, and coinsurance. However, all Part D plans must offer either "standard coverage" or its actuarial equivalent (with the Company's out-of-pocket threshold and deductible amounts that do not exceed those of standard coverage). These "defined standard" benefits represent the minimum level of benefits mandated by Congress.

The payment the Company receives monthly from CMS generally represents the Company's bid amount for providing insurance coverage. The Company recognizes premium revenue for providing this insurance coverage ratably over the term of the annual contract. However, the CMS payment is subject to 1) risk sharing through the risk corridor provisions and 2) reinsurance subsidy in order for the Company and CMS to share the risk associated with financing the ultimate costs of the Part D benefit.

The amount of revenue payable to a plan by CMS is subject to adjustment, positive or negative, based upon the application of risk corridors that compare a plan's revenues targeted in their bids (target amount) to actual prescription drug costs. Variances exceeding certain thresholds may result in CMS making additional payments to the Company (risk sharing receivable) or require the Company to refund to CMS (risk sharing payable) a portion of the payments the Company received. Actual prescription drug costs subject to risk sharing with CMS are limited to the costs that are, or would have been, incurred under the CMS "defined standard" benefit plan (allowable risk

NOTES TO FINANCIAL STATEMENTS

corridor costs). The Company recognizes any changes in the risk sharing receivable from or payable to CMS as an adjustment to premium revenue.

Reinsurance subsidies represent payments from CMS for claims the Company paid for which the Company assumed no risk, including reinsurance payments. Claims paid above the out-of-pocket or catastrophic threshold for which the Company is not at risk are all reimbursed by CMS through the reinsurance subsidy for Part D plans offering the standard coverage. The Company accounts for these subsidies as a liability for amounts held under uninsured plans in the statutory statements of admitted assets, liabilities, and capital and surplus and as a financing activity in the statutory statements of cash flows. The Company does not recognize premium revenue or claims expense for these CMS subsidies.

These estimates of amounts due to or from CMS are primarily determined on the prescription drug benefit claim data submitted by plans to CMS in the form of Prescription Drug Event (PDE) data records. The Company used PDE submission reports and data, claims paid data, and actuarial assumptions pursuant to CMS risk sharing and reinsurance guidelines in order to estimate the final settlement amounts due to or from CMS.

The Company recorded at December 31, 2010 and 2009 a risk sharing payable of approximately \$13,150,000 and \$5,050,000, respectively, which is reported as aggregate health policy reserves, and a reinsurance liability of approximately \$252,000 and \$1,947,000, respectively, (including low income cost-sharing liability of \$35,000 and \$1,594,000, respectively) reported as liabilities for amounts held under uninsured plans in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus.

The Part D amounts due from (to) CMS are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate balance may be in excess or less than the amount provided. The methodology for making such estimates and for establishing the resulting Part D balances is continually reviewed, and adjustments, if any, are reflected in the current year. The final Part D amounts due to or from CMS are determined within one year after the contract year-end. The Company recorded changes in estimates for Part D amounts due to or from CMS that (decreased) increased income before taxes in the amount of (\$704,000) and \$1,701,000 for the years ended December 31, 2010 and 2009, respectively.

The Company also receives premiums to enhance the drug benefit coverage to Medicaid-eligible members under the Medicare Platino Program sponsored by ASES. At December 31, 2010 and 2009, the Company has receivables from ASES of approximately \$2,082,000 and \$2,329,000, respectively, which are reflected as components of premium receivables in the accompanying statements of admitted assets, liabilities and capital and surplus.

Pharmacy benefit costs are recognized as incurred. The Company has subcontracted the pharmacy claims administration to a third-party pharmacy benefit manager.

(24) Restrospectively Rated Contracts & Contracts Subject to Redetermination (N/A -Title)**(25) Change in Incurred Claims and Claim Adjustment Expenses**

The activity in the medical claim liabilities during the years ended December 31, 2010 and 2009 is as follows:

	2010	2009
Medical claim liabilities at beginning of year	\$ 146,472,294	128,158,630
Medical costs and claims incurred:		
Current period insured events	1,018,503,978	988,031,934
Prior periods insured events	(9,151,000)	(8,217,000)
Total incurred	1,009,352,978	979,814,934
Payment for claims:		
Current period insured events	901,680,158	860,714,762
Prior periods insured events	129,801,547	100,786,508
Total paid	1,031,481,705	961,501,270
Medical claim liabilities at end of year	\$ 124,343,567	146,472,294

The above table shows the components of changes in medical claim liabilities. Medical claim liabilities include claims in process as well as provisions for the estimate of incurred but not reported claims and provisions for disputed claims obligations. Such estimates are computed using actuarial principles and assumptions that consider among other things, contractual requirements, historical utilization trends and payment patterns, benefit changes, medical inflation, seasonality, membership, and other relevant factors.

Because medical claim liabilities include various actuarially developed estimates, the Company's actual medical costs and claims expense may be more or less than the Company's previously developed estimates.

The incurred claims for prior period insured events during 2010 and 2009 were lower due to a favorable development of claims liabilities that is attributed to lower than expected cost per service and utilization trends.

NOTES TO FINANCIAL STATEMENTS

Accrued Medical Incentive Bonus

During 2007, the Company established the Management Services Organizations (MSO) program where the Company contracts with various healthcare providers under the program to promote quality services to its membership. The participating providers under the MSO program share profits (incentive) of any resulting net surplus, as defined in the agreement, in accordance with a specified compensation schedule also defined, which, among other things, requires the participating providers certain targeted annual loss ratios. The Company's accrual for such incentive amounted to approximately \$41,875,000 and \$37,021,000 at December 31, 2010 and 2009, respectively; and its related charge to operations is reported as part of medical costs and claims in the accompanying statements of revenue and expenses.

(26) Intercompany Pooling Arrangements N/A

(27) Structured Settlements N/A

(28) Health Care Receivable N/A

(29) Participating Policies N/A

(30) Premium Deficiency Reserves N/A

(31) Anticipated Salvage and Subrogation N/A

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State regulating? _____
 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
 2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

3.4 By what department or departments? _____
 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A [X]
 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No [X]
 4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
 6.2 If yes, give full information: _____

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control%
 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. _____

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 KPMG, LLP 250 Muñoz Rivera Ave. Suite 100 San Juan PR 00918

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:

- 10.3 Has the insurer been granted any exemptions to the audit committee requirements as allowed in Section 14H of the Annual Financial Reporting Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:

- 10.5 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.6 If the response to 10.5 is yes, provide information related to this exemption:

- 10.7 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No []
- 10.8 If the answer to 10.7 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Judah Rabinowitz- Aveta Fort Lee NJ
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company

- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value
- 12.2 If yes, provide explanation.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [X]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code. Yes [X] No []
- 14.11 If the response to 14.1 is no, please explain:

- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

15. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
16. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
17. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

18. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 19.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 19.11 To directors or other officers \$.....0
- 19.12 To stockholders not officers \$.....0
- 19.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 19.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 19.21 To directors or other officers \$.....0
- 19.22 To stockholders not officers \$.....0
- 19.23 Trustees, supreme or grand (Fraternal only) \$.....0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 20.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 20.2 If yes, state the amount thereof at December 31 of the current year:
- 20.21 Rented from others
- 20.22 Borrowed from others
- 20.23 Leased from others
- 20.24 Other
- 21.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 21.2 If answer is yes:
- 21.21 Amount paid as losses or risk adjustment
- 21.22 Amount paid as expenses
- 21.23 Other amounts paid
- 22.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 22.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

INVESTMENT

- 23.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 23.3)? Yes [X] No []
- 23.2 If no, give full and complete information relating thereto.
-
- 23.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

- 23.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 23.5 If answer to 23.4 is yes, report amount of collateral for conforming programs.
- 23.6 If answer to 23.4 is no, report amount of collateral for other programs.
- 23.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 23.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 23.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

- 24.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 20.1 and 23.3) Yes [] No [X]
- 24.2 If yes, state the amount thereof at December 31 of the current year:
- 24.21 Subject to repurchase agreements
- 24.22 Subject to reverse repurchase agreements
- 24.23 Subject to dollar repurchase agreements
- 24.24 Subject to reverse dollar repurchase agreements
- 24.25 Pledged as collateral
- 24.26 Placed under option agreements
- 24.27 Letter stock or securities restricted as to sale
- 24.28 On deposit with state or other regulatory body \$.....600,000
- 24.29 Other

24.3 For category (24.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 25.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 25.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

- 26.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 26.2 If yes, state the amount thereof at December 31 of the current year:

27. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

27.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
BNY	

27.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 27.03 Have there been any changes, including name changes, in the custodian(s) identified in 27.01 during the current year? Yes [] No [X]

27.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

27.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

28.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj. Carrying Value
28.2999. TOTAL		0

28.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

29. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
29.1 Bonds.....	212,986,962	215,695,350	2,708,388
29.2 Preferred stocks.....	250,000	250,000	0
29.3 Totals.....	213,236,962	215,945,350	2,708,388

29.4 Describe the sources or methods utilized in determining the fair values:

SVO

30.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

30.2 If the answer to 30.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

30.3 If the answer to 30.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

31.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

31.2 If no, list exceptions:

OTHER

32.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

32.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

33.1 Amount of payments for legal expenses, if any? \$.....0

33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?
- 1.31 Reason for excluding

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance.
- 1.6 Individual policies:
 - Most current three years:
 - 1.61 Total premium earned
 - 1.62 Total incurred claims
 - 1.63 Number of covered lives
 - All years prior to most current three years:
 - 1.64 Total premium earned
 - 1.65 Total incurred claims
 - 1.66 Number of covered lives
- 1.7 Group policies:
 - Most current three years:
 - 1.71 Total premium earned
 - 1.72 Total incurred claims
 - 1.73 Number of covered lives
 - All years prior to most current three years:
 - 1.74 Total premium earned
 - 1.75 Total incurred claims
 - 1.76 Number of covered lives

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	1,328,295,559	1,319,105,188
2.2 Premium Denominator.....	1,328,295,559	1,319,105,188
2.3 Premium Ratio (2.1/2.2).....	100.0	100.0
2.4 Reserve Numerator.....	181,652,308	182,825,672
2.5 Reserve Denominator.....	181,652,309	187,875,672
2.6 Reserve Ratio (2.4/2.5).....	100.0	97.3

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:

- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
- 5.2 If no, explain:

- 5.3 Maximum retained risk (see instructions):
 - 5.31 Comprehensive medical \$.....0
 - 5.32 Medical only \$.....0
 - 5.33 Medicare supplement \$.....0
 - 5.34 Dental and vision \$.....0
 - 5.35 Other limited benefit plan \$.....0
 - 5.36 Other \$.....0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

.....

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes [X] No []
- 7.2 If no, give details:

- 8. Provide the following information regarding participating providers:
 - 8.1 Number of providers at start of reporting year0
 - 8.2 Number of providers at end of reporting year0

- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
 - 9.21 Business with rate guarantees between 15-36 months
 - 9.22 Business with rate guarantees over 36 months

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
 - 10.21 Maximum amount payable bonuses \$.....0
 - 10.22 Amount actually paid for year bonuses \$.....0
 - 10.23 Maximum amount payable withholds \$.....0
 - 10.24 Amount actually paid for year withholds \$.....0

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

- 11.1. Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2. Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No []
- 11.3. If yes, show the name of the state requiring such net worth. Puert Rico
- 11.4. If yes, show the amount required. \$.....0
- 11.5. Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6. If the amount is calculated, show the calculation:
-
-

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area

- 13.1. Do you act as a custodian for health savings account? Yes [] No []
- 13.2. If yes, please provide the amount of custodial funds held as of the reporting date.
- 13.3. Do you act as an administrator for health savings accounts? Yes [] No []
- 13.4. If yes, please provide the balance of the funds administered as of the reporting date.

FIVE-YEAR HISTORICAL DATA

	1 2010	2 2009	3 2008	4 2007	5 2006
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	292,134,037	301,187,623	217,557,335	270,437,950	192,785,153
2. Total liabilities (Page 3, Line 24).....	232,624,050	247,764,898	177,653,998	244,585,765	175,864,622
3. Statutory surplus.....					
4. Total capital and surplus (Page 3, Line 33).....	59,509,987	53,422,725	39,903,337	25,852,184	16,920,531
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	1,328,295,559	1,319,105,188	1,091,304,261	1,074,489,476	1,003,680,594
6. Total medical and hospital expenses (Line 18).....	1,072,632,262	1,039,699,857	900,641,367	893,438,164	847,590,344
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....	150,286,776	118,456,653	113,427,587	112,690,198	109,879,581
9. Net underwriting gain (loss) (Line 24).....	105,376,521	160,948,678	77,235,307	68,361,114	46,210,669
10. Net investment gain (loss) (Line 27).....	5,197,382	1,736,106	5,790,921	9,662,470	6,372,926
11. Total other income (Lines 28 plus 29).....	4,615,259	2,411,019	2,939,533		
12. Net income or (loss) (Line 32).....	79,779,389	99,460,722	53,519,431	44,690,487	26,253,470
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	23,908,656	191,588,569	(26,226,901)	147,901,403	127,560,403
Risk-Based Capital Analysis					
14. Total adjusted capital.....	59,509,987	53,422,725	39,903,337	25,852,184	16,920,531
15. Authorized control level risk-based capital.....	44,272,498	43,193,864	37,495,419	38,762,304	36,470,197
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	135,649	133,726	126,423	119,412	135,137
17. Total member months (Column 6, Line 7).....	1,595,451	1,564,673	1,457,284	1,375,869	1,511,879
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	80.8	78.8	82.5	83.2	84.4
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....	92.1	87.8	92.9	93.6	95.4
23. Total underwriting gain (loss) (Line 24).....	7.9	12.2	7.1	6.4	4.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	173,395,541	136,705,810	118,645,624	99,108,391	67,287,628
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	182,825,671	142,023,374	118,645,624	99,108,397	67,287,622
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama.....AL	N								0	
2. Alaska.....AK	N								0	
3. Arizona.....AZ	N								0	
4. Arkansas.....AR	N								0	
5. California.....CA	N								0	
6. Colorado.....CO	N								0	
7. Connecticut.....CT	N								0	
8. Delaware.....DE	N								0	
9. District of Columbia.....DC	N								0	
10. Florida.....FL	N								0	
11. Georgia.....GA	N								0	
12. Hawaii.....HI	N								0	
13. Idaho.....ID	N								0	
14. Illinois.....IL	N								0	
15. Indiana.....IN	N								0	
16. Iowa.....IA	N								0	
17. Kansas.....KS	N								0	
18. Kentucky.....KY	N								0	
19. Louisiana.....LA	N								0	
20. Maine.....ME	N								0	
21. Maryland.....MD	N								0	
22. Massachusetts.....MA	N								0	
23. Michigan.....MI	N								0	
24. Minnesota.....MN	N								0	
25. Mississippi.....MS	N								0	
26. Missouri.....MO	N								0	
27. Montana.....MT	N								0	
28. Nebraska.....NE	N								0	
29. Nevada.....NV	N								0	
30. New Hampshire.....NH	N								0	
31. New Jersey.....NJ	N								0	
32. New Mexico.....NM	N								0	
33. New York.....NY	N								0	
34. North Carolina.....NC	N								0	
35. North Dakota.....ND	N								0	
36. Ohio.....OH	N								0	
37. Oklahoma.....OK	N								0	
38. Oregon.....OR	N								0	
39. Pennsylvania.....PA	N								0	
40. Rhode Island.....RI	N								0	
41. South Carolina.....SC	N								0	
42. South Dakota.....SD	N								0	
43. Tennessee.....TN	N								0	
44. Texas.....TX	N								0	
45. Utah.....UT	N								0	
46. Vermont.....VT	N								0	
47. Virginia.....VA	N								0	
48. Washington.....WA	N								0	
49. West Virginia.....WV	N								0	
50. Wisconsin.....WI	N								0	
51. Wyoming.....WY	N								0	
52. American Samoa.....AS	N								0	
53. Guam.....GU	N								0	
54. Puerto Rico.....PR	L		1,328,295,559						1,328,295,559	
55. U.S. Virgin Islands.....VI	N								0	
56. Northern Mariana Islands.....MP	N								0	
57. Canada.....CN	N								0	
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		0	1,328,295,559	0	0	0	0	0	1,328,295,559	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX									0	
61. Total (Direct Business).....(a)	1	0	1,328,295,559	0	0	0	0	0	1,328,295,559	0

DETAILS OF WRITE-INS

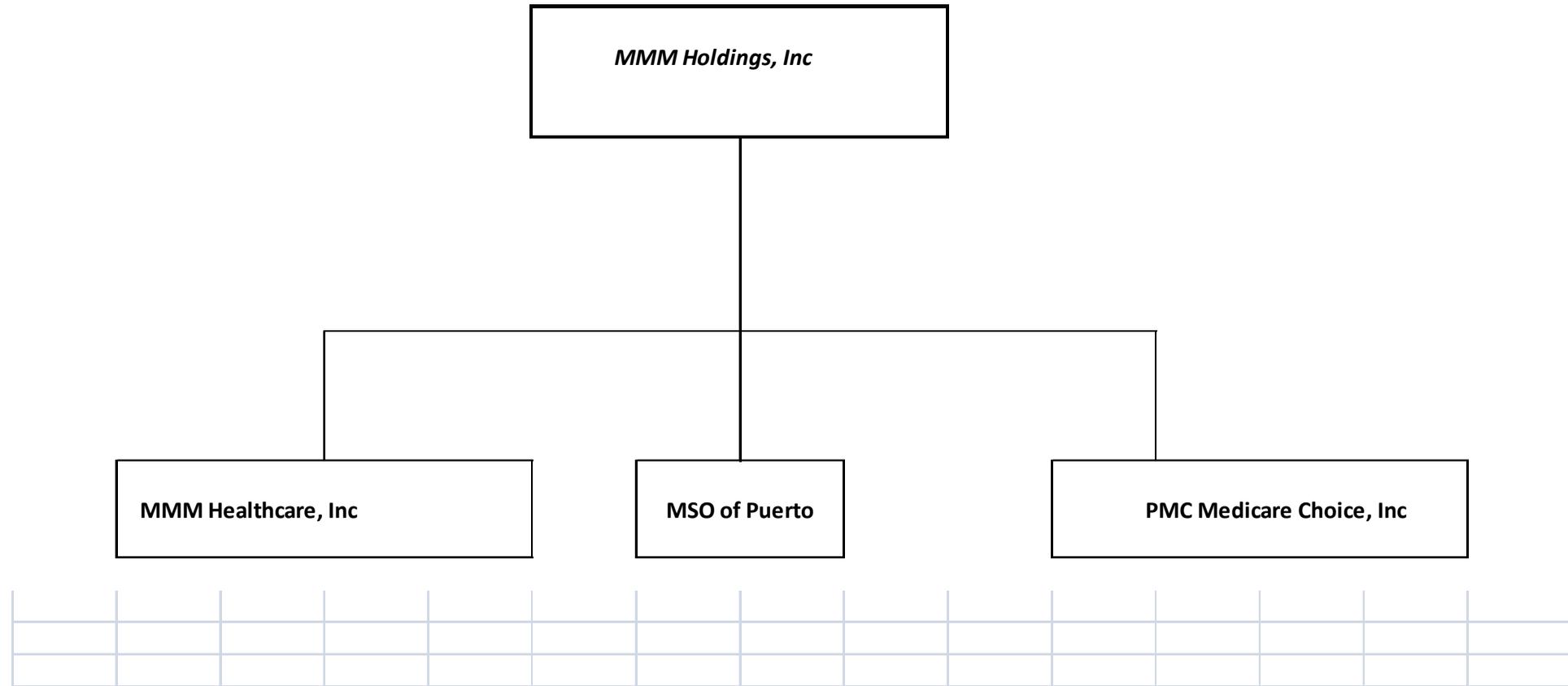
5801.									0	
5802.									0	
5803.									0	
5898. Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 + 5898) (Line 58 above).....		0	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



**2010 ALPHABETICAL INDEX
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