ANNUAL STATEMENT

OF THE

AMERICAN HEALTH, INC.

TO THE

Insurance Department

OF THE

STATE OF

Puerto Rico

FOR THE YEAR ENDED
DECEMBER 31, 2012

HEALTH

2012

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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

AMERICAN HEALTH, INC.

NAIC Group Code 0000 (Current) ____ (Prior) NAIC Company Code 11152 Employer's ID Number 66-0593034

Organized under the Laws of Puerto Rico, State of Domicile or Port of Entry PR

Country of Domicile Puerto Rico

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 12/06/2000 Commenced Business 05/01/2001

Statutory Home Office PO Box 11320 (Street and Number), San Juan , PR, US 00922-1320 (City or Town, State, Country and Zip Code)

Main Administrative Office Metro Office Park, Microsoft Building (Street and Number)
Guaynabo , PR, US 00969 (City or Town, State, Country and Zip Code), 787-620-1919-4071 (Area Code) (Telephone Number)

Mail Address PO Box 11320 (Street and Number or P.O. Box), San Juan , PR, US 00922-1320 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records Metro Office Park, Microsoft Building (Street and Number)
Guaynabo , PR, US 00969 (City or Town, State, Country and Zip Code), 787-620-1919-4071 (Area Code) (Telephone Number)

Internet Website Address www.ahmpr.com

Statutory Statement Contact Yumac Ismael Velez (Name), 787-620-1919-4071 (Area Code) (Telephone Number)
yuvelez@ahmpr.com (E-mail Address), 787-620-0929 (FAX Number)

OFFICERS

President and Chief Executive Officer	Susan E. Rawlings	Vice President of Finance	Paul Barreras Díaz
Senior Executive Vice President	Carlos A. Carrero		

OTHER

DIRECTORS OR TRUSTEES

Jesus Sanchez	Luis A Clavell	Pablo Almodovar
Susan Rawlings	Ramon Ruiz	

State of Puerto Rico
County of Puerto Rico SS:

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.

Carlos A. Carrero	David Goltz	Carmen Lucca
Senior Executive Vice President	Chief Financial Officer	Secretary

Subscribed and sworn to before me this 29 day of May 2013

Jorge P. González González
Notary

a. Is this an original filing? ..... Yes [ ] No [X]
b. If no,
1. State the amendment number.....1
2. Date filed 05/29/2013
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)	73,789,731		73,789,731	68,315,380
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ encumbrances)			0	0
	4.2 Properties held for the production of income (less $ encumbrances)			0	0
	4.3 Properties held for sale (less $ encumbrances)			0	0
5.	Cash ($ 25,288,332 , Schedule E - Part 1), cash equivalents ($, Schedule E - Part 2) and short-term investments ($, Schedule DA)	25,288,332		25,288,332	3,318,104
6.	Contract loans, (including $ premium notes)			0	0
7.	Derivatives (Schedule DB)			0	0
8.	Other invested assets (Schedule BA)			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets (Schedule DL)			0	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)	99,678,063	0	99,678,063	72,233,484
13.	Title plants less $ charged off (for Title insurers only)			0	0
14.	Investment income due and accrued	778,838		778,838	483,368
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	9,494,070		9,494,070	15,502,909
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	380,719	380,719	0	155,015
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans	7,446,866		7,446,866	3,913,733
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset	419,857	419,857	0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets ($)	982	982	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates		0	0	0
24.	Health care ($ 940,777) and other amounts receivable	1,741,901	945,690	796,211	7,700,263
25.	Aggregate write-ins for other than invested assets	3,158,214	65,174	3,093,040	3,090,000
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	123,099,510	1,812,422	121,287,088	103,078,772
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	123,099,510	1,812,422	121,287,088	103,078,772
	DETAILS OF WRITE-INS				
1101.	Certificates of Deposit with Insurance Commissioner	600,000		600,000	600,000
1102.					
1103.					
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	57,333	57,333	0	0
2502.	Prepaid Income Tax	3,090,000		3,090,000	3,090,000
2503.	Plan to Plan receivable	10,881	7,841	3,040	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	3,158,214	65,174	3,093,040	3,090,000

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less $ 0 reinsurance ceded)	52,029,185		52,029,185	48,022,399
2.	Accrued medical incentive pool and bonus amounts	1,836,172		1,836,172	2,918,493
3.	Unpaid claims adjustment expenses	484,439		484,439	449,315
4.	Aggregate health policy reserves, including the liability of $ for medical loss ratio rebate per the Public Health Service Act	2,437,796		2,437,796	3,746,569
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserves			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance			0	0
9.	General expenses due or accrued	1,645,974		1,645,974	2,456,561
10.1	Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))			0	0
10.2	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable			0	0
12.	Amounts withheld or retained for the account of others			0	0
13.	Remittance and items not allocated			0	0
14.	Borrowed money (including $ current) and interest thereon $ (including $ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	31,516,558		31,516,558	27,116,505
16.	Derivatives			0	0
17.	Payable for securities			0	0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with $ authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers)		0	0	0
20.	Reinsurance in unauthorized and certified ($) companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including $ current)	600,000	0	600,000	600,000
24.	Total liabilities (Lines 1 to 23)	90,550,124	0	90,550,124	85,309,842
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	18,750	18,750
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	1,406,250	1,406,250
29.	Surplus notes	XXX	XXX	25,480,000	480,000
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	3,831,964	15,863,930
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 $)	XXX	XXX		
	32.2 shares preferred (value included in Line 27 $)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	30,736,964	17,768,930
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	121,287,088	103,078,772
	DETAILS OF WRITE-INS				
2301.	Statutory Reserve	600,000		600,000	600,000
2302.					
2303.					
2308.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2309.	Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	600,000	0	600,000	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	610,095	516,102
2.	Net premium income (including $ non-health premium income)	XXX	539,321,628	473,748,463
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4.	Fee-for-service (net of $ medical expenses)	XXX	0	0
5.	Risk revenue	XXX	0	0
6.	Aggregate write-ins for other health care related revenues	XXX	3,447	1,981
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	539,325,075	473,750,444
	Hospital and Medical:			
9.	Hospital/medical benefits		377,542,678	324,144,384
10.	Other professional services		0	0
11.	Outside referrals		0	0
12.	Emergency room and out-of-area		0	0
13.	Prescription drugs		104,382,919	85,477,597
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments, and bonus amounts		5,842,867	3,157,328
16.	Subtotal (Lines 9 to 15)	0	487,768,464	412,779,309
	Less:			
17.	Net reinsurance recoveries		(522,650)	(256,820)
18.	Total hospital and medical (Lines 16 minus 17)	0	488,291,114	413,036,129
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $ 4,316,464 cost containment expenses		4,316,464	4,270,155
21.	General administrative expenses		59,998,968	57,382,441
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		0	0
23.	Total underwriting deductions (Lines 18 through 22)	0	552,606,546	474,688,725
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(13,281,471)	(938,281)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		2,281,893	2,409,313
26.	Net realized capital gains (losses) less capital gains tax of $		20,366	(94,351)
27.	Net investment gains (losses) (Lines 25 plus 26)	0	2,302,259	2,314,962
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			
29.	Aggregate write-ins for other income or expenses	0	0	0
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	(10,979,212)	1,376,681
31.	Federal and foreign income taxes incurred	XXX	828,346	(122,895)
32.	Net income (loss) (Lines 30 minus 31)	XXX	(11,807,558)	1,499,576
	DETAILS OF WRITE-INS			
0601.	Other Income	XXX	3,447	1,981
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	3,447	1,981
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.				
2902.				
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	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	17,768,930	17,154,492
34.	Net income or (loss) from Line 32	(11,807,558)	1,499,576
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		192,142
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	0	
39.	Change in nonadmitted assets	(152,615)	(1,017,795)
40	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	25,000,000	0
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	(71,793)	(59,485)
48.	Net change in capital and surplus (Lines 34 to 47)	12,968,034	614,438
49.	Capital and surplus end of reporting period (Line 33 plus 48)	30,736,964	17,768,930
	DETAILS OF WRITE-INS		
4701.	Other	(71,793)	(59,485)
4702.			
4703.			
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)	(71,793)	(59,485)

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	544,043,611	467,046,925
2.	Net investment income	3,385,728	2,288,856
3.	Miscellaneous income	3,447	1,981
4.	Total (Lines 1 through 3)	547,432,786	469,337,762
5.	Benefit and loss related payments	485,592,353	405,118,385
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	(6,033,501)	4,924,595
7.	Commissions, expenses paid and aggregate write-ins for deductions	67,813,441	63,984,468
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	828,592	1,111,537
10.	Total (Lines 5 through 9)	548,200,885	475,138,985
11.	Net cash from operations (Line 4 minus Line 10)	(768,099)	(5,801,223)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	32,971,420	39,844,282
	12.2 Stocks	0	2,943,605
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	32,971,420	42,787,887
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	39,563,316	69,161,659
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	39,563,316	69,161,659
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(6,591,896)	(26,373,772)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	25,000,000	0
	16.2 Capital and paid in surplus, less treasury stock	0	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	4,330,223	22,872,495
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	29,330,223	22,872,495
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	21,970,228	(9,302,500)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	3,318,104	12,620,604
	19.2 End of year (Line 18 plus Line 19.1)	25,288,332	3,318,104

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1.	Net premium income	539,321,628						539,321,628			
2.	Change in unearned premium reserves and reserve for rate credit	0									
3.	Fee-for-service (net of $ medical expenses)	0									XXX
4.	Risk revenue	0						0			XXX
5.	Aggregate write-ins for other health care related revenues	3,447	0	0	0	0	0	3,447	0	0	XXX
6.	Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.	Total revenues (Lines 1 to 6)	539,325,075	0	0	0	0	0	539,325,075	0	0	0
8.	Hospital/medical benefits	377,542,678						377,542,678			XXX
9.	Other professional services	0									XXX
10.	Outside referrals	0									XXX
11.	Emergency room and out-of-area	0									XXX
12.	Prescription drugs	104,382,919						104,382,919			XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	5,842,867						5,842,867			XXX
15.	Subtotal (Lines 8 to 14)	487,768,464	0	0	0	0	0	487,768,464	0	0	XXX
16.	Net reinsurance recoveries	(522,650)						(522,650)			XXX
17.	Total medical and hospital (Lines 15 minus 16)	488,291,114	0	0	0	0	0	488,291,114	0	0	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including $ 4,316,464 cost containment expenses	4,316,464						4,316,464			
20.	General administrative expenses	59,998,968						59,998,968			
21.	Increase in reserves for accident and health contracts	0									XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	552,606,546	0	0	0	0	0	552,606,546	0	0	0
24.	Total underwriting gain or (loss) (Line 7 minus Line 23)	(13,281,471)	0	0	0	0	0	(13,281,471)	0	0	0
	DETAILS OF WRITE-INS										
0501.	OTHER INCOME	3,447						3,447			XXX
0502.											XXX
0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	3,447	0	0	0	0	0	3,447	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.											XXX
1302.											XXX
1303.											XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0			0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	539,321,628			539,321,628
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	539,321,628	0	0	539,321,628
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	539,321,628	0	0	539,321,628

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	477,918,811						477,918,811			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	477,918,811	0	0	0	0	0	477,918,811	0	0	0
2. Paid medical incentive pools and bonuses	6,925,187						6,925,187			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	52,029,185	72,222	0	0	0	0	51,956,963	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	52,029,185	72,222	0	0	0	0	51,956,963	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	1,836,174						1,836,174			
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	(779,469)						(779,469)			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	48,022,399	72,222	0	0	0	0	47,950,177	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	48,022,399	72,222	0	0	0	0	47,950,177	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0				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	2,918,493						2,918,493			
11. Amounts recoverable from reinsurers December 31, prior year	(256,819)						(256,819)			
12. Incurred Benefits:										
12.1 Direct	481,925,597	0	0	0	0	0	481,925,597	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(522,650)	0	0	0	0	0	(522,650)	0	0	0
12.4 Net	482,448,247	0	0	0	0	0	482,448,247	0	0	0
13. Incurred medical incentive pools and bonuses	5,842,868	0	0	0	0	0	5,842,868	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	17,089,009						17,089,009			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	17,089,009	0	0	0	0	0	17,089,009	0	0	0
2. Incurred but Unreported:										
2.1 Direct	34,808,856	72,222					34,736,634			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	34,808,856	72,222	0	0	0	0	34,736,634	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	131,320						131,320			
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	131,320	0	0	0	0	0	131,320	0	0	0
4. TOTALS:										
4.1 Direct	52,029,185	72,222	0	0	0	0	51,956,963	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	52,029,185	72,222	0	0	0	0	51,956,963	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	6
	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	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	0		72,222		72,222	72,222
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	47,141,693	431,299,767	466,924	51,490,039	47,608,617	47,950,177
7 Title XIX - Medicaid					0	0
8. Other health		0			0	0
9. Health subtotal (Lines 1 to 8)	47,141,693	431,299,767	539,146	51,490,039	47,680,839	48,022,399
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	6,383,407	541,780	462,664	1,373,510	6,846,071	2,918,493
13. Totals (Lines 9 - 10 + 11 + 12)	53,525,100	431,841,547	1,001,810	52,863,549	54,526,910	50,940,892

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	8,365	0	0	0	
2. 2008	156,648	21,453	25,017		
3. 2009	XXX	186,853	276,950		
4. 2010	XXX	XXX		38,547	
5. 2011	XXX	XXX	XXX	363,373	47,142
6. 2012	XXX	XXX	XXX	XXX	431,842

Section B - Incurred Health Claims - Title XVIII

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	0	0	0	0	
2. 2008	0	21,453	25,017	0	
3. 2009	XXX	197,681	276,950	0	
4. 2010	XXX	XXX		351,703	
5. 2011	XXX	XXX	XXX	456,451	539
6. 2012	XXX	XXX	XXX	XXX	51,490

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2008	0			0.0	0	0.0			0	0.0
2. 2009	0			0.0	0	0.0			0	0.0
3. 2010				0.0	0	0.0			0	0.0
4. 2011		47,142		0.0	47,142	0.0			47,142	0.0
5. 2012		431,842		0.0	431,842	0.0	53,865	484	486,191	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	8,365	0	0	0	0
2. 2008	156,648	21,453	25,017	0	0
3. 2009	XXX	186,853	276,950	0	0
4. 2010	XXX	XXX	0	38,547	0
5. 2011	XXX	XXX	XXX	363,373	47,142
6. 2012	XXX	XXX	XXX	XXX	431,842

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	0	0	0	0	0
2. 2008	0	21,453	25,017	0	0
3. 2009	XXX	197,681	276,950	0	0
4. 2010	XXX	XXX	0	351,703	0
5. 2011	XXX	XXX	XXX	456,451	539
6. 2012	XXX	XXX	XXX	XXX	51,490

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2008	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2009	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2011	0	47,142	0	0.0	47,142	0.0	0	0	47,142	0.0
5. 2012	0	431,842	0	0.0	431,842	0.0	53,865	484	486,191	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

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

		1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1.	Unearned premium reserves	0								
2.	Additional policy reserves (a)	2,437,796						2,437,796		
3.	Reserve for future contingent benefits	0								
4.	Reserve for rate credits or experience rating refunds (including $) for investment income	0								
5.	Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6.	Totals (gross)	2,437,796	0	0	0	0	0	2,437,796	0	0
7.	Reinsurance ceded	0								
8.	Totals (Net)(Page 3, Line 4)	2,437,796	0	0	0	0	0	2,437,796	0	0
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.										
0502.										
0503.										
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)	0	0	0	0	0	0	0	0	0
1101.										
1102.										
1103.										
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

(a) Includes $ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)	0		2,101,069		2,101,069
2. Salary, wages and other benefits			25,215,703		25,215,703
3. Commissions (less $ ..... ceded plus $ ..... assumed)			1,206,554		1,206,554
4. Legal fees and expenses			252,651		252,651
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			16,269,608		16,269,608
7. Traveling expenses					0
8. Marketing and advertising			3,989,097		3,989,097
9. Postage, express and telephone			1,697,150		1,697,150
10. Printing and office supplies			1,079,930		1,079,930
11. Occupancy, depreciation and amortization			3,268,794		3,268,794
12. Equipment					0
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	4,316,464				4,316,464
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			531,080		531,080
17. Collection and bank service charges			348,756		348,756
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	4,038,576	0	4,038,576
26. Total expenses incurred (Lines 1 to 25)	4,316,464	0	59,998,968	0	(a) 64,315,432
27. Less expenses unpaid December 31, current year		484,439	1,645,973		2,130,412
28. Add expenses unpaid December 31, prior year		449,315	2,456,561		2,905,876
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)	4,316,464	(35,124)	60,809,556	0	65,090,896
DETAILS OF WRITE-INS					
2501. Other Expenses			4,038,576		4,038,576
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	4,038,576	0	4,038,576

(a) Includes management fees of $ 59,332,396 to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a)	2,245,752
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
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) 36,141	36,141
7	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	36,141	2,281,893
11.	Investment expenses		(g) 0
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
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)		2,281,893
	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
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 4,812 accrual of discount less $ 1,142,724 amortization of premium and less $ 143,457 paid for accrued interest on purchases.

(b) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued dividends on purchases.

(c) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.

(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.

(e) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.

(f) Includes $ accrual of discount less $ amortization of premium.

(g) Includes $. investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ interest on surplus notes and $ interest on capital notes.

(i) Includes $ depreciation on real estate and $ 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	(48,201)	0	(48,201)	0	0
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	68,567	0	68,567	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans		0	0	0	0
4.	Real estate		0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets		0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	20,366	0	20,366	0	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 NON-ADMITTED 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 (Schedule DB)			0
8.	Other invested assets (Schedule BA)			0
9.	Receivables for securities			0
10.	Securities lending reinvested collateral assets (Schedule DL)			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		261,393	261,393
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection		21,917	21,917
	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	380,719		(380,719)
	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	419,857	419,611	(246)
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	982	2,945	1,963
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0
23.	Receivable from parent, subsidiaries and affiliates	0		0
24.	Health care and other amounts receivable	945,690	896,608	(49,082)
25.	Aggregate write-ins for other than invested assets	65,174	57,333	(7,841)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,812,422	1,659,807	(152,615)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28.	Total (Lines 26 and 27)	1,812,422	1,659,807	(152,615)
	DETAILS OF WRITE-INS			
1101.				
1102.				
1103.				
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	57,333	57,333	0
2502.	Plan to Plan receivable	7,841	0	(7,841)
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	65,174	57,333	(7,841)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	47,522	50,380	52,163	51,566	50,883	610,095
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	47,522	50,380	52,163	51,566	50,883	610,095
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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	6,331,057	769,139	506,749	233,199		7,840,144
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,331,057	769,139	506,749	233,199	0	7,840,144

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Caremark	326,970	338,699	130,544			796,211
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	326,970	338,699	130,544	0	0	796,211
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Plan to Plan receivable	2,998	12	30	7,841	7,841	3,040
Hospice Recoveries				202,178	60,653	141,526
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	2,998	12	30	210,019	68,494	144,566
0799999 Gross health care receivables	329,968	338,711	130,574	210,019	68,494	940,777

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	16,861,853	219,158	7,999			17,089,010
0499999. Subtotals	16,861,853	219,158	7,999	0	0	17,089,010
0599999. Unreported claims and other claim reserves						34,940,175
0699999. Total amounts withheld						
0799999. Total claims unpaid						52,029,185
0899999 Accrued medical incentive pool and bonus amounts						1,836,174

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
SOCIOS MAYORES EN SALUD, INC.	DUE ON MANAGEMENT FEES	30,585,435	30,585,435	
SOCIOS MAYORES EN SALUD HOLDING, INC.	DUE TO INTERCOMPNY	931,122	931,122	
0199999. Individually listed payables		31,516,557	31,516,557	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		31,516,557	31,516,557	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	5,077,046	1.1	101,318	199.1	5,077,046	
2. Intermediaries	0	0.0		0.0		
3. All other providers	19,924,982	4.2	733,615	1,441.8	19,924,982	
4. Total capitation payments	25,002,028	5.2	834,933	1,640.9	25,002,028	0
Other Payments:						
5. Fee-for-service	453,981,212	94.8	XXX	XXX	453,981,212	
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	453,981,212	94.8	XXX	XXX	453,981,212	0
13. TOTAL (Line 4 plus Line 12)	478,983,240	100%	XXX	XXX	478,983,240	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment	0					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	5,890		4,908	982	982	
6.	Total	5,890	0	4,908	982	982	0

NOTES TO FINANCIAL STATEMENTS

American Health, Inc.
(A Subsidiary of Socios Mayores en Salud, Inc.)
Notes to Financial Statements
Statutory Basis of Accounting
December 31, 2012 and 2011

1. Organization

Nature of the Business

American Health, Inc. ("the Company"), is a subsidiary of Socios Mayores en Salud, Inc. ("the Parent Company"), which is a subsidiary of Socios Mayores en Salud Holdings, Inc. ("SMS Holdings").

On February 7, 2011, SMS Holdings entered into a stock purchase agreement with Triple S Salud, Inc. ("TSS") which is a wholly owned subsidiary of Triple S Management Corporation ("TSM"), effective January 31, 2011. Pursuant to this agreement, TSS acquired all stock of SMS Holdings. The Company accounted for this acquisition in accordance with the provisions of Statement of Statutory Accounting Principles (SSAP) No. 68 Business Combination and Goodwill and Statement of Statutory Accounting Principles (SSAP) No. 97 Investments in Subsidiary, Controlled and Affiliated Entities, A replacement of SSAP No. 88.

The Company is subject to the regulations of the Commissioner of Insurance of the Commonwealth of Puerto Rico ("the Commissioner"). The Company provides Medicare Advantage Plan ("The Plan") coverage to residents of Puerto Rico who are eligible for Medicare benefits. The Plan offered by the Company provides plan members with full Medicare benefits plus coverage of Medicare deductibles and co-payment amounts and additional benefits that Medicare does not provide. The Company operates as an HMO whereby members will be covered for care provided by physicians, hospitals and other healthcare providers.

The Company offers the 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 healthcare member of the Company's coordinated care plan and the Company provides the member with coverage for the healthcare services provided. The contract expired on December 31, 2012, and can be renewed annually for a period of one year, as defined in the contract agreement. The contract was renewed effective January 1, 2013 for a period of one year.

In addition, the Company provides Medicare Platino ("Platino Plan") to eligible members pursuant to a contract agreement between the Puerto Rico Health Insurance Administration ("ASES") and the Company. The Platino Plan offered by the Company provides members with full Medicare benefits plus coverage of Medicare similar to those provided by the Government Health Insurance Plan ("GHIP"). The Company provides such services through a premium paid by the Commonwealth of Puerto Rico to cover the benefits required by the GHIP, which extend beyond those offered by the Medicare coverage. The contract expired

on December 31, 2012 and can be renewed for a period of one year, as defined in the contract agreement. The contract was renewed effective January 1, 2013 for a period of one year.

2. Significant accounting policies and practices

The following are significant statutory accounting practices followed by the Company.

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, 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 Puerto Rico Insurance Code or the Circular Letters issued by the Commissioner.

The accounting practices prescribed or permitted by NAIC and the Commissioner vary from U.S. generally accepted accouting principles (GAAP). The more significant variances from GAAP are summarized in Note 13.

Non-admitted assets

Certain assets designated as "non-admitted assets" have been excluded from the accompanying statutory-basis statements of admitted assets, liabilities and capital and suplus by a charge to unassigned surplus. Under GAAP, such assets are included in the balance sheets to the extent that assets are not impaired.

The non-admitted assets charged to surplus during 2012 and 2011 are as follows:

	2012	2011	Change
Healthcare and other receivables	$ 1,391,583	$ 1,215,334	$ 176,249
Uncollected premiums	1	21,917	(21,916)
Net deferred tax asset	419,857	419,611	246
Furniture and equipment	982	2,945	(1,963)
Total non-admitted assets	$ 1,812,422	$ 1,659,807	$ 152,615

Depreciation is calculated on the straight-line method over the estimated useful lives of the assets.

Short-Term Investments
Cash and short-term investments amounting to approximately $4,218,692 and $3,116,683 at December 31, 2012 and 2012, respectively, consist principally of overnight investments deposits. Short-term investments which have maturities of less than one year are stated at cost.

Investments
Debt and equity securities are valued in accordance with rules promulgated by the NAIC. Debt securities that are designated highest-quality and high-quality (NAIC designation 1 and 2) are reported at amortized cost, with all other debt securities reported at the lower of amortized cost or fair market value. Debt securities eligible for amortization under such rules are stated net of unamortized premiums or discounts. Bonds not backed by other loans are principally stated at amortized cost using the effective interest method.

The Company regularly invests in mortgaged-backed securities and other securities subject to prepayment and call risk. Significant changes in prevailing interest rates may adversely affect the timing and amount of cash flows on such securities. In addition, the amortization of market premium and accretion of market discount for mortgage-backed securities is based on historical experience and estimates of future payment speeds on the underlying mortgage loans. Actual prepayment speeds will differ from original estimates and may result in material adjustments to amortization or accretion recorded in future periods.

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. Premiums and discounts are amortized or accreted over the life of the investment as an adjustment to yield using the effective-interest method.

A decline in the fair value of any security below cost that is deemed to be other than temporary results in a reduction in the carrying amount to fair value. The impairment is charged to earnings and a new net cost basis for the security is established. To determine whether the impairment is other than temporary, the Company considers whether evidence indicating that the cost of the investment is recoverable outweighs evidence to the contrary. Evidence considered in this assessment includes the reasons for the impairment, the severity and duration of the impairment, changes in the value subsequent to year-end and forecasted performance of the investee.

Revenue Recognition
Premiums for the Medicare Advantage ("MA") business are based on a bid contract with CMS and collected in advance of the coverage period. Related revenue is recorded as earned during the coverage period. MA contracts provide for a risk factor to adjust premiums paid

for members that represent a higher or lower risk to the company. Retroactive rate adjustments are made periodically based on the aggregate health status and risk scores of the Company's MA membership. These risk adjustments are evaluated quarterly based on actuarial estimates. Actual results could differ from these estimates. As additional information becomes available, the recorded estimate is revised and reflected in operating results.

The Company offers prescription drug coverage to Medicare eligible beneficiaries as part of its MA plans ("MA-PD). Premiums are based on a bid contract with CMS that considers the estimate costs of providing prescription drug benefits to enrolled participants. MA-PD premiums are subject to adjustment, positive or negative, based upon the application of risk corridors that compare the estimate prescription drug costs included in the bids to CMS actual prescription drug costs. Variances exceeding certain thresholds may result in CMS making additional payments to the Company or in the Company refunding CMS a portion of the premiums collected. The Company estimates and records adjustments to earned premiums related to estimated risk corridor payments based upon actual prescription drug costs for each reporting period. CMS pays the Company an estimated amount for the Part D Catastrophic Reinsurance Subsidy to fund the CMS obligation to pay approximately 80% of the costs incurred by individual members in the excess of the individual annual out-of-pocket maximum. The Company does not recognize premium revenue or claims expense for these CMS subsidies. Amounts are subject to future settlements which may differ from original estimate. Any difference between the settlement and the estimated amount is recorded in the period in which they become known. Total Catastrophic receivable is $4,463,000 and $2,800,000 as of December 31, 2012 and 2011, respectively. Risk Share payable as of these periods are $16,000 and $1,500,000.

Medical Claims Liability

Medical claims liability for health insurance policies represents the estimated amounts to be paid to providers based on experience and accumulated statistical data and certain actuarial reports. The liability for claims liability includes claims in process and an estimate for incurred but not reported claims. Unpaid claims adjustments expenses related to such claims are accrued currently based on estimated future expenses necessary to process such claims.

The claims liability is 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 statements of revenues and expenses in the period determined.

Fair Value

The estimated fair value information of financial instruments in the accompanying statutory financial statements was determined as follows:

a. Cash and Short-Term Investments

The carrying amount approximates estimated fair value because of the short-term nature of those instruments.

b. Investments in Securities

The estimated fair value of investment in securities is based on quoted market prices for those or similar investments. Additional information pertinent to the estimated fair value of investment in securities is included in Note 6.

c. Receivables, Accounts Payable and Accrued Liabilities

The carrying amount of receivables, accounts payable and accrued liabilities approximates fair value because they mature and should be collected or paid within 12 months after December 31.

Fair Value Measurements

The Company follows the guidance in the provisions of ASC 820 *Fair Value Measurements and Disclosures*, for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the statutory financial statements on a recurring basis. ASC 820 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. ASC 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements.

Income Tax

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. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in surplus in the period that includes the enactment date. Gross deferred income tax assets are admitted assets in accordance with the provisions of NAIC SSAP No. 10R, Income Taxes. Deferred tax assets are limited to the sum of those deferred tax assets expected to be realized within one to three years, depending on the Company's capital level, plus the amount of gross deferred tax assets that can be offset against existing gross deferred tax liabilities. In addition, deferred

taxes are limit to the 10% of statutory capital and surplus. The Company records any interest and penalties related to unrecognized tax benefits within the operating expenses in the statutory-basis statement of revenues and expenses.

Reinsurance
In the normal course of business, the Company seeks to reduce the loss that may arise from events that cause unfavorable underwriting results by reinsuring certain levels of risk with reinsurers. Premiums ceded and recoveries of losses have been reported as a reduction of premiums and claims incurred, respectively.

Use of Estimates
Management of the Company has made a number of estimates and assumptions relating to the reporting of assets and liabilities, revenue and expenses, and the disclosure of contingent assets and liabilities to prepare these statutory financial statements in conformity with the accounting practices prescribed or permitted by the Commissioner of Insurance. Actual results could differ from those estimates. The most significant items on the statutory statement of admitted assets, liabilities, and capital and surplus that involve a greater degree of accounting estimates and actuarial determinations subject to change in the future are the other-than-temporary impairments, claims liabilities, risk adjustments and Part D risk sharing. As additional information becomes available (or actual amounts are determinable), the recorded estimates are revised and reflected in operating results. Although some variability is inherent in these estimates in the near future, the Company believes the amounts provided are adequate.

Commitment and Contingencies
Liabilities for loss contingencies arising from claims, assessments, litigation, fines, and penalties and other sources are recorded when it is probable that a liability has been incurred and the amount of the assessment and/or remediation can be reasonably estimated. Legal costs incurred in connection with loss contingencies are expensed as incurred. Recoveries of costs from third parties, which are probable of realization, are separately recorded as assets, and are not offset against the related liability.

3. Investments in Securities

The amortized cost for debt securities, gross unrealized gains, gross unrealized losses, and estimated fair value of securities by major security type and class of security at December 31, 2012 and 2011, were as follows:

	2012			
	Amortized Cost (Carrying Value)	**Gross Unrealized Gains**	**Gross Unrealized Losses**	**Estimated Fair Value**
Fixed maturities:				
Municipal Bonds	$ 60,780,968	$ 3,025,869	$ (1,675)	$ 63,805,162
Residential MBS	2,511,318	-	(20,205)	2,491,114
Collaterized Mortgage Obligations	10,497,445	39,764	(14,795)	10,522,414
Total	$ 73,789,731	$ 3,065,634	$ (36,675)	$ 76,818,690

	2011			
	Amortized Cost (Carrying Value)	**Gross Unrealized Gains**	**Gross Unrealized Losses**	**Estimated Fair Value**
Fixed maturities:				
Obligations of the Commonwealth of PR and its instrumentalities	$ 7,704,000	$ 65,100	$ (3,040)	$ 7,766,060
Municipal Bonds	46,727,163	1,758,234	(231,387)	48,254,010
Collaterized Mortgage Obligations	13,884,216	22,758	(12,977)	13,893,997
Total	$ 68,315,380	$ 1,846,091	$ (247,404)	$ 69,914,067

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, 2012 and 2011, are as follows:

	2012					
	Less than 12 months		12 months or more		Total	
	Estimated Fair Value	Gross Unrealized Losses	Estimated Fair Value	Gross Unrealized Losses	Estimated Fair Value	Gross Unrealized Losses
Fixed maturities:						
Municipal Bonds	$ 498	$ (2)	$ -	$ -	$ 498	$ (2)
Residential MBS	2,491	(20)	-	-	2,491	(20)
Collaterized Mortgage Obligations	2,324	(15)	-	-	2,324	(15)
Total	$ 5,313	$ (37)	$ -	$ -	$ 5,313	$ (37)

	2011					
	Less than 12 months		12 months or more		Total	
	Estimated Fair Value	Gross Unrealized Losses	Estimated Fair Value	Gross Unrealized Losses	Estimated Fair Value	Gross Unrealized Losses
Fixed maturities:						
Obligations of the Commonwealth of PR and its instrumentalities	$ 1,700,960	$ (3,040)	$ -	$ -	$ 1,700,960	$ (3,040)
Municipal Bonds	7,527,965	(231,387)	-	-	7,527,965	(231,387)
Collaterized Mortgage Obligations	11,774,691	(12,977)	-	-	11,774,691	(12,977)
Total	$ 21,003,616	$ (247,404)	$ -	$ -	$ 21,003,616	$ (247,404)

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: (1) the length of time and the extent to which the estimated fair value has been less than amortized cost for fixed maturity securities, or cost for equity securities, (2) the financial condition, near-term and long-term prospects for the issuer, including relevant industry conditions and trends, and implications of rating agency actions, (3) the Company's intent and ability to retain 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 estimated fair value solely due to changes in interest rates, other-than temporary impairment may not be appropriate. Due to the subjective nature of the Company's analysis, along with the judgment that must be applied in the analysis, it is possible that the Company could reach a different conclusion whether or not to impair a security if it had access to additional information about the investee. Additionally, it is possible that the investee's ability to meet future contractual obligations may be different than what the Company determined during its analysis, which may lead to a different impairment conclusion in future periods. If, after monitoring and analyzing, the Company determines that a decline in the estimated fair value of any investment below cost is other than temporary, the carrying amount of the security is reduced to its fair value. The new cost basis of an impaired security is not adjusted for subsequent increases in estimated fair value. In periods subsequent to the recognition of an other-than-temporary impairment, the impaired security is accounted for as if it had been purchased on the measurement date of the impairment. For debt securities, the discount (or reduced

premium) based on the new cost basis may be accreted into net investment income in future periods based on prospective changes in cash flow estimates, to reflect adjustments to the effective yield.

The Company continues to review the investment portfolios under the Company's impairment review policy. Given the current market conditions and the significant judgments involved, there is a continuing risk that further declines in fair value may occur and material other-than-temporary impairments may be recorded in future periods. No other than temporary impairments were recognized during the years ended December 31, 2012 and 2011.

US Municipal bonds - The unrealized loss on the Company's investments in US municipal securities was mainly caused by fluctuations in interest rate and general market conditions. Because the Company (a) does not intend to sell the securities and (b) believes that it is not more likely than not that it will be required to sell the securities before recovery of their amortized cost basis (which may be maturity), the securities are not considered to be other-than-temporarily impaired as of December 31, 2012.

Collaterized Mortgage Obligations – The Company owns mortgage-backed securities representing collateralized mortgage obligations ("CMO's") which are explicitly or implicitly guaranteed by the Federal Government. The mortgage positions in this category are issued by the US Government Agencies. These positions therefore have the same rating as Treasuries and Agencies and are considered of very high credit quality due to the implicit US Government support.

Since credit spreads are generally considered not to be a concern, the unrealized losses on CMO were mainly caused by fluctuations in interests rates and changes in prepayment speeds.

We do not consider these positions other-than-temporarily impaired as of December 31, 2011 because: a) the decline in market value is attributable to changes in interests rate, b) the fair value of these positions has remained similar to previous periods and have implicit US Government support, c) we do not have the intent to sell these investments, d) it is not more likely than not that we will be required to sell the investments before recovery of their amortized costs bases (which may be maturity), and e) we expect to collect all contractual cash flows.

Maturities of investment securities classified as available for sale were as follows at December 31, 2012:

	Amortized Cost	Estimated Fair Value
Due in one year or less	$ -	$ -
Due after one year through five years	29,712,899	30,916,428
Due after five years through ten years	18,680,255	19,106,155
Due after ten years	12,387,814	13,782,580
CMO's	10,497,445	10,522,414
Residential MBS	2,511,318	2,491,114
	$ 73,789,731	$ 76,818,690

Expected maturities may differ from contractual maturities because some issuers have the right to call or prepay obligations with or without call or prepayment penalties.

Information regarding realized and unrealized gains and losses from investments for the years ended December 31, 2012 and 2011 is as follows:

	2012	2011
Realized gains (losses)		
Fixed maturity securities:		
Gross gains from sales	$ 83,830	$ 76,955
Gross losses from sales	(63,465)	(127,709)
Total fixed maturity securities	$ 20,365	$ (50,754)
Equity securities:		
Gross losses from sales	-	(43,597)
Net realized gains (losses) on securities	$ 20,365	$ (94,351)

4. Net Investment Income Earned

Components of net investment income for the years ended December 31, 2012 and 2011, were as follows:

	December 31,	
	2012	2011
Government bonds	$ 1,786,084	$ 2,037,386
Collaterized mortgage obligations	422,980	179,897
Residential mortgaged backed-securities	16,323	
Mutual funds	-	69,022
Cash and short term investments	46,608	123,008
Other	9,898	-
Total	$ 2,281,893	$ 2,409,313

5. Transactions with Related Parties

The Company accounts transactions with related parties in accordance with SSAP No. 96, Settlement Requirements for Intercompany Transactions, An amendment to SSAP No. 25 Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties. In accordance with the provisions of SSAP No. 96, transactions between related parties must be in the form of a written agreement and the agreement must provide for a timely settlement of amounts owed with a specific due date. Amounts owed that are more than 90 days from the due date are non-admitted. If the agreement does not contain a due date, the uncollected receivable amounts are non-admitted. No intercompany receivables were recorded as non-admitted assets as of December 31, 2012 and 2011.

Effective January 1, 2008, the Company entered into a Management Agreement (the "Agreement") with the Parent Company in which the Parent Company will provide management services for a period of 10 years to the Company. The services to be provided under the terms of this Agreement include claims processing and payments, participating provider services, management information system, member services, quality management services and marketing services, among others, as defined in the Agreement. In compensation for these services, the Company will pay the Parent Company a monthly fee as defined in the Agreement. During the years ended December 31, 2012 and 2012, the management fee charged by the Parent Company to the Company for the above services amounted to approximately $59,332,000 and $56,908,000, respectively, which are included operating expenses in accompanying statutory statements of revenues and expenses.

The Company is part of a group of companies affiliated through common ownership and management and has significant transactions with companies in the affiliated group at terms and conditions established by management of the affiliated group. These amounts are payable and received in the normal course of business and are related to operating

transactions and cash flows needs. Amounts due to related parties at December 31, 2012 and 2011, were as follows:

	2012	2011
Socios Mayores en Salud, Inc.	$ 30,585,435	$ 26,185,383
Socios Mayores en Salud Holdings, Inc.	931,122	931,122
Total	$ 31,516,557	$ 27,116,505

6. Fair Value Measurements

Fair value measurements represent the amounts that would be received to sell assets or that would be paid to transfer liabilities in an orderly transaction between market participants at the measurement date. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Company determines fair value based on assumptions that market participants would use in pricing an asset or liability in the principal or most advantageous market. When considering market participant assumptions in fair value measurements, the following fair value hierarchy distinguishes between observable and unobservable inputs, which are categorized in one of the following levels:

- *Level 1 Inputs:* Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the Company at the measurement date.

- *Level 2 Inputs:* Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

- *Level 3 Inputs:* Unobservable inputs for the asset or liability used to measure fair value to the extent that observable input are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

If market prices are not available, the Company employs internally-developed models that primarily use market-based inputs including yield curves, interest rates, volatilities, and credit curves, among others. The Company limits valuation adjustments to those deemed necessary to ensure that the security or derivative's fair value adequately represents the price that would be received or paid in the marketplace. Valuation adjustments may include consideration of counterparty credit quality and liquidity as well as other criteria. The estimated fair value amounts are subjective in nature and may involve uncertainties and matters of significant judgment for certain financial instruments. Changes in the underlying

assumptions used in estimating fair value could affect the results. The fair value measurement levels are not indicative of risk of investment.

7. Health Care and Other Receivable

Healthcare and other receivables is composed of the following:

	2012	2011
Pharmaceutical rebates	$ 796,211	$ 7,114,644
Reinsurance recovery	-	155,015
	$ 796,211	$ 7,269,659

The Company's methodology for estimating pharmaceutical rebate receivable is based on actual utilization experience and manufacturers' contracted rate.

	2012				
Quarter ended	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days after Invoicing Confirmation
December 31, 2012	$ 326,970	$ 326,970	$ -	$ -	$ -
September 30, 2012	338,699	338,699	-	-	-
June 30, 2012	376,487	376,487	-	245,943	-
March 31, 2012	1,704,664	1,704,664	-	156,354	1,548,309
Prior periods	31,960	31,960	-	-	31,960
	$ 2,778,779	$ 2,778,780	$ -	$ 402,297	$ 1,580,270

8. Medical Claims Liability

The activity in medical claims liability, which includes claims unpaid, accrued medical incentives pool and bonus, unpaid claims adjustments expenses and aggregate health policy reserves during the years ended December 31, 2012 and 2011 were as follows:

	2012	2011
Medical claims liability at beginning of year	$ 55,136,775	$ 45,334,204
Incurred claims:		
Current period insured events	$ 489,014,419	$ 417,295,105
Prior period insured events	3,593,160	(2,961,211)
Total incurred	492,607,579	414,333,894
Payment for claims:		
Current period insured events	437,044,728	368,672,571
Prior period insured events	53,912,031	35,858,752
Total paid	490,956,759	404,531,323
Medical claims liability at end of year	$ 56,787,595	$ 55,136,775

As a result of change in estimates of insured events in prior years, the amounts included as incurred claims for prior periods insured events differ from anticipated claims incurred. The amount in the incurred claims for prior period insured events for the years 2011 reflect an unfavorable development due to hiher than expected utilization trends.

9. Capital and Surplus

Effective January 5, 2010, the Commonwealth of Puerto Rico adopted Law No. 92 ("the Law") to add to Chapter 45 of the Insurance Code of Puerto Rico Risk Based Capital ("RBC") requirements to all insurance companies authorized to conduct business in Puerto Rico. Insurance companies are required to comply with the RBC requirements as adopted by the NAIC which includes the filing of an RBC report with the NAIC and the Commissioner each year on or before March 31 in order to determined compliance with such RBC requirements. The Law, which becomes effective for years beginning January 1, 2011 provides a RBC compliance transition period extending from 3 to 5 years. The Company is in the process of implementing a plan for the Company in order to ensure compliance with the requirements of the Law after the transition period. As of December 31, 2012, the Company is in compliance with the minimum required RBC for the transition period.

All of the Company's unsecured notes represent loan advances from Affiliates companies which have met the NAIC requirements to record as surplus in the accompanying Statement of Admitted Assets, Liabilities and Capital and Surplus. Proceeds were used to create a voluntary reserve to guarantee payments to providers under the Medicaid and Medicare Advantage plan. The Company obtained approval from the Commissioner, to convert such loan into surplus notes as defined by the Insurance Code. Under the Insurance Code surplus notes and related accrued interest cannot be paid without prior approval by the Commissioner.

A summary of the surplus notes entered by the Company at December 31, 2012 is as follows:

Unsecured note payable of $15,000 issued on December 2012; due December 2014. Interest is payable at maturity at a fixed rate of 4.70% per annum.	$ 15,008
Unsecured note payable of $10,000 issued on June 2012; due December 2014. Interest is payable at maturity at a fixed rate of 4.70% per annum.	10,237
Unsecured note payable of $ 480 issued on June 2006; with no repayment maturity. Interest is payable at a fixed rate of 3% per annum.	574
Total surplus note payable	$ 25,819

Common stock included as a component of capital and surplus consists of class B common stock with a par value of $10 per share; 2,000 shares authorized of which 1,875 shares are issued and outstanding at December 31, 2012 and 2011.

In addition, the Company is authorized to issue 500 shares of class A common stock with no par value. At December 31, 2011 and 2010 none of these shares are issued and outstanding.

The accumulated earnings of the Company are restricted as to the payment of dividends by statutory limitations applicable to domestic insurance companies. Such limitations restrict the payment of dividends by insurance companies generally to unrestricted unassigned surplus reported for statutory purposes.

10. Income Taxes

The Company files its income tax return under the Puerto Rico Internal Revenue Code Act 1 of January 31, 2011, generally effective for taxable years that commence after December 31, 2010. Act 1, among other changes, reduced the corporate income and alternative minimum tax rates.

The income tax expense differs from the amount computed by applying the Puerto Rico statutory income tax rate to the income before income taxes mainly as a result of exempt interest income.

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.

The component of net deferred income taxes not recognized in the statutory financial statements as admitted assets, liabilities, capital and suplus are as follows:

Deferred tax assets:	2012	2011
Allowance for doubtful accounts	$ 419,857	$ 419,611
Less: non-admitted deferred tax assets	(419,857)	(419,611)
Net deferred tax assets	-	-

11. Legal Proceedings

As of December 31, 2012, the Company and its subsidiaries are defendants in certain lawsuits arising in the normal course of business. In the opinion of management, with the advice of its legal counsel, the ultimate disposition of these matters will not have a material adverse effect on the financial position and the result of operations of the Company and its subsidiaries. Furthermore, the Commissioner, as well as other Federal and Puerto Rico government authorities, regularly make inquiries and conduct audits concerning the Corporation's compliance with applicable insurance and other laws and regulations.

Management believes that the aggregate liabilities, if any, arising from all such claims, assessments, audits and lawsuits will not have a material adverse effect on the financial position or results of operations of the Company. However, given the inherent unpredictability of these matters, it is possible that an adverse outcome in certain matters could have a material adverse effect on our financial condition, operating results and/or cash flows. Where the Company believes that a loss is both probable and estimable, such amounts have been recorded.

12. Concentration of Credit Risk

Financial instruments, which potentially subject the Company to concentration of credit risk included cash and cash equivalents. The Company deposits in financial institutions at times exceeded the amount insured by the Federally Depository Insurance Corporation ("FDIC"). The risk is managed by maintaining all deposits in high quality financial institutions. The Company's business activity is with insured located throughout Puerto Rico, and as such, the Company is subject to the risk associated with Puerto Rico economy.

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 most of the premiums for the healthcare services provided are generated from a contract 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 contract and the population eligible to participate in the plan. Earned premium revenues relating to premiums received from CMS for the years ended

December 31, 2012 and 2011 amounted to approximately $533,000,000 and $468,000,000, respectively; and the related receivables at December 31, 2012 and 2011 amounted to approximately $15,886,000 and $15,558,000, respectively.

13. Information under U.S. 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 U.S. generally accepted accounting principles. Accounting policies under statutory accounting practices used by the Company in preparing statutory financial statements are disclosed in note 2. Under GAAP, the following policies are used, which are the principal variances with statutory accounting practices:

- The accounting basis under GAAP 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, but for trading securities unrealized gains or losses are included in earnings, and for available-for-sale securities, unrealized gains or losses, net of income taxes, are included in a separate component of capital and surplus.

- Assets are reported under NAIC SAP at "admitted asset" value, and "non-admitted" assets are excluded through a charge against unassigned surplus; under GAAP, "non-admitted assets" are reported at cost net of any valuation allowance.

- Comprehensive income disclosures required by GAAP are omitted.

- The statement of cash flow under GAAP emphasizes the changes in cash and cash equivalents and presents the sources and uses of cash into three classifications, which are operating, investing, and financing activities.

- Cash overdraft balances are recorded as a reduction to cash, whereas under GAAP overdraft balances would be classified as liabilities.

- The unsecured loan advance from the Parent Company was converted into a surplus note recorded in the capital and surplus note of the Statement of Admitted Assets, Liabilities and Capital and Surplus under the approval of the Commissioner.

- For statutory financial statements purposes the push-down accounting related to the TSS acquisition of the Company, as described in Note 1, is not allowed. For GAAP financial statement purposes the push-down accounting is allowed.

- The statutory required deposit with the Commissioner is a restricted asset which has been reclassified from Capital to Liabilities for statutory financial statements purposes.

Information regarding total assets, stockholder's equity, and net income under GAAP and SAP follows:

	2012	
	GAAP	**SAP**
Total assets	$ 169,535,599	$ 121,287,089
Stockholder's equity	$ 52,104,636	$ 30,736,964
Net loss	$ (13,266,158)	$ (11,807,559)

	2011	
	GAAP	**SAP**
Total assets	$ 156,517,099	$ 103,078,772
Stockholder's equity	$ 63,250,244	$ 17,768,931
Net income (loss)	$ (5,243,942)	$ 1,499,575

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? ..... Puerto Rico

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. 12/31/2008

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. 12/31/2008

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). 12/31/2008

3.4 By what department or departments?
Insurance Commissioner of PR .....

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 [X] No [ ] N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] N/A [ ]

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 Company 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(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), 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 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Pricewaterhouse Cooper, LLP

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 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]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

.....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 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?

Milliman, Inc .....

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?

NONE .....

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? ..... Yes [X] No [ ]

(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.

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).

.....

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. 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 [ ]

17. 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 [ ]

18. 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 with the official duties of such person? ..... Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers ..... $ 0

20.12 To stockholders not officers ..... $ 0

20.13 Trustees, supreme or grand (Fraternal Only) ..... $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers ..... $ 0

20.22 To stockholders not officers ..... $ 0

20.23 Trustees, supreme or grand (Fraternal Only) ..... $ 0

21.1 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]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others ..... $ 0

21.22 Borrowed from others ..... $ 0

21.23 Leased from others ..... $ 0

21.24 Other ..... $ 0

22.1 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]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment $ 0

22.22 Amount paid as expenses ..... $ 0

22.23 Other amounts paid ..... $ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... $ 0

INVESTMENT

24.01 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 24.03) ..... Yes [X] No [ ]

24.02 If no, give full and complete information relating thereto

24.03 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)

24.04 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]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. ..... $

24.06 If answer to 24.04 is no, report amount of collateral for other programs. ..... $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [X] N/A [ ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [X] N/A [ ]

24.09 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 [X] N/A [ ]

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	$ 0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	$ 0
24.103	Total payable for securities lending reported on the liability page.	$ 0

25.1 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 21.1 and 24.03). Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$
25.22	Subject to reverse repurchase agreements	$
25.23	Subject to dollar repurchase agreements	$
25.24	Subject to reverse dollar repurchase agreements	$
25.25	Pledged as collateral	$
25.26	Placed under option agreements	$
25.27	Letter stock or other securities restricted as to sale	$
25.28	On deposit with state or other regulatory body	$ 600,000
25.29	Other	$

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 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.

27.1 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]

27.2 If yes, state the amount thereof at December 31 of the current year. $

28. 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 [ ]

28.01 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
Bank of New York Mellon	One Wall Street New York, NY 10286

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/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

29.1 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]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

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

30. 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 (+)
30.1 Bonds	73,789,731	76,731,469	2,941,738
30.2 Preferred stocks	0	0	0
30.3 Totals	73,789,731	76,731,469	2,941,738

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

Security Exchange Commission

31.1 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 [ ]

31.2 If the answer to 31.1 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 [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

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

33.2 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

34.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

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

35.2 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

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. $ 0

1.6 Individual policies:

Most current three years:	
1.61 Total premium earned	$ 0
1.62 Total incurred claims	$ 0
1.63 Number of covered lives	0
All years prior to most current three years:	
1.64 Total premium earned	$ 0
1.65 Total incurred claims	$ 0
1.66 Number of covered lives	0

1.7 Group policies:

Most current three years:	
1.71 Total premium earned	$ 0
1.72 Total incurred claims	$ 0
1.73 Number of covered lives	0
All years prior to most current three years:	
1.74 Total premium earned	$ 0
1.75 Total incurred claims	$ 0
1.76 Number of covered lives	0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	537,664,169	473,748,463
2.2	Premium Denominator	539,321,628	473,748,463
2.3	Premium Ratio (2.1/2.2)	0.997	1.000
2.4	Reserve Numerator	56,228,356	54,687,461
2.5	Reserve Denominator	56,303,153	54,687,461
2.6	Reserve Ratio (2.4/2.5)	0.999	1.000

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, as 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 [ ] No [X]

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	$ 150,000
5.32 Medical Only	$
5.33 Medicare Supplement	$
5.34 Dental & Vision	$
5.35 Other Limited Benefit Plan	$
5.36 Other	$

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:

None

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? 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 year	5,914
8.2 Number of providers at end of reporting year	6,253

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	$

GENERAL INTERROGATORIES

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	$	1,761,376
10.22 Amount actually paid for year bonuses	$	6,383,407
10.23 Maximum amount payable withholds	$	
10.24 Amount actually paid for year withholds	$	

11.1 Is the reporting entitiy 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 [X] No [ ]

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.		Puerto Rico
11.4	If yes, show the amount required.	$	600,000
11.5	Is this amount included as part of a contingency reserve in stockholder's equity?		Yes [X] No [ ]
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
Puerto Rico

13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]

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 [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... $

FIVE-YEAR HISTORICAL DATA

		1 2012	2 2011	3 2010	4 2009	5 2008
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	121,287,088	103,078,772	69,067,841	50,895,202	37,210,714
2.	Total liabilities (Page 3, Line 24)	90,550,124	85,309,842	51,913,349	42,270,026	34,649,244
3.	Statutory surplus	600,000	600,000		0	0
4.	Total capital and surplus (Page 3, Line 33)	30,736,964	17,768,930	17,154,492	8,625,176	2,561,470
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	539,325,075	473,750,444	380,738,428	265,846,374	221,516,366
6.	Total medical and hospital expenses (Line 18)	488,291,114	413,036,129	315,012,081	217,957,396	188,960,752
7.	Claims adjustment expenses (Line 20)	4,316,464	4,270,155	3,406,842	851,612	813,411
8.	Total administrative expenses (Line 21)	59,998,968	57,382,441	50,540,769	37,722,380	30,566,855
9.	Net underwriting gain (loss) (Line 24)	(13,281,471)	(938,281)	11,778,736	9,314,986	1,175,348
10.	Net investment gain (loss) (Line 27)	2,302,259	2,314,962	1,959,449	792,688	437,252
11.	Total other income (Lines 28 plus 29)	0	0	0	0	0
12.	Net income or (loss) (Line 32)	(11,807,558)	1,499,576	8,892,140	5,841,169	968,863
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	(768,099)	(5,801,223)	13,551,750	23,159,589	10,082,784
	Risk-Based Capital Analysis					
14.	Total adjusted capital	30,736,964	17,768,930	17,154,492	8,625,176	2,561,470
15.	Authorized control level risk-based capital	18,822,852	15,968,973	12,339,269	8,562,238	8,838,879
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	50,883	47,522	37,987	28,866	20,479
17.	Total members months (Column 6, Line 7)	610,095	516,102	417,008	295,613	259,385
	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 (Lines 18 plus Line 19)	90.5	87.2	82.7	82.0	85.3
20.	Cost containment expenses	0.8	0.9	0.9	0.3	0.4
21.	Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22.	Total underwriting deductions (Line 23)	102.5	100.2	96.9	96.5	99.5
23.	Total underwriting gain (loss) (Line 24)	(2.5)	(0.2)	3.1	3.5	0.5
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	54,526,910	40,998,453	27,825,514	23,720,561	8,696,044
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	50,940,892	43,415,460	36,690,941	31,085,944	8,492,051
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)				0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)				0	0
30.	Affiliated mortgage loans on real estate				0	0
31.	All other affiliated				0	0
32.	Total of above Lines 26 to 31	0	0	0	0	0
33.	Total investment in parent included in Lines 26 to 31 above.					

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:

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. San Juan, PR (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2012 NAIC Company Code 11152

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,522							47,522		
2. First Quarter	50,380							50,380		
3. Second Quarter	52,163							52,163		
4. Third Quarter	51,566							51,566		
5. Current Year	50,883							50,883		
6. Current Year Member Months	610,095							610,095		
Total Member Ambulatory Encounters for Year:										
7 Physician	388,308							388,308		
8. Non-Physician	52,649							52,649		
9. Total	440,957	0	0	0	0	0	0	440,957	0	0
10. Hospital Patient Days Incurred	19,140							19,140		
11. Number of Inpatient Admissions	3,607							3,607		
12. Health Premiums Written (b)	539,321,628							539,321,628		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	539,321,628							539,321,628		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	478,983,240							478,983,240		
18 Amount Incurred for Provision of Health Care Services	487,768,465							487,768,465		

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. San Juan, PR (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2012 NAIC Company Code 11152

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,522	0	0	0	0	0	0	47,522	0	0
2. First Quarter	50,380	0	0	0	0	0	0	50,380	0	0
3. Second Quarter	52,163	0	0	0	0	0	0	52,163	0	0
4. Third Quarter	51,566	0	0	0	0	0	0	51,566	0	0
5. Current Year	50,883	0	0	0	0	0	0	50,883	0	0
6. Current Year Member Months	610,095	0	0	0	0	0	0	610,095	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	388,308	0	0	0	0	0	0	388,308	0	0
8. Non-Physician	52,649	0	0	0	0	0	0	52,649	0	0
9. Total	440,957	0	0	0	0	0	0	440,957	0	0
10. Hospital Patient Days Incurred	19,140	0	0	0	0	0	0	19,140	0	0
11. Number of Inpatient Admissions	3,607	0	0	0	0	0	0	3,607	0	0
12. Health Premiums Written (b)	539,321,628	0	0	0	0	0	0	539,321,628	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	539,321,628	0	0	0	0	0	0	539,321,628	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	478,983,240	0	0	0	0	0	0	478,983,240	0	0
18 Amount Incurred for Provision of Health Care Services	487,768,465	0	0	0	0	0	0	487,768,465	0	0

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

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
16535	36-4233459	01/01/2011	Zurich American Insurance Company	NY	SSL/A/I				970,051		
0199999. U.S. Affiliates						0	0	0	970,051	0	0
0399999. Total - Affiliates						0	0	0	970,051	0	0
0699999. Total - Non-Affiliates						0	0	0	0	0	0
0799999. Total U.S. (Sum of 0199999 and 0499999)						0	0	0	970,051	0	0
0899999. Total Non-U.S. (Sum of 0299999 and 0599999)						0	0	0	0	0	0
0999999 - Totals						0	0	0	970,051	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
16535	36-4233459	01/01/2011	Zurich American Insurance Company	NY	0	
0199999. Life and Annuity - U.S. Affiliates					0	0
0399999. Total Life and Annuity - Affiliates					0	0
0699999. Total Life and Annuity - Non-Affiliates					0	0
0799999. Total Life and Annuity					0	0
1099999. Total Accident and Health - Affiliates					0	0
1399999. Total Accident and Health - Non-Affiliates					0	0
1499999. Total Accident and Health					0	0
1599999. Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					0	0
1699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)					0	0
1799999 Totals - Life, Annuity and Accident and Health					0	0

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1 2012	2 2011	3 2010	4 2009	5 2008
	A. OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance				0	0
5.	Total hospital and medical expenses	(523)	(257)	890	510	0
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable				0	0
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	155	547	131	37
9.	Experience rating refunds due or unpaid				0	0
10.	Commissions and reinsurance expense allowances due				0	0
11.	Unauthorized reinsurance offset				0	0
12.	Offset for reinsurance with Certified Reinsurers		XXX	XXX	XXX	XXX
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust		XXX	XXX	XXX	XXX
18.	Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19.	Letters of credit (L)		XXX	XXX	XXX	XXX
20.	Trust agreements (T)		XXX	XXX	XXX	XXX
21.	Other (O)		XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	99,678,063		99,678,063
2.	Accident and health premiums due and unpaid (Line 15)	9,494,070		9,494,070
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	12,114,955		12,114,955
6.	Total assets (Line 28)	121,287,088	0	121,287,088
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	52,029,185		52,029,185
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,836,172		1,836,172
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	36,684,767		36,684,767
15.	Total liabilities (Line 24)	90,550,124	0	90,550,124
16.	Total capital and surplus (Line 33)	30,736,964	XXX	30,736,964
17.	Total liabilities, capital and surplus (Line 34)	121,287,088	0	121,287,088
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
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		539,321,628					539,321,628	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	539,321,628	0	0	0	0	539,321,628	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	539,321,628	0	0	0	0	539,321,628	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	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.

0

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

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total							

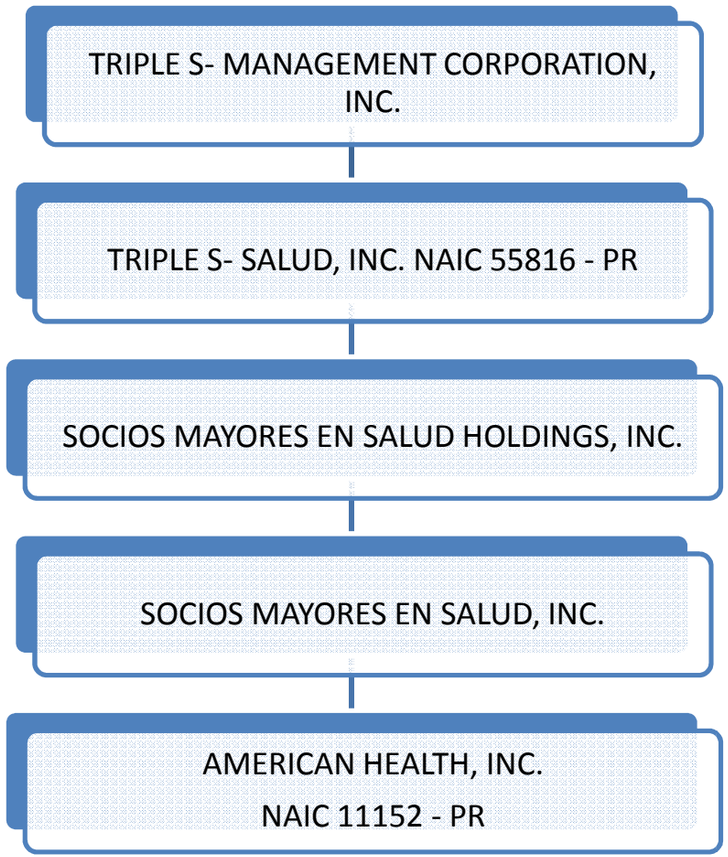
NONE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0000	American Health, Inc.	11152	66-0593034				Socios Mayores en Salud, Inc.	PR	UDP	Socios Mayores en Salud Holdings,	Ownership	100.000	Triple-S Management Corporation	
0000	Socios Mayores en Salud, Inc.		66-0650587				Socios Mayores en Salud Holdings	PR	UDP	Triple-S Salud, Inc.	Ownership	100.000	Triple-S Management Corporation	
0000	Socios Mayores en Salud Holdings		26-0133931				Triple-S Salud, Inc.	PR	UDP	Triple-S Management	Ownership	100.000	Triple-S Management Corporation	
0000	Triple-S Salud	55816	66-0555677			US	Triple-S Management Corporation	PR	UDP	Triple-S Management	Ownership	100.000	Triple-S Management Corporation	

Asterisk	Explanation

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	66-0650587	Socios Mayores en Salud, Inc.						59,184,026	*		59,184,026	
11152	66-0593034	American Health, Inc.						(59,184,026)			(59,184,026)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	SEE EXPLANATION
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

7. Do not apply
11.
12.
13.
14.
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23.
24.
25.
26.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

12. Life Supplement [Document Identifier 205]

13. Property/Casualty Supplement [Document Identifier 207]

14. SIS Stockholder Information Supplement [Document Identifier 420]

15. Participating Opinion for Exhibit 5 [Document Identifier 371]

16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

17. Medicare Part D Coverage Supplement [Document Identifier 365]

18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

20. Relief from the Requirements for Audit Committees [Document Identifier 226]

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

22. Life Supplement [Document Identifier 211]

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

24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]

25. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

26. Management’s Report of Internal Control Over Financial Reporting [Document Identifier 223]

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	Gross Investment Holdings 2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.000			0	0.000
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies	3,734,142	3.746	3,734,142		3,734,142	3.746
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgaged-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S. :						
1.41 States, territories and possessions general obligations	59,385,564	59.577	59,385,564		59,385,564	59.577
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations	10,670,025	10.704	10,670,025		10,670,025	10.704
1.44 Industrial development and similar obligations		0.000	0		0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including $ ..... of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including $ ..... property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	25,288,332	25.370	25,288,332		25,288,332	25.370
11. Other invested assets	600,000	0.602	600,000		600,000	0.602
12. Total invested assets	99,678,063	100.000	99,678,063	0	99,678,063	100.000

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year	
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8)	
	2.2 Additional investment made after acquisition (Part 2, Column 9)	
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16	
	3.2 Totals, Part 3, Column 12	
4.	Accrual of discount	
5.	Unrealized valuation increase (decrease):	
	5.1 Totals, Part 1, Column 13	
	5.2 Totals, Part 3, Column 9	
6.	Total gain (loss) on disposals, Part 3, Column 19	
7.	Deduct amounts received on disposals, Part 3, Column 16	
8.	Deduct amortization of premium and depreciation	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17	
	9.2 Totals, Part 3, Column 14	
10.	Deduct current year's other than temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15	
	10.2 Totals, Part 3, Column 11	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		68,315,381
2.	Cost of bonds and stocks acquired, Part 3, Column 7		39,563,316
3.	Accrual of discount		4,812
4.	Unrealized valuation increase (decrease):		
	4.1. Part 1, Column 12	0	
	4.2. Part 2, Section 1, Column 15		
	4.3. Part 2, Section 2, Column 13		
	4.4. Part 4, Column 11	0	0
5.	Total gain (loss) on disposals, Part 4, Column 19		20,366
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		32,971,420
7.	Deduct amortization of premium		1,142,724
8.	Total foreign exchange change in book/adjusted carrying value:		
	8.1. Part 1, Column 15	0	
	8.2. Part 2, Section 1, Column 19		
	8.3. Part 2, Section 2, Column 16		
	8.4. Part 4, Column 15	0	0
9.	Deduct current year's other than temporary impairment recognized:		
	9.1. Part 1, Column 14	0	
	9.2. Part 2, Section 1, Column 17		
	9.3. Part 2, Section 2, Column 14		
	9.4. Part 4, Column 13	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		73,789,731
11.	Deduct total nonadmitted amounts		0
12.	Statement value at end of current period (Line 10 minus Line 11)		73,789,731

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description			1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1.	United States	3,734,142	3,731,662	3,765,519	3,548,883
Governments	2.	Canada				
(Including all obligations guaranteed by governments)	3.	Other Countries				
	4.	Totals	3,734,142	3,731,662	3,765,519	3,548,883
U.S. States, Territories and Possessions (Direct and guaranteed)	5.	Totals	59,385,564	62,310,222	60,008,988	57,520,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6.	Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7.	Totals	10,670,025	10,689,585	10,723,974	9,907,221
Industrial and Miscellaneous and Hybrid Securities (unaffiliated)	8.	United States				
	9.	Canada				
	10.	Other Countries				
	11.	Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12.	Totals	0	0	0	0
	13.	Total Bonds	73,789,731	76,731,469	74,498,481	70,976,104
PREFERRED STOCKS	14.	United States				
Industrial and Miscellaneous (unaffiliated)	15.	Canada				
	16.	Other Countries				
	17.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18.	Totals				
	19.	Total Preferred Stocks	0	0	0	
COMMON STOCKS	20.	United States				
Industrial and Miscellaneous (unaffiliated)	21.	Canada				
	22.	Other Countries				
	23.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24.	Totals				
	25.	Total Common Stocks	0	0	0	
	26.	Total Stocks	0	0	0	
	27.	Total Bonds and Stocks	73,789,731	76,731,469	74,498,481	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 Class 1	0	1,395,404	0	2,338,738		3,734,142	5.1	0	0.0	3,734,142	0
1.2 Class 2						0	0.0	0	0.0		0
1.3 Class 3						0	0.0	0	0.0		0
1.4 Class 4						0	0.0	0	0.0		0
1.5 Class 5						0	0.0	0	0.0		0
1.6 Class 6						0	0.0	0	0.0		0
1.7 Totals	0	1,395,404	0	2,338,738	0	3,734,142	5.1	0	0.0	3,734,142	0
2. All Other Governments											
2.1 Class 1	0					0	0.0	0	0.0		0
2.2 Class 2						0	0.0	0	0.0		0
2.3 Class 3						0	0.0	0	0.0		0
2.4 Class 4						0	0.0	0	0.0		0
2.5 Class 5						0	0.0	0	0.0		0
2.6 Class 6						0	0.0	0	0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed											
3.1 Class 1	0	28,317,495	18,680,255	12,387,814		59,385,564	80.5	48,431,163	70.9	59,385,564	0
3.2 Class 2						0	0.0	6,000,000	8.8		0
3.3 Class 3						0	0.0	0	0.0		0
3.4 Class 4						0	0.0	0	0.0		0
3.5 Class 5						0	0.0	0	0.0		0
3.6 Class 6						0	0.0	0	0.0		0
3.7 Totals	0	28,317,495	18,680,255	12,387,814	0	59,385,564	80.5	54,431,163	79.7	59,385,564	0
4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed											
4.1 Class 1						0	0.0	0	0.0		0
4.2 Class 2						0	0.0	0	0.0		0
4.3 Class 3						0	0.0	0	0.0		0
4.4 Class 4						0	0.0	0	0.0		0
4.5 Class 5						0	0.0	0	0.0		0
4.6 Class 6						0	0.0	0	0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Class 1	0	0	0	0	10,670,025	10,670,025	14.5	13,884,217	20.3	10,670,025	0
5.2 Class 2						0	0.0	0	0.0		0
5.3 Class 3						0	0.0	0	0.0		0
5.4 Class 4						0	0.0	0	0.0		0
5.5 Class 5						0	0.0	0	0.0		0
5.6 Class 6						0	0.0	0	0.0		0
5.7 Totals	0	0	0	0	10,670,025	10,670,025	14.5	13,884,217	20.3	10,670,025	0

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)											
6.1 Class 1						0	0.0	0	0.0		0
6.2 Class 2						0	0.0	0	0.0		0
6.3 Class 3						0	0.0	0	0.0		0
6.4 Class 4						0	0.0	0	0.0		0
6.5 Class 5						0	0.0	0	0.0		0
6.6 Class 6						0	0.0	0	0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Hybrid Securities											
7.1 Class 1						0	0.0	0	0.0		0
7.2 Class 2						0	0.0	0	0.0		0
7.3 Class 3						0	0.0	0	0.0		0
7.4 Class 4						0	0.0	0	0.0		0
7.5 Class 5						0	0.0	0	0.0		0
7.6 Class 6						0	0.0	0	0.0		0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates											
8.1 Class 1						0	0.0	0	0.0		0
8.2 Class 2						0	0.0	0	0.0		0
8.3 Class 3						0	0.0	0	0.0		0
8.4 Class 4						0	0.0	0	0.0		0
8.5 Class 5						0	0.0	0	0.0		0
8.6 Class 6						0	0.0	0	0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 Class 1	(d) 0	29,712,899	18,680,255	14,726,552	10,670,025	73,789,731	100.0	XXX	XXX	73,789,731	0
9.2 Class 2	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Class 3	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Class 4	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Class 5	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.6 Class 6	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.7 Totals	0	29,712,899	18,680,255	14,726,552	10,670,025	(b) 73,789,731	100.0	XXX	XXX	73,789,731	0
9.8 Line 9.7 as a % of Col. 6	0.0	40.3	25.3	20.0	14.5	100.0	XXX	XXX	XXX	100.0	0.0
10. Total Bonds Prior Year											
10.1 Class 1	0	25,529,453	12,426,007	10,475,703	13,884,217	XXX	XXX	62,315,380	91.2	62,315,380	0
10.2 Class 2	0	0	6,000,000	0	0	XXX	XXX	6,000,000	8.8	6,000,000	0
10.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
10.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
10.7 Totals	0	25,529,453	18,426,007	10,475,703	13,884,217	XXX	XXX	(b) 68,315,380	100.0	68,315,380	0
10.8 Line 10.7 as a % of Col. 8	0.0	37.4	27.0	15.3	20.3	XXX	XXX	100.0	XXX	100.0	0.0
11. Total Publicly Traded Bonds											
11.1 Class 1	0	29,712,899	18,680,255	14,726,552	10,670,025	73,789,731	100.0	62,315,380	91.2	73,789,731	XXX
11.2 Class 2						0	0.0	6,000,000	8.8	0	XXX
11.3 Class 3						0	0.0	0	0.0	0	XXX
11.4 Class 4						0	0.0	0	0.0	0	XXX
11.5 Class 5						0	0.0	0	0.0	0	XXX
11.6 Class 6						0	0.0	0	0.0	0	XXX
11.7 Totals	0	29,712,899	18,680,255	14,726,552	10,670,025	73,789,731	100.0	68,315,380	100.0	73,789,731	XXX
11.8 Line 11.7 as a % of Col. 6	0.0	40.3	25.3	20.0	14.5	100.0	XXX	XXX	XXX	100.0	XXX
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9	0.0	40.3	25.3	20.0	14.5	100.0	XXX	XXX	XXX	100.0	XXX
12. Total Privately Placed Bonds											
12.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.8 Line 12.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes $ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $ ..... current year, $ ..... prior year of bonds with Z designations and $ ..... , current year $ ..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes $ ..... current year, $ ..... prior year of bonds with 5* designations and $ ..... , current year $ ..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ ..... ; NAIC 2 $ ..... ; NAIC 3 $ ..... ; NAIC 4 $ ..... ; NAIC 5 $ ..... ; NAIC 6 $ .....

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations	0	1,395,404	0	2,338,738		3,734,142	5.1	0	0.0	3,734,142	0
1.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
1.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
1.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
1.5 Totals	0	1,395,404	0	2,338,738	0	3,734,142	5.1	0	0.0	3,734,142	0
2. All Other Governments											
2.1 Issuer Obligations						0	0.0	0	0.0		0
2.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
2.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
2.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
2.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations	0	28,317,495	18,680,255	12,387,814		59,385,564	80.5	54,431,163	79.7	59,385,564	0
3.2 Residential Mortgage-Backed Securities		0				0	0.0	0	0.0		0
3.3 Commercial Mortgage-Backed Securities			0			0	0.0	0	0.0		0
3.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
3.5 Totals	0	28,317,495	18,680,255	12,387,814	0	59,385,564	80.5	54,431,163	79.7	59,385,564	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations						0	0.0	0	0.0		0
4.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
4.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
4.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
4.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1 Issuer Obligations	0	0	0	0	10,670,025	10,670,025	14.5	13,884,217	20.3	10,670,025	0
5.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
5.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
5.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
5.5 Totals	0	0	0	0	10,670,025	10,670,025	14.5	13,884,217	20.3	10,670,025	0
6. Industrial and Miscellaneous											
6.1 Issuer Obligations						0	0.0	0	0.0		0
6.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
6.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
6.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
6.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Hybrid Securities											
7.1 Issuer Obligations						0	0.0	0	0.0		0
7.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
7.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
7.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
7.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations						0	0.0	0	0.0		0
8.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
8.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
8.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
8.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9. Total Bonds Current Year											
9.1 Issuer Obligations	0	29,712,899	18,680,255	14,726,552	10,670,025	73,789,731	100.0	XXX	XXX	73,789,731	0
9.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Totals	0	29,712,899	18,680,255	14,726,552	10,670,025	73,789,731	100.0	XXX	XXX	73,789,731	0
9.6 Line 9.5 as a % of Col. 6	0.0	40.3	25.3	20.0	14.5	100.0	XXX	XXX	XXX	100.0	0.0
10. Total Bonds Prior Year											
10.1 Issuer Obligations	0	25,529,453	18,426,007	10,475,703	13,884,217	XXX	XXX	68,315,380	100.0	68,315,380	0
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.5 Totals	0	25,529,453	18,426,007	10,475,703	13,884,217	XXX	XXX	68,315,380	100.0	68,315,380	0
10.6 Line 10.5 as a % of Col. 8	0.0	37.4	27.0	15.3	20.3	XXX	XXX	100.0	XXX	100.0	0.0
11. Total Publicly Traded Bonds											
11.1 Issuer Obligations	0	29,712,899	18,680,255	14,726,552	10,670,025	73,789,731	100.0	68,315,380	100.0	73,789,731	XXX
11.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	XXX
11.5 Totals	0	29,712,899	18,680,255	14,726,552	10,670,025	73,789,731	100.0	68,315,380	100.0	73,789,731	XXX
11.6 Line 11.5 as a % of Col. 6	0.0	40.3	25.3	20.0	14.5	100.0	XXX	XXX	XXX	100.0	XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9	0.0	40.3	25.3	20.0	14.5	100.0	XXX	XXX	XXX	100.0	XXX
12. Total Privately Placed Bonds											
12.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.5 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.6 Line 12.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

N O N E

Schedule E - Verification - Cash Equivalents

N O N E

Schedule A - Part 1 - Real Estate Owned

N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 1 - Mortgage Loans Owned

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond Char	NAIC Des.	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization) Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
25476F-LE-6	DIST OF COLUMBIA BUILD AMERICA BONDS-TAX-SERA				1FE	1,421,407	106.0000	1,407,720	1,325,000	1,395,404		(26,003)			3.642	1.398	JD	4,021	48,257	01/30/2012	06/01/2015
3137AG-UM-0	FREDDIE MAC FHR 3940 CB			2	1	2,344,112	104.0000	2,323,942	2,223,883	2,338,738		(5,374)			3.000	1.442	MON	5,560	33,358	06/21/2012	01/15/2025
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						3,765,519	XXX	3,731,662	3,548,883	3,734,142	0	(31,377)	0	0	XXX	XXX	XXX	9,581	81,615	XXX	XXX
0599999. Total - U.S. Government Bonds						3,765,519	XXX	3,731,662	3,548,883	3,734,142	0	(31,377)	0	0	XXX	XXX	XXX	9,581	81,615	XXX	XXX
1099999. Total - All Other Government Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
13062T-ZV-9	CALIFORNIA ST TAXABLE			2	1FE	4,627,505	104.0000	4,582,063	4,390,000	4,526,888		(65,435)			5.100	1.763	FA	93,288	223,890	10/07/2011	08/01/2014
13063B-FQ-0	CALIFORNIA ST TAXABLE-VAR PURP				1FE	5,340,505	115.0000	5,743,050	5,000,000	5,225,314		(48,091)			5.750	4.550	MS	95,833	287,500	07/06/2010	03/01/2017
13063B-FT-4	CALIFORNIA ST TAXABLE-VAR PURP				1FE	2,142,000	118.0000	2,351,720	2,000,000	2,101,544		(16,929)			5.950	4.828	MS	39,667	119,000	07/06/2010	03/01/2018
29270C-YK-5	ENERGY NORTHWEST WASH ELEC REV TAXABLE-COLUMBIA GENERATING				1FE	500,000	101.0000	502,565	500,000	500,000		0			1.063	1.063	JJ	1,890	0	08/16/2012	07/01/2015
452151-8U-0	ILLINOIS ST TAXABLE				1FE	5,061,950	103.0000	5,151,900	5,000,000	5,023,451		(22,632)			4.071	3.589	JJ	101,775	203,550	04/04/2011	01/01/2014
452152-HQ-7	ILLINOIS ST BAB TAXABLE				1FE	10,175,900	106.0000	10,637,100	10,000,000	10,106,842		(46,469)			4.511	3.991	MS	150,367	451,100	06/28/2011	03/01/2015
605580-6V-6	MISSISSIPPI ST TAXABLE-SER C			2	1FE	4,930,130	109.0000	5,443,450	5,000,000	4,933,735		3,121			4.053	4.174	AO	50,663	188,577	10/28/2011	10/01/2027
605581-BV-8	MISSISSIPPI ST TAXABLE-REF-SER E				1FE	1,135,000	101.0000	1,146,305	1,135,000	1,135,000		0			1.116	1.116	JD	1,056	3,272	08/15/2012	12/01/2016
605581-BW-6	MISSISSIPPI ST TAXABLE-REF-SER E				1FE	1,800,000	101.0000	1,817,082	1,800,000	1,800,000		0			1.366	1.366	JD	2,049	6,352	08/15/2012	12/01/2017
60636W-NW-1	MISSOURI ST HWYS & TRANS COMM BUILD AMERICA BONDS				1FE	3,337,350	112.0000	3,353,400	3,000,000	3,281,459		(48,669)			4.443	2.550	MN	22,215	133,290	11/02/2011	05/01/2018
646039-PY-7	NEW JERSEY ST VAR PURP			1	1FE	1,177,630	117.0000	1,169,500	1,000,000	1,167,756		(9,874)			5.000	1.100	JD	4,167	25,000	09/19/2012	06/01/2017
64970K-A2-3	NEW YORK CITY NY MUNI WTR FIN SER B			1	1FE	2,750,525	107.0000	2,667,225	2,500,000	2,645,900		(98,881)			5.000	0.960	JD	5,556	125,000	12/06/2011	06/15/2014
64990E-EH-6	NEW YORK ST DORM AUTH TXBL-SER C				1FE	6,180,225	100.0000	6,190,046	6,205,000	6,181,916		1,691			1.450	1.524	MS	38,737	0	08/07/2012	03/15/2018
68607L-Z4-2	OREGON ST TAXABLE-ST BRD HIGHER ED-SER D			1	1FE	1,981,875	108.0000	1,889,983	1,750,000	1,922,123		(59,752)			5.340	1.447	FA	38,937	93,450	01/25/2012	08/01/2015
882722-VF-5	TEXAS ST BUILD AMERICA BONDS-SER A				1FE	3,318,690	111.0000	3,324,120	3,000,000	3,301,680		(17,010)			3.203	1.511	AO	24,022	48,045	08/14/2012	04/01/2019
88283L-HU-3	TEXAS ST TRANS COMM TAXABLE-FIRST TIER-SER B			2	1FE	5,549,703	121.0000	6,340,713	5,240,000	5,531,956		(13,133)			5.178	4.677	AO	67,831	271,327	10/28/2011	04/01/2030
1199999. Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations						60,008,988	XXX	62,310,222	57,520,000	59,385,564	0	(442,063)	0	0	XXX	XXX	XXX	738,053	2,179,353	XXX	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds						60,008,988	XXX	62,310,222	57,520,000	59,385,564	0	(442,063)	0	0	XXX	XXX	XXX	738,053	2,179,353	XXX	XXX
2499999. Total - U.S. Political Subdivisions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
3133XN-CA-5	FEDERAL HOME LOAN BANK FHLB YN-2017			2	1FE	8,207,354	108.0000	8,198,471	7,614,825	8,158,707		(39,973)			5.250	1.896	MON	17,768	399,778	09/26/2011	12/25/2037
31413D-D6-1	FN 942125			2	1	2,516,620	109.0000	2,491,114	2,292,396	2,511,318		(5,303)			5.500	1.619	MON	10,507	84,055	04/03/2012	07/01/2037
2599999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						10,723,974	XXX	10,689,585	9,907,221	10,670,025	0	(45,276)	0	0	XXX	XXX	XXX	28,275	483,833	XXX	XXX
3199999. Total - U.S. Special Revenues Bonds						10,723,974	XXX	10,689,585	9,907,221	10,670,025	0	(45,276)	0	0	XXX	XXX	XXX	28,275	483,833	XXX	XXX
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
4899999. Total - Hybrid Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7799999. Total - Issuer Obligations						74,498,481	XXX	76,731,469	70,976,104	73,789,731	0	(518,716)	0	0	XXX	XXX	XXX	775,909	2,744,801	XXX	XXX
7899999. Total - Residential Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999. Total - Commercial Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999. Total - Other Loan-Backed and Structured Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999 - Total Bonds						74,498,481	XXX	76,731,469	70,976,104	73,789,731	0	(518,716)	0	0	XXX	XXX	XXX	775,909	2,744,801	XXX	XXX

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned

N O N E

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
25476F-LE-6	Dist of Columbia Build America Bonds-Tax-Ser a		01/30/2012	UBS Warburg LLC		1,421,407	1,325,000	8,177
3137AG-UM-0	Freddie Mac FHR 3940		06/20/2012	MK/Raymond James		937,645	889,553	1,779
3137AG-UM-0	Freddie Mac FHR 3940		06/21/2012	MK/Raymond James		1,406,467	1,334,330	2,780
0599999. Subtotal - Bonds - U.S. Governments						3,765,519	3,548,883	12,736
29270C-YK-5	Energy Northwest Wash Elec Rev Taxable-Columbia Generating		08/16/2012	Merrill Lynch		500,000	500,000	
605581-BV-8	Mississippi ST Taxable Ref Ser E		08/15/2012	Citigroup Globa MKT		1,135,000	1,135,000	
605581-BW-6	Mississippi ST Taxable Ref Ser E		08/15/2012	Citigroup Globa MKT		1,800,000	1,800,000	
646039-PY-7	New Jersey ST Var Purp		09/19/2012	Citigroup Globa MKT		1,177,630	1,000,000	15,694
64990E-EH-6	New York ST Dorm Auth Txbl-Ser C		08/06/2012	Merrill Lynch		4,981,250	5,000,000	2,618
64990E-EH-6	New York ST Dorm Auth Txbl-Ser C		08/07/2012	Bank of America		1,198,975	1,205,000	679
68607L-Z4-2	Oregon St Taxable-ST BRD Higher ED-Ser A		01/25/2012	MK/Raymond James		1,981,875	1,750,000	46,465
882722-VF-5	Texas ST Build America Bonds-Ser A		08/14/2012	Merrill Lynch		3,318,690	3,000,000	36,301
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions						16,093,420	15,390,000	101,757
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James		2,516,620	2,292,395	3,853
3199999. Subtotal - Bonds - U.S. Special Revenues						2,516,620	2,292,395	3,853
8399997. Total - Bonds - Part 3						22,375,559	21,231,278	118,346
8399998. Total - Bonds - Part 5						17,187,757	16,372,564	25,111
8399999. Total - Bonds						39,563,316	37,603,842	143,457
8999997. Total - Preferred Stocks - Part 3						0	XXX	0
8999998. Total - Preferred Stocks - Part 5						0	XXX	0
8999999. Total - Preferred Stocks						0	XXX	0
9799997. Total - Common Stocks - Part 3						0	XXX	0
9799998. Total - Common Stocks - Part 5						0	XXX	0
9799999. Total - Common Stocks						0	XXX	0
9899999. Total - Preferred and Common Stocks						0	XXX	0
9999999 - Totals						39,563,316	XXX	143,457

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identi-fication	Description	For-eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con-sideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ Decrease	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date
13062T-ZV-9	California ST Taxable		08/01/2012	Call		2,860,000	2,860,000	3,025,480	2,992,956		(132,956)		(132,956)		2,860,000			0	145,860	08/01/2014
745177-EW-1	Puerto Rico Comwl TH Govt Dev Revenue Bond		01/26/2012	UBS Warburg LLC		1,012,300	1,000,000	1,000,000	1,000,000				0		1,000,000		12,300	12,300	9,175	05/01/2014
745177-EW-1	Puerto Rico Comwl TH Govt Dev Revenue Bond		01/31/2012	Citi Group Global Mkt		1,012,230	1,000,000	1,000,000	1,000,000				0		1,000,000		12,230	12,230	9,379	05/01/2014
745177-EW-1	Puerto Rico Comwl TH Govt Dev Revenue Bond		02/29/2012	UBS Warburg LLC		2,025,480	2,000,000	2,000,000	2,000,000				0		2,000,000		25,480	25,480	25,282	05/01/2014
745177-EW-1	Puerto Rico Comwl TH Govt Dev Revenue Bond		03/06/2012	Citi Group Global Mkt		2,033,820	2,000,000	2,000,000	2,000,000				0		2,000,000		33,820	33,820	26,098	05/01/2014
74529J-AC-9	Puerto Rico Sales Tax Fin Corp Sales Tax Rev - Series B		04/27/2012	MK/Raymond James		1,691,200	1,600,000	1,704,000	1,704,000		(5,423)		(5,423)		1,698,577		(7,377)	(7,377)	40,064	08/01/2017
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions						10,635,030	10,460,000	10,729,480	10,696,956	0	(138,379)	0	(138,379)	0	10,558,577	0	76,453	76,453	255,858	XXX
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		01/28/2012	Paydown		39,979	39,979	43,189	43,076		(3,097)		(3,097)		39,979			0	175	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		02/28/2012	Paydown		34,039	34,039	36,773	36,676		(2,637)		(2,637)		34,039			0	298	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		03/28/2012	Paydown		35,751	35,751	38,622	38,521		(2,770)		(2,770)		35,751			0	469	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		04/28/2012	Paydown		40,703	40,703	43,972	43,857		(3,154)		(3,154)		40,703			0	712	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		05/28/2012	Paydown		40,936	40,936	44,223	44,107		(3,172)		(3,172)		40,936			0	895	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		06/28/2012	Paydown		39,657	39,657	42,842	42,730		(3,073)		(3,073)		39,657			0	1,041	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		07/28/2012	Paydown		31,588	31,588	34,125	34,036		(2,447)		(2,447)		31,588			0	967	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		08/28/2012	Paydown		41,885	41,885	45,249	45,130		(3,245)		(3,245)		41,885			0	1,466	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		09/28/2012	Paydown		37,038	37,038	40,013	39,908		(2,870)		(2,870)		37,038			0	1,458	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		10/28/2012	Paydown		31,061	31,061	33,555	33,467		(2,407)		(2,407)		31,061			0	1,359	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		11/28/2012	Paydown		33,756	33,756	36,467	36,371		(2,615)		(2,615)		33,756			0	1,624	04/01/2035
3133XC-QE-6	Federal Home Loan Bank FHLB SD-20151		12/12/2012	Performance Trust		768,144	721,898	779,875	777,829		(8,496)		(8,496)		769,333		(1,188)	(1,188)	36,742	04/01/2035
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		01/25/2012	Paydown		57,829	57,829	63,630	63,557		(5,728)		(5,728)		57,829			0	278	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		02/25/2012	Paydown		52,316	52,316	57,564	57,498		(5,182)		(5,182)		52,316			0	503	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		03/25/2012	Paydown		53,985	53,985	59,400	59,332		(5,347)		(5,347)		53,985			0	779	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		04/25/2012	Paydown		56,627	56,627	62,308	62,236		(5,609)		(5,609)		56,627			0	1,089	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		05/25/2012	Paydown		56,044	56,044	61,666	61,595		(5,551)		(5,551)		56,044			0	1,347	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		06/25/2012	Paydown		67,911	67,911	74,723	74,638		(6,727)		(6,727)		67,911			0	1,959	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		07/25/2012	Paydown		62,318	62,318	68,569	68,491		(6,173)		(6,173)		62,318			0	2,098	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		08/25/2012	Paydown		66,096	66,096	72,726	72,643		(6,547)		(6,547)		66,096			0	2,542	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		09/25/2012	Paydown		69,375	69,375	76,335	76,247		(6,872)		(6,872)		69,375			0	3,002	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		10/25/2012	Paydown		51,905	51,905	57,111	57,046		(5,141)		(5,141)		51,905			0	2,496	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		11/25/2012	Paydown		60,816	60,816	66,917	66,840		(6,024)		(6,024)		60,816			0	3,217	01/01/2036
3133XE-X7-9	Federal Home Loan Bank FHLB 7R-2018 A -Aka Henry-		12/13/2012	Barclays Capital Inc		1,374,803	1,264,187	1,391,001	1,389,404		(7,903)		(7,903)		1,381,501		(6,698)	(6,698)	71,525	01/01/2036
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		01/15/2012	Paydown		263,494	263,494	283,997	283,697		(20,203)		(20,203)		263,494			0	1,153	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		02/15/2012	Paydown		166,135	166,135	179,063	178,874		(12,738)		(12,738)		166,135			0	1,454	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		03/15/2012	Paydown		120,519	120,519	129,897	129,759		(9,241)		(9,241)		120,519			0	1,582	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		04/15/2012	Paydown		251,265	251,265	270,816	270,530		(19,265)		(19,265)		251,265			0	4,397	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		05/15/2012	Paydown		105,344	105,344	113,541	113,421		(8,077)		(8,077)		105,344			0	2,304	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		06/15/2012	Paydown		433,465	433,465	467,194	466,700		(33,235)		(33,235)		433,465			0	11,378	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		07/15/2012	Paydown		149,309	149,309	160,927	160,757		(11,448)		(11,448)		149,309			0	4,573	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		08/15/2012	Paydown		163,254	163,254	175,957	175,771		(12,517)		(12,517)		163,254			0	5,714	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		09/15/2012	Paydown		58,580	58,580	63,139	63,072		(4,491)		(4,491)		58,580			0	2,307	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		10/15/2012	Paydown		152,863	152,863	164,758	164,583		(11,720)		(11,720)		152,863			0	6,688	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		11/15/2012	Paydown		157,897	157,897	170,184	170,004		(12,106)		(12,106)		157,897			0	7,599	12/25/2037
3133XN-CA-5	Federal Home Loan Bank FHLB YN-2017		12/15/2012	Paydown		170,095	170,094	183,330	183,136		(13,041)		(13,041)		170,094			0	8,931	12/25/2037
3199999. Subtotal - Bonds - U.S. Special Revenues						5,396,782	5,239,919	5,693,658	5,685,539	0	(280,869)	0	(280,869)	0	5,404,668	0	(7,886)	(7,886)	196,121	XXX

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identi-fication	Description	For-eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con-sideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ Decrease	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date
8399997. Total - Bonds - Part 4						16,031,812	15,699,919	16,423,138	16,382,495	0	(419,248)	0	(419,248)	0	15,963,245	0	68,567	68,567	451,979	XXX
8399998. Total - Bonds - Part 5						16,939,608	16,372,564	17,187,757		0	(199,948)	0	(199,948)	0	16,987,809	0	(48,201)	(48,201)	225,235	XXX
8399999. Total - Bonds						32,971,420	32,072,483	33,610,895	16,382,495	0	(619,196)	0	(619,196)	0	32,951,054	0	20,366	20,366	677,214	XXX
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999998. Total - Preferred Stocks - Part 5						0	XXX	0		0	0	0	0	0	0	0	0	0	0	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998. Total - Common Stocks - Part 5						0	XXX	0		0	0	0	0	0	0	0	0	0	0	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999 - Totals						32,971,420	XXX	33,610,895	16,382,495	0	(619,196)	0	(619,196)	0	32,951,054	0	20,366	20,366	677,214	XXX

SCHEDULE D - PART 5

Showing All Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identi-fication	Description	For-eign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consid-eration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort-ization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Valu (12 + 13 - 14)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/09/2012	Barclays Capital Inc	11/09/2012	Barclays Capital Inc	3,080,282	3,205,419	3,180,392	3,200,903		(4,516)		(4,516)			(20,511)	(20,511)	34,396	2,824
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/09/2012	Barclays Capital Inc	11/13/2012	MK/Raymond James	924,085	961,626	954,117	960,219		(1,407)		(1,407)			(6,102)	(6,102)	10,396	847
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/10/2012	Barclays Capital Inc	11/13/2012	MK/Raymond James	2,156,198	2,243,456	2,226,274	2,240,303		(3,154)		(3,154)			(14,029)	(14,029)	24,257	2,156
3137AG-4K-3	Freddie Mac FHR 3943 LA		06/21/2012	MK/Raymond James	12/12/2012	MK/Raymond James	4,445,347	4,675,950	4,656,501	4,657,466		(18,483)		(18,483)			(965)	(965)	72,607	9,261
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/20/2012	MK/Raymond James	12/17/2012	Bank of America	3,113,437	3,281,757	3,269,109	3,275,703		(6,054)		(6,054)			(6,594)	(6,594)	51,631	6,227
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/09/2012	Barclays Capital Inc	08/01/2012	Paydown	215,285	224,031	215,285	215,285		(8,746)		(8,746)				0	538	197
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/09/2012	Barclays Capital Inc	09/01/2012	Paydown	175,898	183,044	175,898	175,898		(7,146)		(7,146)				0	880	161
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/09/2012	Barclays Capital Inc	10/01/2012	Paydown	179,209	186,486	179,206	179,206		(7,280)		(7,280)				0	1,344	164
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/09/2012	Barclays Capital Inc	11/01/2012	Paydown	200,373	208,514	200,373	200,373		(8,140)		(8,140)				0	2,004	184
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/10/2012	Barclays Capital Inc	08/01/2012	Paydown	115,923	120,614	115,923	115,923		(4,691)		(4,691)				0	290	116
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/10/2012	Barclays Capital Inc	09/01/2012	Paydown	94,714	98,547	94,714	94,714		(3,833)		(3,833)				0	474	95
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/10/2012	Barclays Capital Inc	10/01/2012	Paydown	96,496	100,401	96,496	96,496		(3,905)		(3,905)				0	724	97
3137A2-5A-5	Freddie Mac FHR 3745 PD		07/10/2012	Barclays Capital Inc	11/01/2012	Paydown	107,893	112,260	107,893	107,893		(4,366)		(4,366)				0	1,079	108
3137AG-4K-3	Freddie Mac FHR 3943 LA		06/21/2012	MK/Raymond James	07/01/2012	Paydown	41,298	43,440	41,298	41,298		(2,142)		(2,142)				0	103	86
3137AG-4K-3	Freddie Mac FHR 3943 LA		06/21/2012	MK/Raymond James	08/01/2012	Paydown	42,297	44,491	42,297	42,297		(2,194)		(2,194)				0	211	88
3137AG-4K-3	Freddie Mac FHR 3943 LA		06/21/2012	MK/Raymond James	09/01/2012	Paydown	43,276	45,521	43,276	43,276		(2,245)		(2,245)				0	325	90
3137AG-4K-3	Freddie Mac FHR 3943 LA		06/21/2012	MK/Raymond James	10/01/2012	Paydown	44,236	46,531	44,236	44,236		(2,295)		(2,295)				0	442	92
3137AG-4K-3	Freddie Mac FHR 3943 LA		06/21/2012	MK/Raymond James	11/01/2012	Paydown	45,175	47,519	45,175	45,175		(2,343)		(2,343)				0	565	94
3137AG-4K-3	Freddie Mac FHR 3943 LA		06/21/2012	MK/Raymond James	12/01/2012	Paydown	46,094	48,485	46,094	46,094		(2,391)		(2,391)				0	691	96
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/20/2012	MK/Raymond James	07/01/2012	Paydown	37,866	39,913	37,866	37,866		(2,047)		(2,047)				0	95	76
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/20/2012	MK/Raymond James	08/01/2012	Paydown	37,866	39,913	37,866	37,866		(2,047)		(2,047)				0	189	76
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/20/2012	MK/Raymond James	09/01/2012	Paydown	37,866	39,913	37,866	37,866		(2,047)		(2,047)				0	284	76
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/20/2012	MK/Raymond James	10/01/2012	Paydown	37,866	39,913	37,866	37,866		(2,047)		(2,047)				0	379	76
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/20/2012	MK/Raymond James	11/01/2012	Paydown	37,866	39,913	37,866	37,866		(2,047)		(2,047)				0	473	76
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/20/2012	MK/Raymond James	12/01/2012	Paydown	37,866	39,913	37,866	37,866		(2,047)		(2,047)				0	568	76
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/21/2012	MK/Raymond James	07/01/2012	Paydown	12,622	13,304	12,622	12,622		(682)		(682)				0	32	26
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/21/2012	MK/Raymond James	08/01/2012	Paydown	12,622	13,304	12,622	12,622		(682)		(682)				0	63	26
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/21/2012	MK/Raymond James	09/01/2012	Paydown	12,622	13,304	12,622	12,622		(683)		(683)				0	95	26
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/21/2012	MK/Raymond James	10/01/2012	Paydown	12,622	13,304	12,622	12,622		(683)		(683)				0	126	26
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/21/2012	MK/Raymond James	11/01/2012	Paydown	12,621	13,305	12,622	12,622		(683)		(683)				0	158	26
3137AG-UM-0	Freddie Mac FHR 3940 CB		06/21/2012	MK/Raymond James	12/01/2012	Paydown	12,621	13,305	12,623	12,623		(683)		(683)				0	189	26
0599999. Subtotal - Bonds - U.S. Governments							15,470,442	16,197,396	16,037,486	16,085,687	0	(111,709)	0	(111,709)	0	0	(48,201)	(48,201)	205,608	23,595
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	05/01/2012	Paydown	45,059	49,466	45,059	45,059		(4,407)		(4,407)				0	207	76
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	06/01/2012	Paydown	129,486	142,151	129,486	129,486		(12,665)		(12,665)				0	1,187	218
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	07/01/2012	Paydown	98,373	107,995	98,373	98,373		(9,622)		(9,622)				0	1,353	165
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	08/01/2012	Paydown	183,239	201,162	183,239	183,239		(17,923)		(17,923)				0	3,359	308
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	09/01/2012	Paydown	64,896	71,244	64,896	64,896		(6,348)		(6,348)				0	1,487	109
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	10/01/2012	Paydown	86,779	95,267	86,779	86,779		(8,488)		(8,488)				0	2,386	146
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	11/01/2012	Paydown	249,318	273,705	249,318	249,318		(24,387)		(24,387)				0	7,999	419
31413D-D6-1	FN 942125		04/03/2012	MK/Raymond James	12/01/2012	Paydown	44,972	49,371	44,972	44,972		(4,399)		(4,399)				0	1,649	75
3199999. Subtotal - Bonds - U.S. Special Revenues							902,122	990,361	902,122	902,122	0	(88,239)	0	(88,239)	0	0	0	0	19,627	1,516
8399998. Total - Bonds							16,372,564	17,187,757	16,939,608	16,987,809	0	(199,948)	0	(199,948)	0	0	(48,201)	(48,201)	225,235	25,111
8999998. Total - Preferred Stocks								0	0	0	0	0	0	0	0	0	0	0	0	0
9799998. Total - Common Stocks								0	0	0	0	0	0	0	0	0	0	0	0	0
9899999. Total - Preferred and Common Stocks								0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 - Totals								17,187,757	16,939,608	16,987,809	0	(199,948)	0	(199,948)	0	0	(48,201)	(48,201)	225,235	25,111

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

N O N E

Schedule D - Part 6 - Section 2

N O N E

Schedule DA - Part 1 - Short-Term Investments Owned

N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

N O N E

Schedule DB - Part B - Section 2B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
BBVA		1.650	96		15,392	XXX
Bank of New York Mellon			11,143		21,049,249	XXX
Banco Popular		0.950	34,687		4,223,691	XXX
0199998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX				XXX
0199999. Totals - Open Depositories	XXX	XXX	45,926	0	25,288,332	XXX
0299998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX				XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	45,926	0	25,288,332	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total - Cash	XXX	XXX	45,926	0	25,288,332	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January		4. April		7. July		10. October	
2. February		5. May		8. August		11. November	
3. March		6. June		9. September		12. December	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
NONE							
8699999 - Total Cash Equivalents							

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders 3 Book/Adjusted Carrying Value	 4 Fair Value	All Other Special Deposits 5 Book/Adjusted Carrying Value	 6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR	C	State Deposit HMO	600,000			
55. U.S. Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Alien and Other OT	XXX	XXX	0	0	0	0
59. Subtotal	XXX	XXX	600,000	0	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2012
(To Be Filed By April 1)

NAIC Group Code 0000 NAIC Company Code 11152

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves	0			0.0			
1.2 Without Contract Reserves				0.0			
1.3 Subtotal	0	0	0	0.0	0	0	0
2. Short-Term Medical							
2.1 With Contract Reserves				0.0			
2.2 Without Contract Reserves				0.0			
2.3 Subtotal	0	0	0	0.0	0	0	0
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves				0.0			
3.2 Without Contract Reserves				0.0			
3.3 Subtotal	0	0	0	0.0	0	0	0
4. Specified/Named Disease							
4.1 With Contract Reserves				0.0			
4.2 Without Contract Reserves				0.0			
4.3 Subtotal	0	0	0	0.0	0	0	0
5. Limited Benefit							
5.1 With Contract Reserves				0.0			
5.2 Without Contract Reserves				0.0			
5.3 Subtotal	0	0	0	0.0	0	0	0
6. Student							
6.1 With Contract Reserves				0.0			
6.2 Without Contract Reserves				0.0			
6.3 Subtotal	0	0	0	0.0	0	0	0
7. Accident Only or AD&D							
7.1 With Contract Reserves				0.0			
7.2 Without Contract Reserves				0.0			
7.3 Subtotal	0	0	0	0.0	0	0	0
8. Disability Income - Short - Term							
8.1 With Contract Reserves				0.0			
8.2 Without Contract Reserves				0.0			
8.3 Subtotal	0	0	0	0.0	0	0	0

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long - Term							
9.1 With Contract Reserves				0.0			
9.2 Without Contract Reserves				0.0			
9.3 Subtotal	0	0	0	0.0	0	0	0
10. Long-Term Care							
10.1 With Contract Reserves				0.0			
10.2 Without Contract Reserves				0.0			
10.3 Subtotal	0	0	0	0.0	0	0	0
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves				0.0			
11.2 Without Contract Reserves				0.0			
11.3 Subtotal	0	0	0	0.0	0	0	0
12. Dental							
12.1 With Contract Reserves				0.0			
12.2 Without Contract Reserves				0.0			
12.3 Subtotal	0	0	0	0.0	0	0	0
13. State Children's Health Insurance Program							
13.1 With Contract Reserves				0.0			
13.2 Without Contract Reserves				0.0			
13.3 Subtotal	0	0	0	0.0	0	0	0
14. Medicare							
14.1 With Contract Reserves				0.0			
14.2 Without Contract Reserves	537,667,700	487,693,665		90.7			
14.3 Subtotal	537,667,700	487,693,665	0	90.7	0	0	0
15. Medicaid							
15.1 With Contract Reserves				0.0			
15.2 Without Contract Reserves				0.0			
15.3 Subtotal	0	0	0	0.0	0	0	0
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves				0.0			
16.2 Without Contract Reserves				0.0			
16.3 Subtotal	0	0	0	0.0	0	0	0
17. Other Individual Business							
17.1 With Contract Reserves				0.0			
17.2 Without Contract Reserves				0.0			
17.3 Subtotal	0	0	0	0.0	0	0	0
18. Total Individual Business							
18.1 With Contract Reserves	0	0	0	0.0	0	0	0
18.2 Without Contract Reserves	537,667,700	487,693,665	0	90.7	0	0	0
19. Grand Total Individual	537,667,700	487,693,665	0	90.7	0	0	0

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer				0.0			
1.2 Other Employer				0.0			
1.3 Single Employer Subtotal	0	0	0	0.0	0	0	0
2. Multiple Employer Assns and Trusts				0.0			
3. Other Associations and Discretionary Trusts				0.0			
4. Other Comprehensive Major Medical				0.0			
5. Comprehensive/Major Medical Subtotal	0	0	0	0.0	0	0	0
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease				0.0			
7. Limited Benefit				0.0			
8. Student				0.0			
9. Accident Only or AD&D				0.0			
10. Disability Income - Short-term				0.0			
11. Disability Income - Long-term				0.0			
12. Long-Term Care				0.0			
13. Medicare Supplement (Medigap)				0.0			
14. Federal Employees Health Benefit Plans				0.0			
15. Tricare				0.0			
16. Dental				0.0			
17. Medicare				0.0			
18. Medicare Part D - Stand-Alone				0.0			
19. Other Group Care				0.0			
20. Grand Total Group Business	0	0	0	0.0	0	0	0
C. OTHER BUSINESS							
1. Credit (Individual and Group)				0.0			
2. Stop Loss/Excess Loss				0.0			
3. Administrative Services Only	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX			
5. Grand Total Other Business	0	0	0	0.0	0	0	0
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms				0.0			
2. Grand Total Individual, Group and Other Business	537,667,700	487,693,665	0	90.7	0	0	0

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 – INDIVIDUAL POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	537,667,703	488,216,318		90.8
2. Other Forms Direct Business				0.0
3. Total Direct Business	537,667,703	488,216,318	0	90.8
4. Reinsurance Assumed				0.0
5. Less Reinsurance Ceded		0		0.0
6. Total	537,667,703	488,216,318	0	90.8

PART 2 – GROUP POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	NONE			
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	NONE			
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	537,667,703	488,216,318	0	90.8
2. Other Forms Direct Business	0	0	0	0.0
3. Total Direct Business	537,667,703	488,216,318	0	90.8
4. Reinsurance Assumed	0	0	0	0.0
5. Less Reinsurance Ceded	0	0	0	0.0
6. Total	537,667,703	488,216,318	0	90.8

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. PO Box 11320 San Juan, PR 00922-1320 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2012 NAIC Company Code 11152

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% rule)	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
1.2 Federal high risk pools													0	XXX	0
1.3 State high risk pools													0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
1.5 Federal taxes and federal assessments													0		0
1.6 State insurance, premium and other taxes (Similar local taxes of $)													0		0
1.6a Community Benefit Expenditures (informational only)													0		0
1.7 Regulatory authority licenses and fees													0		0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums													0	XXX	0
1.11 Risk Revenue													0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
2. Claims:															
2.1 Incurred claims excluding prescription drugs	488,216,318												488,216,318	XXX	488,216,318
2.2 Prescription drugs	104,382,919												104,382,919	XXX	104,382,919
2.3 Pharmaceutical rebates													0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3. Incurred medical incentive pools and bonuses	5,842,868	0	0	0	0	0	0	0	0	0	0	0	5,842,868	XXX	5,842,868
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0				0		0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105	XXX	598,442,105
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims													0	XXX	0
5.3 Rebates paid										XXX	XXX	XXX	0	XXX	0
5.4 Estimated rebates unpaid prior year										XXX	XXX	XXX	0	XXX	0
5.5 Estimated rebates unpaid current year										XXX	XXX	XXX	0	XXX	0
5.6 Fee for service and co-pay revenue													0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105	XXX	598,442,105

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% rule)	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0				0		0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0				0		0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0				0		0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0				0		0
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0				0		0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6)/Line 1.8	1.113	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6													0		0
8.2 All other claims adjustment expenses													0		0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits													0		0
10.2 Agents and brokers fees and commissions													0		0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)													0		0
10.4 Other general and administrative expenses													0		0
10.4a Community Benefit Expenditures (informational only)													0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(60,774,402)	0	0	0	0	0	0	0	0	0	0	0	(60,774,402)	XXX	(60,774,402)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(60,774,402)	XXX	(60,774,402)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 6.5)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 6.5)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies													0		0
2. Number of Covered Lives													0		0
3. Number of Groups	XXX			XXX									0		0
4. Member Months													0		0

Is run off business reported in Columns 1 through 9? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ ..... Claims $ .....

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. PO Box 11320 San Juan, PR 00922-1320 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2012 NAIC Company Code 11152

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% rule)	Total
1. Health Premiums Earned:													
1.1 Direct premiums written	537,667,703												537,667,703
1.2 Unearned premium prior year											0		0
1.3 Unearned premium current year													0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits													0
1.6 Reserve for rate credits current year													0
1.7 Reserve for rate credits prior year											0		0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off													0
1.10 Group conversion charge													0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703
1.12 Assumed premiums earned from non-affiliates													0
1.13 Net Assumed less Ceded premiums earned from affiliates													0
1.14 Ceded premiums earned to non-affiliates													0
1.15 Other Adjustments due to MLR calculation - Premiums													0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703
2. Direct Claims Incurred:													
2.1 Paid claims during the year	592,599,237												592,599,237
2.2 Direct claim liability current year													0
2.3 Direct claim liability prior year											0		0
2.4 Direct claim reserves current year													0
2.5 Direct claim reserves prior year											0		0
2.6 Direct contract reserves current year													0
2.7 Direct contract reserves prior year											0		0
2.8 Paid rate credits													0
2.9 Reserve for rate credits current year													0
2.10 Reserve for rate credits prior year											0		0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	5,842,868	0	0	0	0	0	0	0	0	0	0	0	5,842,868
2.11a Paid medical incentive pools and bonuses current year	5,842,868										0		5,842,868
2.11b Accrued medical incentive pools and bonuses current year													0
2.11c Accrued medical incentive pools and bonuses prior year											0		0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0												0
2.12b Healthcare receivables prior year											0		0
2.13 Group conversion charge													0
2.14 Multi-option coverage blended rate adjustment													0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105
2.16 Assumed incurred claims from non-affiliates	0												0
2.17 Net assumed less ceded incurred claims from affiliates													0
2.18 Ceded incurred claims to non-affiliates													0
2.19 Other adjustments due to MLR calculation - Claims													0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. PO Box 11320 San Juan, PR 00922-1320 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2012 NAIC Company Code 11152

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ for affiliated services)						0				0
	1.2 Outsourced Services						0				0
	1.3 EDP Equipment and Software (incl $ for affiliated services)						0				0
	1.4 Other Equipment (excl. EDP) (incl $ for affiliated services)						0				0
	1.5 Accreditation and Certification (incl $ for affiliated services)		XXX	XXX	XXX	XXX	0				0
	1.6 Other Expenses (incl $ for affiliated services)						0				0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ for affiliated services)						0				0
	2.2 Outsourced Services						0				0
	2.3 EDP Equipment and Software (incl $ for affiliated services)						0				0
	2.4 Other Equipment (excl. EDP) (incl $ for affiliated services)						0				0
	2.5 Accreditation and Certification (incl $ for affiliated services)		XXX	XXX	XXX	XXX	0				0
	2.6 Other Expenses (incl $ for affiliated services)						0				0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ for affiliated services)						0				0
	3.2 Outsourced Services						0				0
	3.3 EDP Equipment and Software (incl $ for affiliated services)						0				0
	3.4 Other Equipment (excl. EDP) (incl $ for affiliated services)						0				0
	3.5 Accreditation and Certification (incl $ for affiliated services)		XXX	XXX	XXX	XXX	0				0
	3.6 Other Expenses (incl $ for affiliated services)						0				0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ ..... for affiliated services)						0				0
	4.2 Outsourced Services						0				0
	4.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	4.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	4.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	4.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ ..... for affiliated services)						0				0
	5.2 Outsourced Services						0				0
	5.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	5.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	5.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	5.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ ..... for affiliated services)						0				0
	6.2 Outsourced Services						0				0
	6.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	6.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	6.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	6.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ ..... for affiliated services)						0				0
	7.2 Outsourced Services						0				0
	7.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	7.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	7.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	7.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ ..... for affiliated services)						0				0
	8.2 Outsourced Services						0				0
	8.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	8.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	8.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	8.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ ..... for affiliated services)						0				0
	9.2 Outsourced Services						0				0
	9.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	9.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	9.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	9.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. PO Box 11320 San Juan, PR 00922-1320 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2012 NAIC Company Code 11152

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% rule)	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703	XXX	537,667,703
2. Claims:															
2.1 Incurred claims excluding prescription drugs	488,216,318	0	0	0	0	0	0	0	0	0	0	0	488,216,318	XXX	488,216,318
2.2 Prescription drugs	104,382,919	0	0	0	0	0	0	0	0	0	0	0	104,382,919	XXX	104,382,919
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	5,842,868	0	0	0	0	0	0	0	0	0	0	0	5,842,868	XXX	5,842,868
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105	XXX	598,442,105
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105	XXX	598,442,105

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% rule)	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6)/Line 1.8	1.113	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(60,774,402)	0	0	0	0	0	0	0	0	0	0	0	(60,774,402)	XXX	(60,774,402)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(60,774,402)	XXX	(60,774,402)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Is run off business reported in Columns 1 through 9? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. PO Box 11320 San Juan, PR 00922-1320 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2012 NAIC Company Code 11152

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Aggregate (2% rule)	Total
1. Health Premiums Earned:													
1.1 Direct premiums written	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	537,667,703	0	0	0	0	0	0	0	0	0	0	0	537,667,703
2. Direct Claims Incurred:													
2.1 Paid claims during the year	592,599,237	0	0	0	0	0	0	0	0	0	0	0	592,599,237
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	5,842,868	0	0	0	0	0	0	0	0	0	0	0	5,842,868
2.11a Paid medical incentive pools and bonuses current year	5,842,868	0	0	0	0	0	0	0	0	0	0	0	5,842,868
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	598,442,105	0	0	0	0	0	0	0	0	0	0	0	598,442,105
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION AMERICAN HEALTH, INC. 2. PO Box 11320 San Juan, PR 00922-1320 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2012 NAIC Company Code 11152

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

Supplemental Health Care Exhibit's Expense Allocation Report - Description of Allocation Methodology

N O N E

Supplemental Health Care Exhibit's Expense Allocation Report - Desc of Quality Improvement Expenses

N O N E

Accountant's Letter of Qualifications

Communication of Internal Control Related Matters Noted in Audit

Management's Report of Internal Control Over Financial Reporting

Relief from the five-year rotation requirement for lead audit partner

Relief from the one-year cooling off period for independent CPA

Relief from the Requirements for Audit Committees

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2012
(To Be Filed by April 1)

Of The AMERICAN HEALTH, INC.

ADDRESS (City, State and Zip Code) Guaynabo , PR 00969

NAIC Group Code 0000 NAIC Company Code 11152 Federal Employer's Identification Number (FEIN) 66-0593034

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $ 121,287,088

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01	State of California	Bonds	$ 11,853,746	9.8 %
2.02	State of Illimois	Bonds	$ 15,130,293	12.5 %
2.03	State of Mississippi	Bonds	$ 7,868,735	6.5 %
2.04	State of Missouri	Bonds	$ 3,281,459	2.7 %
2.05	New York City	Bonds	$ 8,827,816	7.3 %
2.06	State of Texas	Bonds	$ 8,833,636	7.3 %
2.07	Federal Home Loan Bank 37	Bonds	$ 8,158,707	6.7 %
2.08	FN 942125	Bonds	$ 2,511,318	2.1 %
2.09	Freddie Mac	Bonds	$ 2,338,738	1.9 %
2.10	Oregon St	Bonds	$ 1,922,123	1.6 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.

	Bonds	1	2		Preferred Stocks	3	4
3.01	NAIC-1	$ 73,789,731	60.8 %	3.07	P/RP-1	$	0.0 %
3.02	NAIC-2	$ 0	0.0 %	3.08	P/RP-2	$	0.0 %
3.03	NAIC-3	$ 0	0.0 %	3.09	P/RP-3	$	0.0 %
3.04	NAIC-4	$ 0	0.0 %	3.10	P/RP-4	$	0.0 %
3.05	NAIC-5	$ 0	0.0 %	3.11	P/RP-5	$	0.0 %
3.06	NAIC-6	$ 0	0.0 %	3.12	P/RP-6	$	0.0 %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

4.02	Total admitted assets held in foreign investments	$	0.0 %
4.03	Foreign-currency-denominated investments	$	0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	$	0.0 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:

		1	2
5.01	Countries rated NAIC-1	$	0.0 %
5.02	Countries rated NAIC-2	$	0.0 %
5.03	Countries rated NAIC-3 or below	$	0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign rating:

		1	2
	Countries rated NAIC - 1:		
6.01	Country 1:	$	0.0 %
6.02	Country 2:	$	0.0 %
	Countries rated NAIC - 2:		
6.03	Country 1:	$	0.0 %
6.04	Country 2:	$	0.0 %
	Countries rated NAIC - 3 or below:		
6.05	Country 1:	$	0.0 %
6.06	Country 2:	$	0.0 %

		1	2
7.	Aggregate unhedged foreign currency exposure	$	0.0 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:

		1	2
8.01	Countries rated NAIC-1	$	0.0 %
8.02	Countries rated NAIC-2	$	0.0 %
8.03	Countries rated NAIC-3 or below	$	0.0 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign rating:

		1	2
	Countries rated NAIC - 1:		
9.01	Country 1:	$	0.0 %
9.02	Country 2:	$	0.0 %
	Countries rated NAIC - 2:		
9.03	Country 1:	$	0.0 %
9.04	Country 2:	$	0.0 %
	Countries rated NAIC - 3 or below:		
9.05	Country 1:	$	0.0 %
9.06	Country 2:	$	0.0 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Rating	3	4
10.01			$	0.0 %
10.02			$	0.0 %
10.03			$	0.0 %
10.04			$	0.0 %
10.05			$	0.0 %
10.06			$	0.0 %
10.07			$	0.0 %
10.08			$	0.0 %
10.09			$	0.0 %
10.10			$	0.0 %

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.

		1	2
11.02	Total admitted assets held in Canadian investments	$	0.0 %
11.03	Canadian-currency-denominated investments	$	0.0 %
11.04	Canadian-denominated insurance liabilities	$	0.0 %
11.05	Unhedged Canadian currency exposure	$	0.0 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions:

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions	$	0.0 %
	Largest three investments with contractual sales restrictions:		
12.03		$	0.0 %
12.04		$	0.0 %
12.05		$	0.0 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

	1 Issuer	2	3
13.02		$	0.0 %
13.03		$	0.0 %
13.04		$	0.0 %
13.05		$	0.0 %
13.06		$	0.0 %
13.07		$	0.0 %
13.08		$	0.0 %
13.09		$	0.0 %
13.10		$	0.0 %
13.11		$	0.0 %

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$	0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03		$	0.0 %
14.04		$	0.0 %
14.05		$	0.0 %

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$	0.0 %
	Largest three investments in general partnership interests:		
15.03		$	0.0 %
15.04		$	0.0 %
15.05		$	0.0 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$	0.0 %
16.03		$	0.0 %
16.04		$	0.0 %
16.05		$	0.0 %
16.06		$	0.0 %
16.07		$	0.0 %
16.08		$	0.0 %
16.09		$	0.0 %
16.10		$	0.0 %
16.11		$	0.0 %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans	$	0.0 %
16.13	Mortgage loans over 90 days past due	$	0.0 %
16.14	Mortgage loans in the process of foreclosure	$	0.0 %
16.15	Mortgage loans foreclosed	$	0.0 %
16.16	Restructured mortgage loans	$	0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

		Residential		Commercial		Agricultural	
	Loan to Value	1	2	3	4	5	6
17.01	above 95%	$ 0.0 %		$ 0.0 %		$ 0.0 %	
17.02	91 to 95%	$ 0.0 %		$ 0.0 %		$ 0.0 %	
17.03	81 to 90%	$ 0.0 %		$ 0.0 %		$ 0.0 %	
17.04	71 to 80%	$ 0.0 %		$ 0.0 %		$ 0.0 %	
17.05	below 70%	$ 0.0 %		$ 0.0 %		$ 0.0 %	

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	Description 1	2	3
18.02		$	0.0 %
18.03		$	0.0 %
18.04		$	0.0 %
18.05		$	0.0 %
18.06		$	0.0 %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans:	$	0.0 %
	Largest three investments held in mezzanine real estate loans:		
19.03		$	0.0 %
19.04		$	0.0 %
19.05		$	0.0 %

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	$	0.0 %	$	$	$
20.02	Repurchase agreements	$	0.0 %	$	$	$
20.03	Reverse repurchase agreements	$	0.0 %	$	$	$
20.04	Dollar repurchase agreements	$	0.0 %	$	$	$
20.05	Dollar reverse repurchase agreements	$	0.0 %	$	$	$

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

		Owned		Written	
		1	2	3	4
21.01	Hedging	$	0.0 %	$	0.0 %
21.02	Income generation	$	0.0 %	$	0.0 %
21.03	Other	$	0.0 %	$	0.0 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
22.01	Hedging	$ 0	0.0 %	$	$	$
22.02	Income generation	$ 0	0.0 %	$	$	$
22.03	Replications	$ 0	0.0 %	$	$	$
22.04	Other	$ 0	0.0 %	$	$	$

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
23.01	Hedging	$ 0	0.0 %	$	$	$
23.02	Income generation	$	0.0 %	$	$	$
23.03	Replications	$	0.0 %	$	$	$
23.04	Other	$	0.0 %	$	$	$

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY

REPORTING YEAR 2012

(To Be Filed By April 1)

NAIC Group Code 0000 NAIC Company Code 11152

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives Inforce End of Year	8 Expected Lives Inforce End of Year	9 Actual to Expected Lives Inforce
A. Individual									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Group									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Summary									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR

REPORTING YEAR 2012

(To Be Filed By April 1)

NAIC Group Code 0000 NAIC Company Code 11152

Reporting Year	1 Policy Form	2 First Year Issue	3 Last Year Issue	4 Earned Premiums	5 Incurred Claims	6 Loss Ratio	7 Annual Net/ Annual Gross Premiums	8 Current Year Net Premiums	9 Inforce Count Beginning of Year	10 New Issues Current Year	11 Inforce Count End of Year	12 Persistency Rate	13 Experience Policy Reserves	14 Reported Policy Reserves	15 Experience/ Reported Ratio
A. Individual															
1. Current						0.0						0.000			0.0
2. Prior						0.0						0.000			0.0
3. 2nd Prior						0.0						0.000			0.0
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
B. Group															
1. Current						0.0						0.000			0.0
2. Prior						0.0						0.000			0.0
3. 2nd Prior						0.0						0.000			0.0
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
C. Summary															
1. Total Current - Individual						XXX	XXX					XXX			XXX
2. Total Prior - Individual						XXX	XXX					XXX			XXX
3. Total 2nd Prior - Individual						XXX	XXX					XXX			XXX
4. Total Current - Group						XXX	XXX					XXX			XXX
5. Total Prior - Group						XXX	XXX					XXX			XXX
6. 2nd Prior - Group						XXX	XXX					XXX			XXX
7. Current Year Total															

NONE

Long-Term Care Experience Reporting Form 3 - Individual - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 4

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 4

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 4

N O N E

Long-Term Care Experience Reporting Form 4

N O N E

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF

REPORTING YEAR 2012

(To Be Filed By April 1)

NAIC Group Code 0000 NAIC Company Code 11152

	1 Earned Premiums	2 Incurred Claims	3 Inforce Count End of Year	4 Lives Inforce End of Year
1. Individual				
2. Group				
3. Total	0	0	0	0
4. Actual total reported experience through prior year	0	0	XXX	XXX
5. Actual total reported experience through statement year	0	0	XXX	XXX

Management's Discussion and Analysis

American Health, Inc. is a corporation organized under the laws of the Commonwealth of Puerto Rico on December 6, 2000. On July 1, 2001, American Health was approved and licensed by the Puerto Rico Commissioner of Insurance to operate a health plan in this jurisdiction. During the year ended December 31, 2004, beginning on August 1, 2004 the company devoted all its efforts in obtaining a membership base emphasizing the government employee segment.

Effective January 1, 2006 the Company was granted a Medicare Advantage contract. The Medicare Advantage Plan was first implemented in 44 municipalities across the island. Effective January 1, 2007 the Company was granted a renewal of the CMS contract and also received approval for the expansion of its service areas to an additional 34 municipalities, effectively covering the entire island of Puerto Rico. On December 31, 2007 the Company was acquired by Socios Mayores en Salud, Inc. (a corporation organized under the laws of the Commonwealth of Puerto Rico) which is a subsidiary of Socios Mayores en Salud Holdings, Inc (a corporation organized under the laws of the state of Delaware).

In addition, the Company provides Medicare Platino ("Platino Plan") to eligible members pursuant to a contract agreement between the Puerto Rico Health Insurance Administration ("ASES") and the Company. The Platino Plan offered by the Company provides members with full Medicare benefits plus coverage of Medicare similar to those provided by the Government Health Insurance Plan ("GHIP"). The Company provides such services through a premium paid by the Commonwealth of Puerto Rico to cover the benefits required by the GHIP, which extend beyond those offered by the Medicare coverage. The contract expired on December 31, 2012 and can be renewed for a period of one year, as defined in the contract agreement. The contract was renewed effective January 1, 2013 for a period of one year.

On February 7, 2011, Triple-S Salud, Inc. acquired 100% of the outstanding capital stock of Socios Mayores en Salud Holdings, Inc. Triple-S, Inc. is a wholly owned subsidiary of Triple-S Management Corporation.

The Company was granted annual renewals of the CMS contract to cover all municipalities for the years beginning January 1, 2008 through 2012.

The Company continues to operate as a separate health plan organization.

Management's Discussion and Analysis

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
(To Be Filed by March 1)

FOR THE STATE OF .....
NAIC Group Code 0000 ..... NAIC Company Code 11152 .....
ADDRESS (City, State and Zip Code) San Juan , PR 00922-1320 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: , ...
   2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: , ...
   3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O". .....

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0000 (To Be Filed by March 1) NAIC Company Code 11152

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE

Non-Guaranteed Opinion for Exhibit 5

Participating Opinion for Exhibit 5

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULES SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2012

(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH, TITLE AND HEALTH INSURANCE BLANKS

TO THE ANNUAL STATEMENT OF THE

AMERICAN HEALTH, INC.

COMPANY

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

   Answer ..... Yes .....

   If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?

   Answer ..... Yes .....

   If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?

   Answer ..... Yes .....

   If the answer is "No" explain in detail below. Attach separate sheet if necessary.

   (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A		Column B	
To be answered by Life and A & H Companies:	Yes	No	Yes	No
a. Statement of Assets, Liabilities, Surplus and Other Funds		X		X
b. Summary of Operations		X		X
c. Surplus Account		X		X
To be answered by Property and Casualty Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds		X		X
b. Statement of Income		X		X
c. Capital and Surplus Account		X		X
To be answered by Title Insurance Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds		X		X
b. Statement of Income - Operations and Investment Exhibit		X		X
c. Capital and Surplus Account		X		X
To be answered by Health Insurance Companies:				
a. Statement of Assets, Liabilities, Capital and Surplus	X		X	
b. Statement of Revenue and Expenses	X		X	
c. Capital and Surplus Account	X		X	

Schedule SIS III

N O N E

Schedule SIS IV

N O N E

Statement of Actuarial Opinion

Milliman

American Health, Inc.

Statement of Actuarial Opinion
December 31, 2012

Table of Key Indicators

This Opinion is: ☒ Unqualified ☐ Qualified ☐ Adverse ☐ Inconclusive

IDENTIFICATION SECTION

☐ Prescribed Wording Only ☐ Prescribed Wording with Additional Wording
☒ Revised Wording

SCOPE SECTION

☒ Prescribed Wording Only ☐ Prescribed Wording with Additional Wording

☐ Revised Wording

RELIANCE SECTION

☒ Prescribed Wording Only ☐ Prescribed Wording with Additional Wording

☐ Revised Wording

OPINION SECTION

☐ Prescribed Wording Only ☐ Prescribed Wording with Additional Wording
☒ Revised Wording

RELEVANT COMMENTS

☒ Revised Wording

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

Identification

I, John P. Burke, am associated with the firm of Milliman, Inc. I am a member of the American Academy of Actuaries and have been retained by American Health, Inc. with regard to loss reserves, actuarial liabilities and related items. I meet the Academy qualification standards for rendering the opinion.

Scope

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2012.

Actuarial Liability Summary
December 31, 2012

A.	Claims Unpaid (Page 3, Line 1)	$52,029,185
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2)	$ 1,836,172
C.	Unpaid claims adjustment expenses (Page 3, Line 3)	$484,439
D.	Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D	$2,437,795
E.	Aggregate life policy reserves (Page 3, Line 5)	—
F.	Property/casualty unearned premium reserves (Page 3, Line 6)	—
G.	Aggregate health claim reserves (Page 3, Line 7)	—
H.	Any other loss reserves, actuarial reserves or liabilities, or related items presented as liabilities in the annual statement, and not included in the items above	—
I.	Specified actuarial items presented as assets in the annual statement	—

Reliance

In forming my opinion on unpaid claims, accrued medical incentive, unpaid claims adjustment expenses, premium deficiency reserves and Medicare Part D risk sharing liability, I relied upon data prepared by Paul Barreras Diaz, Vice President of Finance, as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

Opinion

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

A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,

B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,

C. Meet the requirements of the laws of Puerto Rico and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed,

D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,

E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,

F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

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

Relevant Comments

I have not examined American Health, Inc.'s assets, and I formed no opinion as to their validity or value. My review included an assessment of the need to perform cash flow testing. I concluded that the completion of cash flow testing was not necessary because of the short term nature of the liabilities.

My opinion that the actuarial items make good and sufficient provision in the aggregate for the unpaid obligations identified rests upon the assumption that all liabilities are backed by valid assets which have suitably scheduled maturities and/or adequate liquidity to meet cash flow requirements.

It should be emphasized that the actuarial items referred to in this opinion are estimates. The exact liabilities will be determined only after a significant passage of time.

This opinion has been prepared solely for the management of American Health, Inc. and for filing with regulatory agencies of Puerto Rico, and may not be used for any other purpose.

Signature of Actuary

John P. Burke, F.S.A., M.A.A.A.
Printed Name of Actuary

Milliman, Inc.
1550 Liberty Ridge Drive, Suite 200
Wayne, PA 19087
Address of Actuary

610.975.8093
Telephone number of Actuary

March 27, 2013
Date Opinion was Rendered

Supplemental Compensation Exhibit

*** Not Authorized ***

1 1 1 5 2 2 0 1 2 2 0 5 0 0 1 0 0

LIFE SUPPLEMENTS

For The Year Ended December 31, 2012

(To Be Filed By March 1)

Of The AMERICAN HEALTH, INC.

ADDRESS (City, State and Zip Code) San Juan , PR 00922-1320

NAIC Group Code 0000 NAIC Company Code 11152 Employer's ID Number 66-0593034

Life Suppement - Exhibit 5 - Aggregate Reserve for Life Contracts

N O N E

Life Supplement - Exhibit 5 - Interrogatories

N O N E

Life Supplement - Exhibit 7 - Deposit-Type Contracts

N O N E

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 3 - Section 1

N O N E

SUPPLEMENT FOR THE YEAR 2012 OF THE AMERICAN HEALTH, INC.

DIRECT BUSINESS IN THE STATE OF | DURING THE YEAR 2012

NAIC Group Code 0000 | NAIC Company Code 11152

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (sum of Line 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary 1 No.	Ordinary 2 Amount	Credit Life (Group and Individual) 3 No. of Ind.Pols. & Gr. Certifs.	Credit Life (Group and Individual) 4 Amount	Group 5 No. of Certifs.	Group 6 Amount	Industrial 7 No.	Industrial 8 Amount	Total 9 No.	Total 10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year $, current year $

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $, current year $

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $, current year $

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2012
(To Be Filed by April 1)

OF THE AMERICAN HEALTH, INC. NAIC COMPANY CODE 11152

DIRECT BUSINESS IN THE STATE OF:

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T			0	
2.	Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees				
	2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts				
	3.2 Roll over of GICs or annuities into other companies				
	3.3 Surrenders or other benefits paid out				
	3.4 Excess interest credited to accounts				
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)				
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9.	Aggregate write-ins for Other Deductions	0	0	0	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	0	0	0	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2012
(To Be Filed by April 1)

OF THE AMERICAN HEALTH, INC. NAIC COMPANY CODE 11152

DIRECT BUSINESS IN THE STATE OF:

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	0	0	0	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	3.2 All amounts	XXX	XXX	XXX	
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
	5.2 All amounts	XXX	XXX	XXX	
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	7.2 All amounts	XXX	XXX	XXX	
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2012)	0	0	0	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0

Life Supplement - Analysis of Annuity Operations by Lines of Business

N O N E

Life Supplement - Analysis of Annuity Operations by Lines of Business Overflow Page

N O N E

Life Supplement - Analysis of Increase in Annuity Reserves During the Year

N O N E

1 1 1 5 2 2 0 1 2 2 0 7 0 0 1 0 0

PROPERTY/CASUALTY SUPPLEMENTS

For The Year Ended December 31, 2012

(To Be Filed On Or Before March 1)

Of The AMERICAN HEALTH, INC.

ADDRESS (City, State and Zip Code) San Juan , PR 00922-1320

NAIC Group Code 0000 NAIC Company Code 11152 Employer's ID Number 66-0593034

P&C Supplement - Schedule F - Part 1

N O N E

P&C Supplement - Schedule F - Part 3

N O N E

P&C Supplement - Schedule P - Part 1 - Summary

N O N E

P&C Supplement - Schedule P - Part 1A - Homeowners/Farmowners

N O N E

P&C Supplement - Schedule P - Part 1B - Private Passenger Auto Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

P&C Supplement - Schedule P - Part 1E - Commercial Multiple Peril

N O N E

P&C Supplement - Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

P&C Supplement - Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

N O N E

P&C Supplement - Schedule P - Part 1J - Auto Physical Damage

N O N E

P&C Supplement - Schedule P - Part 1K - Fidelity/Surety

N O N E

P&C Supplement - Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

P&C Supplement - Schedule P - Part 1M - International

N O N E

P&C Supplement - Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

P&C Supplement - Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

P&C Supplement - Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

P&C Supplement - Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

P&C Supplement - Schedule P - Part 1T - Warranty

N O N E

P&C Supplement - Schedule P - Part 2 - Summary

N O N E

P&C Supplement - Schedule P - Part 2A - Homeowners/Farmowners

N O N E

P&C Supplement - Schedule P - Part 2B - Private Passenger Auto Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

N O N E

P&C Supplement - Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

P&C Supplement - Schedule P - Part 2E - Commercial Multiple Peril

N O N E

P&C Supplement - Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

P&C Supplement - Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 2I - Special Property

N O N E

P&C Supplement - Schedule P - Part 2J - Auto Physical Damage

N O N E

P&C Supplement - Schedule P - Part 2K - Fidelity/Surety

N O N E

P&C Supplement - Schedule P - Part 2L - Other (Including Credit, Accident and Health)

N O N E

P&C Supplement - Schedule P - Part 2M - International

N O N E

P&C Supplement - Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

P&C Supplement - Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

P&C Supplement - Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

P&C Supplement - Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

P&C Supplement - Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

P&C Supplement - Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

P&C Supplement - Schedule P - Part 2T - Warranty

N O N E

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000 Direct Business in the state of During the Year 2012 NAIC Company Code 11152

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other liability - claims-made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges no included in Line 1 to 35 $

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

P&C Supplement - Insurance Expense Exhibit - Cover

N O N E

P&C Supplement - Insurance Expense Exhibit - Interrogatories

N O N E

P&C Supplement - Insurance Expense Exhibit - Part I - Allocation to Expense Groups

N O N E

P&C Supplement - Insurance Expense Exhibit - Part II

N O N E

P&C Supplement - Insurance Expense Exhibit - Part III

N O N E

P&C Supplement - Insurance Expense Exhibit - Overflow Page for Write-Ins

N O N E

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Prior Year Validation Data

1.	XXASU900029	PYPage ASSETS L28C3 = ASSETS L28C4	103,078,772
2.	XXASN000272	PYPage REVEX2 L49C1 = REVEX2 L33C1	17,768,930
3.	XXASU900102	PYPage ASSETS L05 C1 = CASH L19.1C1	3,318,104
4.	XXASU900066	PYPage SCAVER L09C2 = SCAVER L01C2	
5.	XXASU900067	PYPage SCBVER L11C2 = SCBVER L01C2	
6.	XXASU900068	PYPage SCBAVER L11C2 = SCBAVER L01C2	
7.	XXASU090298	PYPage SCDVER L10C2 = SCDVER L01C2	68,315,381
8.	XXASU095082	PYPage SCDAPT1 L9199999C8 = SCDAVER L01C1	
9.	XXASU099985	PYPage SCDBPTCSN2 L07C9 = SCDBPTCSN2 L01C1	
10.	XXASU099986	PYPage SCDBPTCSN2 L07C10 = SCDBPTCSN2 L01C2	
11.	XXASU900058	PYPage SCEPT2 L8699999C6 = SCEVER L01C1	
12.	XXASN000339	PYPage REVEX1 L02C2 = GENINTPT2 L02.2C5	473,748,463
13.	XXASN000341	PYPage LIAB L01C3 + L02C3 + L04C3 + L07C3 = GENINTPT2 L02.5C5	54,687,461
14.	XXAAU900307	PYPage SHCEPT1 - GT L05.5C14 = SHCEPT1 - GT L05.4C15	0