

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE
GLOBALHEALTH PLAN & INSURANCE CO.

NAIC Group Code 0000 (Current Period), NAIC Company Code 12179 (Prior Period), Employer's ID Number 660622995

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health [ X ], Dental Service Corporation [ ], Health Maintenance Organization [ ], Property/Casualty [ ], Vision Service Corporation [ ], Is HMO Federally Qualified? Yes ( ) No ( ), Hospital, Medical and Dental Service or Indemnity [ ], Other [ ]

Incorporated/Organized November 13, 2002, Commenced Business October 10, 2003

Statutory Home Office 322 JOHN ALBERT ERNDT ST., 202 GLOBAL PLAZA BLDG., SAN JUAN, Puerto Rico 00920 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office 322 JOHN ALBERT ERNDT ST., 202 GLOBAL PLAZA BLDG., SAN JUAN, Puerto Rico 00920 (Street and Number, City or Town, State and Zip Code), 787-641-2002 (Area Code) (Telephone Number)

Mail Address P O BOX 364931, SAN JUAN, Puerto Rico 00936-4931 (Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 322 JOHN ALBERT ERNDT ST., 202 GLOBAL PLAZA BLDG, SAN JUAN, Puerto Rico 00936 (Street and Number, City or Town, State and Zip Code), 787-641-2002 (Area Code) (Telephone Number)

Internet Website Address WWW.GLOBALHEALTHPLANPR.COM

Statutory Statement Contact RENE O HERNANDEZ-ARENCIBIA (Name), rhernandez@globalhealthplanpr.com (E-Mail Address), 787-641-2002 (Area Code) (Telephone Number) (Extension), 787-522-1440 (Fax Number)

OFFICERS

RENE O HERNANDEZ-ARENCIBIA, MR (CHAIRMAN & CEO)
MICHAEL SOLER, DR (VICE-PRESIDENT)

HIPOLITO V COSTA, DR (PRESIDENT)
DIANA M MELENDEZ, MS (TREASURER & SECRETARY)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

2010 APR 23 PM 3:39

State of Puerto Rico } SS
County of US }

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.

[Signature]
RENE O HERNANDEZ-ARENCIBIA, MR
CHAIRMAN & CEO

[Signature]
HIPOLITO V COSTA, DR
PRESIDENT

[Signature]
DIANA M MELENDEZ, MS
TREASURER

Subscribed and sworn to before me this
day of 20 April 2010

[Signature]



a. Is this an original filing? Yes (X) No ( )
b. If not, state the amendment number
2. Date filed
3. Number of pages attached

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Column 1 minus Column 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	500,000		500,000	490,000
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ....., Schedule E - Part 1), cash equivalents (\$ ....., Schedule E - Part 2) and short-term investments (\$ ....., Schedule DA) .....	123,112		123,112	93,231
6. Contract loans (including \$ ..... premium notes) .....				
7. Other invested assets (Schedule BA) .....				
8. Receivables for securities .....				
9. Aggregate write-ins for invested assets .....	281,104	21,731	259,373	271,778
10. Subtotals, cash and invested assets (Line 1 through Line 9) .....	904,216	21,731	882,485	855,009
11. Title plants less \$ ..... charged off (for Title insurers only) .....				
12. Investment income due and accrued .....				
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....	686,937	298,450	388,487	114,581
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
13.3 Accrued retrospective premiums .....				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....				
14.2 Funds held by or deposited with reinsured companies .....				
14.3 Other amounts receivable under reinsurance contracts .....				
15. Amounts receivable relating to uninsured plans .....				
16.1 Current federal and foreign income tax recoverable and interest thereon .....	298,110		298,110	298,110
16.2 Net deferred tax asset .....				
17. Guaranty funds receivable or on deposit .....				
18. Electronic data processing equipment and software .....	13,985	13,985		
19. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	47,147	18,823	28,324	12,045
20. Net adjustment in assets and liabilities due to foreign exchange rates .....				
21. Receivables from parent, subsidiaries and affiliates .....				
22. Health care (\$ ..... ) and other amounts receivable .....	71,729	71,729		
23. Aggregate write-ins for other than invested assets .....				
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23) .....	2,022,124	424,718	1,597,406	1,279,745
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
26. Total (Line 24 and Line 25) .....	2,022,124	424,718	1,597,406	1,279,745
<b>DETAILS OF WRITE-INS</b>				
0901. RENT DEPOSIT .....	5,000	5,000		
0902. PRE PAID EXPENSES .....	16,731	16,731		
0903. UBS-PW INVESTMENT .....	259,373		259,373	271,778
0998. Summary of remaining write-ins for Line 9 from overflow page .....				
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above) .....	281,104	21,731	259,373	271,778
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) .....				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	600,000		600,000	200,000
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	10,000		10,000	10,000
4. Aggregate health policy reserves .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....				
9. General expenses due or accrued .....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....	14,235		14,235	25,964
13. Remittances and items not allocated .....				
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....				
16. Payable for securities .....				
17. Funds held under reinsurance treaties with (\$ ..... authorized reinsurers and \$ ..... unauthorized reinsurers) .....				
18. Reinsurance in unauthorized companies .....				
19. Net adjustments in assets and liabilities due to foreign exchange rates .....				
20. Liability for amounts held under uninsured plans .....				
21. Aggregate write-ins for other liabilities (including \$ ..... current) .....	9,528		9,528	51,867
22. Total liabilities (Line 1 to Line 21) .....	633,763		633,763	287,831
23. Aggregate write-ins for special surplus funds .....	X X X	X X X		
24. Common capital stock .....	X X X	X X X	1,000,000	1,000,000
25. Preferred capital stock .....	X X X	X X X		
26. Gross paid in and contributed surplus .....	X X X	X X X	1,094,100	1,085,900
27. Surplus notes .....	X X X	X X X	261,627	276,457
28. Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
29. Unassigned funds (surplus) .....	X X X	X X X	(1,392,084)	(1,370,443)
30. Less treasury stock, at cost:				
30.1 ..... shares common (value included in Line 24 \$ ..... ) .....	X X X	X X X		
30.2 ..... shares preferred (value included in Line 25 \$ ..... ) .....	X X X	X X X		
31. Total capital and surplus (Line 23 to Line 29 minus Line 30) .....	X X X	X X X	963,643	991,914
32. Total liabilities, capital and surplus (Line 22 and Line 31) .....	X X X	X X X	1,597,406	1,279,745
<b>DETAILS OF WRITE-INS</b>				
2101. OTHER ESCROW FUNDS .....	5,719		5,719	5,769
2102. DEFERRED REVENUES .....				42,369
2103. OTHER RESERVE .....	3,809		3,809	3,729
2198. Summary of remaining write-ins for Line 21 from overflow page .....				
2199. Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above) .....	9,528		9,528	51,867
2301. ....	X X X	X X X		
2302. ....	X X X	X X X		
2303. ....	X X X	X X X		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	X X X	X X X		
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) .....	X X X	X X X		
2801. ....	X X X	X X X		
2802. ....	X X X	X X X		
2803. ....	X X X	X X X		
2898. Summary of remaining write-ins for Line 28 from overflow page .....	X X X	X X X		
2899. Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months .....	X X X	48,492	28,464
2. Net premium income (including \$ ..... non-health premium income) .....	X X X	4,100,107	1,977,398
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		
4. Fee-for-service (net of \$ ..... medical expenses) .....	X X X		
5. Risk revenue .....	X X X		
6. Aggregate write-ins for other health care related revenues .....	X X X		
7. Aggregate write-ins for other non-health revenues .....	X X X		
8. Total revenues (Line 2 to Line 7) .....	X X X	4,100,107	1,977,398
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		2,609,116	1,169,524
10. Other professional services .....			
11. Outside referrals .....			
12. Emergency room and out-of-area .....			
13. Prescription drugs .....			
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments, and bonus amounts .....			
16. Subtotal (Line 9 to Line 15) .....		2,609,116	1,169,524
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. Total hospital and medical (Line 16 minus Line 17) .....		2,609,116	1,169,524
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ ..... cost containment expenses .....			
21. General administrative expenses .....		1,349,241	813,483
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....			
23. Total underwriting deductions (Line 18 through Line 22) .....		3,958,357	1,983,007
24. Net underwriting gain or (loss) (Line 8 minus Line 23) .....	X X X	141,750	(5,609)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		32,228	49,683
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Line 25 plus Line 26) .....		32,228	49,683
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 .....			5
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29) .....	X X X	173,978	44,079
31. Federal and foreign income taxes incurred .....	X X X		
32. Net income (loss) (Line 30 minus Line 31) .....	X X X	173,978	44,079
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. ....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) .....	X X X		
0701. ....	X X X		
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above) .....	X X X		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above) .....			
2901. ....			
2902. Interest Income .....			5
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) .....			5

**STATEMENT OF REVENUE AND EXPENSES (continued)**

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting year .....	991,914	822,315
34. Net income or (loss) from Line 32 .....	173,978	44,079
35. Change in valuation basis of aggregate policy and claims reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(195,620)	(110,655)
40. Change in unauthorized reinsurance .....		
41. Change in treasury stock .....		
42. Change in surplus notes .....	(14,830)	56,176
43. Cumulative effect of changes in accounting principles .....		
44. Capital Changes:		
44.1 Paid in .....	8,200	180,000
44.2 Transferred from surplus (Stock Dividend) .....		
44.3 Transferred to surplus .....		
45. Surplus adjustments:		
45.1 Paid in .....		
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....		(1)
48. Net change in capital and surplus (Line 34 to Line 47) .....	(28,272)	169,599
49. Capital and surplus end of reporting year (Line 33 plus Line 48) .....	963,642	991,914
<b>DETAILS OF WRITE-INS</b>		
4701. ROUNDING .....		(1)
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) .....		(1)

## CASH FLOW

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	3,559,813	1,901,499
2. Net investment income .....	32,228	49,683
3. Miscellaneous income .....		5
4. Total (Line 1 through Line 3) .....	3,592,041	1,951,187
5. Benefit and loss related payments .....	2,199,117	1,144,524
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		865,123
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,371,243	
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		
10. Total (Line 5 through Line 9) .....	3,570,360	2,009,647
11. Net cash from operations (Line 4 minus Line 10) .....	21,681	(58,460)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	190,000	80,000
12.2 Stocks .....		
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Net gains or (losses) on cash and short-term investments .....		
12.7 Miscellaneous proceeds .....		
12.8 Total investment proceeds (Line 12.1 through Line 12.7) .....	190,000	80,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	190,000	90,000
13.2 Stocks .....		
13.3 Mortgage loans .....		
13.4 Real estate .....		
13.5 Other invested assets .....		
13.6 Miscellaneous applications .....		1,739
13.7 Total investments acquired (Line 13.1 through Line 13.6) .....	190,000	91,739
14. Net increase (decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		(11,739)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....		
16.2 Capital and paid in surplus, less treasury stock .....	8,200	180,000
16.3 Borrowed funds .....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5 Dividends to stockholders .....		
16.6 Other cash provided (applied) .....		(66,000)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	8,200	114,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) .....	29,881	43,801
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	93,231	49,430
19.2 End of year (Line 18 plus Line 19.1) .....	123,112	93,231

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

20.0001 .....		
20.0002 .....		
20.0003 .....		
20.0004 .....		
20.0005 .....		
20.0006 .....		
20.0007 .....		
20.0008 .....		
20.0009 .....		
20.0010 .....		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	4,100,107	4,100,107								
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$ medical expenses)										XXX XXX XXX
4. Risk revenue										
5. Aggregate write-ins for other health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
6. Aggregate write-ins for other non-health care related revenues	4,100,107	4,100,107								
7. Total revenues (Line 1 through Line 6)	2,609,116	2,609,116								
8. Hospital/medical benefits										XXX XXX XXX XXX XXX XXX XXX XXX
9. Other professional services										
10. Outside referrals										
11. Emergency room and out-of-area										
12. Prescription drugs										
13. Aggregate write-ins for other hospital and medical										
14. Incentive pool, withhold adjustments, and bonus amounts	2,609,116	2,609,116								
15. Subtotal (Line 8 through Line 14)										
16. Net reinsurance recoveries	2,609,116	2,609,116								
17. Total hospital and medical (Line 15 minus Line 16)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
18. Non-health claims (net)										
19. Claims adjustment expenses including \$ cost containment expenses	1,349,241	1,349,241								XXX
20. General administrative expenses										
21. Increase in reserves for accident and health contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Increase in reserves for life contracts	3,958,357	3,958,357								
23. Total underwriting deductions (Line 17 through Line 22)	141,750	141,750								
24. Net underwriting gain or (loss) (Line 7 minus Line 23)										
<b>DETAILS OF WRITE-INS</b>										
0501.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0502.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0503.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										
0599. Total (Line 0501 through Line 0503 plus Line 0598) (Line 5 above)										
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page										
0699. Total (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)										
1301.										XXX XXX XXX XXX
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Total (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)										

**UNDERWRITING AND INVESTMENT EXHIBIT**

**Part 1 - Premiums**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Column 1 plus Column 2 minus Column 3)
1. Comprehensive (hospital and medical) .....	4,132,334			4,132,334
2. Medicare Supplement .....				
3. Dental only .....				
4. Vision only .....				
5. Federal Employees Health Benefits Plan .....				
6. Title XVIII - Medicare .....				
7. Title XIX - Medicaid .....				
8. Other health .....				
9. Health subtotal (Line 1 through Line 8) .....	4,132,334			4,132,334
10. Life .....				
11. Property/casualty .....				
12. Totals (Line 9 to Line 11) .....	4,132,334			4,132,334

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - Claims Incurred During the Year**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	2,409,116	2,409,116								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	2,409,116	2,409,116								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	600,000	600,000								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	600,000	600,000								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	388,487	388,487								
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	2,620,629	2,620,629								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	2,620,629	2,620,629								
13. Incurred medical incentive pools and bonuses										

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - Claims Liability End of Current Year**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
<b>1. Reported in Process of Adjustment:</b>										
1.1 Direct	400,000	400,000								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	400,000	400,000								
<b>2. Incurred but Unreported:</b>										
2.1 Direct	200,000	200,000								
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	200,000	200,000								
<b>3. Amounts Withheld from Paid Claims and Capitulations:</b>										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
<b>4. TOTALS:</b>										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Column 1 plus Column 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	445,142	1,763,975	200,000	400,000	645,142	200,000
2. Medicare Supplement .....						
3. Dental Only .....						
4. Vision Only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Line 1 through Line 8) .....	445,142	1,763,975	200,000	400,000	645,142	200,000
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Line 9 minus Line 10 plus Line 12) .....	445,142	1,763,975	200,000	400,000	645,142	200,000

(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 - Comprehensive (Hospital and Medical)**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005	87,222	57	90		48
3. 2006	292,667	92,996	483		4,640
4. 2007	XXX	164,016	339,511	2,700	8,616
5. 2008	XXX	518,523	390,863	339,511	431,838
6. 2009	XXX	XXX	XXX	549,868	1,763,975
		XXX	XXX	XXX	

**Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX			
5. 2008	XXX	XXX	XXX		
6. 2009	XXX	XXX	XXX	XXX	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)**

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Columns 2 + 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Columns 5 + 7 + 8)	10 (Column 9 divided by Column 1) Percent
1. 2005										
2. 2006										
3. 2007										
4. 2008										
5. 2009										

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

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

**NONE**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....			94,869		94,869
2. Salaries, wages and other benefits .....			82,686		82,686
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			363,727		363,727
4. Legal fees and expenses .....			17,595		17,595
5. Certifications and accreditation fees .....					
6. Auditing, actuarial and other consulting services .....			397,162		397,162
7. Traveling expenses .....			33,141		33,141
8. Marketing and advertising .....			94,640		94,640
9. Postage, express, and telephone .....			65,243		65,243
10. Printing and office supplies .....			58,292		58,292
11. Occupancy, depreciation and amortization .....			94,792		94,792
12. Equipment .....					
13. Cost or depreciation of EDP equipment and software .....					
14. Outsourced services including EDP, claims, and other services .....					
15. Boards, bureaus and association fees .....					
16. Insurance, except on real estate .....			7,740		7,740
17. Collection and bank service charges .....			13,606		13,606
18. Group service and administration fees .....					
19. Reimbursements by uninsured accident and health plans .....					
20. Reimbursements from fiscal intermediaries .....					
21. Real estate expenses .....					
22. Real estate taxes .....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					
23.2 State premium taxes .....					
23.3 Regulator authority licenses and fees .....			18,733		18,733
23.4 Payroll taxes .....			7,015		7,015
23.5 Other (excluding federal income and real estate taxes) .....					
24. Investment expenses not included elsewhere .....					
25. Aggregate write-ins for expenses .....					
26. Total expenses incurred (Line 1 to Line 25) .....			1,349,241		(a) 1,349,241
27. Less expenses unpaid December 31, current year .....					
28. Add expenses unpaid December 31, prior year .....					
29. Amounts receivable relating to uninsured accident and health plans, prior year .....					
30. Amounts receivable relating to uninsured accident and health plans, current year .....					
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30) .....			1,349,241		1,349,241
<b>DETAILS OF WRITE-INS</b>					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....					
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....					

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

**EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds		
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)	(a)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	(b)	
2.21 Common stocks of affiliates		
3. Mortgage loans		
4. Real estate	(c)	
5. Contract loans	(d)	
6. Cash, cash equivalents and short-term investments		
7. Derivative instruments	(e)	32,228
8. Other invested assets	(f)	32,228
9. Aggregate write-ins for investment income		
10. Total gross investment income	32,228	32,228
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(h)
15. Aggregate write-ins for deductions from investment income		(i)
16. Totals deductions (Line 11 through Line 15)		
17. Net investment income (Line 10 minus Line 16)		32,228
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)		

(a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 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	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Cols. 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
<b>NONE</b>					
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

## EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Other invested assets (Schedule BA)			
8. Receivable for securities			
9. Aggregate write-ins for invested assets			
10. Subtotals, cash and invested assets (Line 1 to Line 9)	21,731	36,548	14,817
11. Title plants (for Title insurers only)	21,731	36,548	14,817
12. Investment income due and accrued			
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection	298,450	178,419	(120,031)
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
13.3 Accrued retrospective premiums			
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers			
14.2 Funds held by or deposited with reinsured companies			
14.3 Other amounts receivable under reinsurance contracts			
15. Amounts receivable relating to uninsured plans			
16.1 Current federal and foreign income tax recoverable and interest thereon			
16.2 Net deferred tax asset			
17. Guaranty funds receivable or on deposit			
18. Electronic data processing equipment and software	13,985	5,962	(8,023)
19. Furniture and equipment, including health care delivery assets	18,708	8,054	(10,654)
20. Net adjustment in assets and liabilities due to foreign exchange rates			
21. Receivable from parent, subsidiaries and affiliates			
22. Health care and other amounts receivable	71,729		(71,729)
23. Aggregate write-ins for other than invested assets			
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	424,603	228,983	(195,620)
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26. Total (Line 24 and Line 25)	424,603	228,983	(195,620)
<b>DETAILS OF WRITE-INS</b>			
0901. RENT DEPOSIT	5,000	5,000	
0902. PRE-PAID EXPENSES	16,731	31,548	14,817
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)	21,731	36,548	14,817
2301.			
2302.			
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)			

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	2,372	3,449	5,772	5,404	6,122	48,492
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	2,372	3,449	5,772	5,404	6,122	48,492
<b>DETAILS OF WRITE-INS</b>						
0601						
0602						
0603						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)						

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 - TOTAL - Individuals	139,185	132,832	2,859	423,449	298,450	388,487
0599999 - Accident and health premiums due and unpaid (Page 2, Line 13)	139,185	132,832	2,859	423,449	298,450	388,487

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted

**NONE**

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

Aging Analysis of Unpaid Claims

	1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid (Reported)							
0199999 - Individually listed claims unpaid (Reported)		30,000	180,000	258,000	108,000	24,000	600,000
0499999 - Subtotals		30,000	180,000	258,000	108,000	24,000	600,000
0799999 - Total claims unpaid							600,000

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

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

**NONE**

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
----------------	------------------	-------------	--------------	------------------

**NONE**

**EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. Total other payments .....			X X X	X X X		
13. Total (Line 4 plus Line 12) .....		100%	X X X	X X X		

NONE

**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

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBAL HEALTH PLAN & INSURANCE CO.

**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 .....	47,147		28,759	18,387	18,823	28,324
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....	47,147		28,759	18,387	18,823	28,324

**NOTES TO FINANCIAL STATEMENTS**

**Global Health Plan & Insurance Co.**  
**Notes to statutory financial statements**  
**December 31, 2009**

**1. Organization and Summary of Significant Accounting Policies**

*Organization.* Global Health Plan & Insurance Co. (Global) is a stock disability and health insurance company incorporated in the Commonwealth of Puerto Rico that offers prepaid individual and group health insurance policies. The company offers medical-surgical, laboratory, dental, vision and life insurance products. Global does business mainly in Puerto Rico with limited operations in the Dominican Republic with a health maintenance organization through capitation payments.

*Basis of presentation.* The significant accounting policies followed by Global that materially affect financial reporting are summarized below. The accompanying financial statements have been prepared in accordance with statutory accounting principles (SAP) prescribed or permitted by the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico and the National Association of Insurance Commissioners (NAIC). Statutory accounting principles is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). Such statutory accounting principles vary from GAAP followed by business enterprises in general in determining financial position, results of operations and cash flows in the following significant respects:

- Certain assets designated as "non-admitted assets" (assets which are not readily available to cover current and future obligations such as; premiums determined to be uncollectible, net book value of furniture and fixtures, prepaid expenses, computer software and certain electronic and computer equipment) are charged directly to unassigned surplus (deficit), with changes in such amounts charged (credited) to unassigned surplus. Under GAAP, such amounts are recorded as assets, but not in excess of their realizable value.
- The statement of cash flows is presented in accordance with guidelines established by the NAIC and the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico. GAAP emphasizes the changes in cash and cash equivalents and requires that cash flows activity be reported under the captions of operating, financing and investing activities, and include a reconciliation of net income to net cash provided (used) by operating activities.
- Costs directly related to acquiring business are charged to income as incurred. Under GAAP, such costs and income are deferred and amortized over the period during which the related premiums are earned.
- Under SAP, investments held under deposit to comply with certain catastrophe fund deposit requirements of the Office of the Insurance Commissioner are reported as part of investments, whereas under GAAP such investments are reported as restricted assets.

The preparation of financial statements in conformity with SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may vary from those estimates.

*Statutory permitted practices.* The Company prepares its statutory financial statements in accordance with accounting principles and practices prescribed or permitted by the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico and the NAIC. Prescribed statutory accounting practices include state laws, regulations and general administrative rules as well as a variety of publications of the NAIC. Permitted statutory accounting practices encompass all accounting practices that are not prescribed; such practices differ from state to state and may change in the future.

**1. Organization and Summary of Significant Accounting Policies (continued)**

*Non-admitted assets.* Non-admitted assets are excluded from the statutory statement of admitted assets and liabilities, and capital and surplus (deficit) through a direct charge to surplus (deficit).

Non-admitted assets charged to surplus (deficit) at December 31, 2009 were as follows:

	<u>2009</u>
Uncollected premiums, net	\$ 388,487
Computer equipment and software, net	0
Furniture and fixtures, net	14,500
Rent deposit	5,000
Prepaid expenses	<u>16,731</u>
Total non-admitted assets	<u>\$ 424,718</u>

*Investments.* Securities are stated at cost adjusted for amortization of premiums and accretion of discounts, if material. The disclosures of estimated fair market values are based on NAIC quoted market prices when available. If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or values obtained from independent pricing services.

*Uncollected premiums.* All uncollected premiums arise out of credit provided by the Company to its insured clients. As long as the company continues an aggressive effort to collect, such premiums are kept in the books. However, unpaid premiums considered to be uncollectible are not included in these financial statements.

## NOTES TO FINANCIAL STATEMENTS

*Cash and cash equivalents.* Cash and cash equivalents are carried at cost, which approximates fair value due to their short term nature. Cash equivalents are highly liquid financial instruments with an original maturity of three months or less.

*Property and equipment.* Property and equipment are reported at cost, net of accumulated depreciation. Property and equipment are depreciated using the straight-line method over their estimated useful lives. Certain property and equipment owned by the Company such as furniture and fixtures, computer software and certain computer and electronic equipment is not considered admitted assets and therefore are not included in these financial statements.

*Accounting policy for health liabilities.* The reserve for claims payments represents the estimated liability for benefit expenses both reported but not paid and incurred but not reported to Global through December 31, 2009. Liabilities for unpaid claims are estimated using statistical analyses of paid claims and their development. Those estimates are subject to the effects of trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the liability for unpaid claims is adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

*Income taxes.* The company is subject to Puerto Rico taxes on income; these are charged or credited to operations based upon amounts estimated to be payable or recoverable as a result of taxable operations for the current year. Deferred income tax assets and liabilities may arise to account for temporary differences between the tax basis of assets and liabilities and their reported amounts in the financial statements using enacted income tax rates and laws.

*Insurance premium revenues.* Traditional insurance premiums consist principally of prepaid health insurance contracts. The premium revenue is recognized when due. Cancellations due to non-payment of premiums are recorded in the month they are detected and reduced from revenues.

*Business risks and uncertainties.* The development of liabilities for future policy benefits for the company's products requires management to make estimates and assumptions regarding morbidity, lapse, expense, and payment experience. Such estimates are primarily based on historical experience and future expectations of morbidity, expense, persistency and other economic factors. Actual results could differ materially from those estimates. Management monitors actual experience and, if circumstances warrant, revises its assumptions and the related future policy benefit estimates.

The company's investments are primarily comprised of fixed maturity securities. Significant changes in prevailing interest rates and other conditions may adversely affect the timing and cash flows on such investments and their related values. In addition, the value of these investments is often derived from an appraisal, an estimate or opinion of value. A significant decline in the fair value of these investments could have an adverse effect on the company's balance sheet.

*Guaranty fund.* Guaranty fund (and other) assessments are accrued at the time the events occur on which assessments are expected to be based.

### 2. Investments

The company's investments are fixed rate securities exclusively. These securities are expected to be retained until maturity and are recorded at the lower of amortized cost. The investments are analyzed to detect any significant impairment of the value, in which case the appropriate reserve is established by management.

Investments are composed of:

	<u>2009</u>
Federal Home Loan Bank Obligations	\$ - 0 -
Puerto Rico Fixed Income Fund III	259,373
Puerto Rico Public Finance Obligations	195,000
Municipal Obligations	100,000
Puerto Rico Commonwealth Bond	110,000
US Treasury Bond	<u>95,000</u>
	<u>\$ 759,373</u>

### 3. Cash and equivalents

Cash and equivalents are composed of the following accounts:

	<u>2009</u>
Demand deposit accounts	\$ 90,759
Money market account	29,319
Savings account	2,834
Petty cash	<u>200</u>
	<u>\$ 123,112</u>

### 4. Fair value of financial instruments

## NOTES TO FINANCIAL STATEMENTS

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value.

Cash and equivalents. Historical cost is a reasonable estimate of fair value.

Investment in debt securities. Securities held as investment are valued based on quoted market prices, if available. If a quoted market price is not available, fair value is estimated using quoted market prices for similar securities.

### 5. Concentration of credit risk

The company's investments are mainly obligations of the Government of Puerto Rico and Federal Government Agencies. The credit ratings of these and their past experience do not make management to expect possible losses in these securities.

The company's operating funds and cash equivalents are concentrated in one banking institution. These funds are insured by the Federal Deposit Insurance Corporation up to \$250,000 per client.

Uncollected premiums are composed of numerous small accounts and therefore risk is diluted.

### 6. Liability for unpaid claims

The liability for unpaid claims is based on the estimated amount payable on claims reported prior to the balance sheet date that have not yet been settled, claims reported subsequent to the balance sheet date that have been incurred during the period then ended, and an estimate (based on prior experience) of incurred but not reported claims relating to such period.

Activity in the liability for unpaid claims for the company's risk is summarized as follows:

	<u>2009</u>	
Balance, beginning of year	\$ 200,000	
Plus:		
Amounts incurred, related to:		
Prior years	\$ 415,904	
Current year	<u>1,559,727</u>	
	2,175,631	
Less: amount paid	<u>(1,575,631)</u>	
Balance, end of year	<u>\$ 600,000</u>	

### 7. Reserve for claims adjustment and processing

The liability for claims adjustment and processing expenses is based on the estimated amount payable for work required to be done to process and pay the claims incurred prior to the end of the year which remain unpaid as of the close of the year. The reserve includes estimates for manpower, rent, equipment depreciation and other similar concepts.

A total of \$10,000 has been reserved for these purposes as of December 31, 2009.

### 8. Income Taxes and net operating loss carry-forwards

Global has accumulated net operating losses since inception, amounting to \$1,301,992. The losses are attributed to the typical start up period of an emerging company; and also due to the fact that Global has not been able to reach its critical subscribers' mass. These losses may differ from the deficit shown in the statement of admitted assets, liabilities and capital due to statutory differences caused by non-admitted assets and permanent differences between book and taxable income due to exempt investment income. Management understands that the company may benefit in the near future of these accumulated losses.

Following is a detail of such losses and the expected expiration dates for each:

2003	\$ 71,743	2010
2004	70,747	2011
2005	557,059	2012
2006	376,234	2013
2007	223,391	2014
2008	<u>2,818</u>	2015
	<u>\$1,301,992</u>	

The company has recorded income tax benefits of \$298,110 resulting from its operating net losses for the years 2004 through 2006. The income tax benefits are shown net of valuation accounts ranging from 50% to 80% of the operating losses which gave rise to the assets. Deferred tax assets accumulated over the past two years are expected to be fully realized during the coming years.

Taxable net operating losses are not equivalent to net operating losses as previously explained. No income tax benefits were recorded during 2007, 2008 and 2009 due to conservatism. The deferred tax asset will offset any

## NOTES TO FINANCIAL STATEMENTS

tax liabilities arising in 2010 and beyond.

### 9. Guaranty fund assessments

Global participates in the Puerto Rico Guaranty Fund for Life and Health Insurance companies. No assessment for fund dues has been notified by the company and therefore no liability or expense has been recorded.

### 10. Statutory financial information

The company prepares its statutory financial statements in accordance with accounting principles and practices prescribed or permitted by the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico and the National Association of Insurance Commissioners (NAIC). The Insurance Commissioner of Puerto Rico has the right to permit other practices that may deviate from prescribed practices. Prescribed Statutory Accounting Principles are those practices that are incorporated directly or by reference in Commonwealth laws, regulations, and general administrative rules applicable to all insurance enterprises domiciled in Puerto Rico. Permitted SAP encompasses all accounting practices that are not prescribed; such practices differ from state to state, may differ from company to company within a state, and may change in the future.

### 11. Commitments and contingencies

#### Rental commitments

The company rents its administrative and regional offices and has recorded rent expense in the amount of \$69,556.56 for the year ended December 31, 2009. The lease term for the main office was for a five year period and the same expired on September 30, 2009. There is an optional renewal term, for an additional five-year period commencing on October 1, 2009 and ending on September 30, 2013; however it has not been exercised. The monthly payments are \$5,796.38 per month for 2009.

There are no minimum lease payment commitments as the contract is renewed on a month to month basis.

#### Legal cases

The Company, as any business, is subject to risks and potential lawsuits by insured beneficiaries, employees, suppliers and other third parties. As of the date of these financial statements the Company has no indication of lawsuits against it.

#### Compliance with statutory requirements

As of the close of December 31, 2007, 2006, and 2005 the company reported a statutory deficit and was notified by the Office of the Commissioner of Insurance of Puerto Rico (OCS) that such deficits had to be remedied. A statutory deficit as of December 31, 2008 was never notified by the Commissioner of Insurance but nevertheless was duly satisfied by the principal stockholder.

The Company issued surplus notes in the amount of \$220,281 as allowed by Section 2930 of the Insurance Code of Puerto Rico to partially cover the 2005 deficit. Global issued additional contributions to capital in the amount of \$22,119 to cover the remaining statutory deficit arising in 2005 under the requirement of the Office of the Commissioner of Insurance of Puerto Rico.

For the year ended December 31, 2006 the Company showed another statutory deficit in the amount of \$95,567. The Office of the Commissioner of Insurance notified the company of a statutory audit to be conducted by the personnel from the OCS as a result of the deficit. The field work has been completed but no report, in neither draft or final form has been issued to Global as of the date of this report. The OCS required that such deficit be covered through an executive order dated May 25, 2007. The Company complied with the order on August 23, 2007 when the funds were deposited and recorded as additional paid-in capital.

Also, another statutory deficit was reported on the company's financial statements filed with the Office of the Insurance Commissioner of Puerto Rico as of December 31, 2007. This deficit was satisfied through a capital infusion in the amount of \$180,000 as additional paid-in capital.

At the close of December 31, 2008 a statutory deficit of approximately \$8,200 was satisfied through a capital infusion. This deficit was never notified by the Commissioner of Insurance possibly due to its minor amount.

The company is reporting another statutory deficit as of the end of 2009.

The OCS has been very strict in requiring the Company to find ways to eliminate these annual deficits.

### 12. Earnings per common share

Earnings per share are not presented by management's decision. The main reason is that the Company does not trade its stock and the stock is privately held.

### 13. Related party transactions

The Company rents its facilities from a corporation which is wholly-owned by its major shareholder. Please refer

**NOTES TO FINANCIAL STATEMENTS**

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to note 11 above for the corresponding details.

**14. Subsequent event**

The company was fined by the Public Insurance Bureau of the Department of the Treasury of the Government of Puerto Rico. The fine is in the amount of \$210,000 and responds to Circular Letter 01-2009, Articles 4.2.1 and 4.8.1.2. The fine was issued because the company allegedly participated in the insurance program for Governmental employees without being duly authorized to do so. The company has referred this issue to legal counsel and management is contesting this fine vigorously and believes that in the end, it will prevail. Therefore, management has decided not to record the fine in the books.

**NOTES TO FINANCIAL STATEMENTS  
(Electronic Filing Only)**

4. Discontinued Operations

5. The amounts related to Discontinued Operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses

Balance sheet

Assets

a. Line 5	Cash	\$	123,112
b. Line 26	Totals	\$	1,597,406

Liabilities, Surplus and Other Funds

c. Line 22	Total Liabilities	\$	433,763
d. Line 31	Total Capital and Surplus	\$	963,643
e. Line 32	Total	\$	1,397,406

Statement of Revenue and Expenses

f. Line 2	Premiums	\$	4,100,107
g. Line 22	Increase in aggregate reserves for accident and health (current year less prior year)	\$	
h. Line 31	Federal and foreign income taxes incurred	\$	
i. Line 26	Net realized capital gains (losses)	\$	
j. Line 32	Net Income	\$	173,978

5. Investments

A. Mortgage Loans including Mezzanine Real Estate Loans

For mortgage loans, disclose the following information:

	Current Year	Prior Year
4. As of year end, the Company held mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest	\$	\$
a. Total interest due on mortgages with interest more than 180 days past due	\$	\$
5. Taxes, assessments and any amounts advanced and not included in the mortgage loan total	\$	\$
6. Current year impaired loans with a related allowance for credit losses	\$	\$
a. Related allowance for credit losses	\$	\$
7. Impaired mortgage loans without an allowance for credit losses	\$	\$
8. Average recorded investment in impaired loans	\$	\$
9. Interest income recognized during the period the loans were impaired	\$	\$
10. Amount of interest income recognized on a cash basis during the period the loans were impaired	\$	\$
11. Allowance for credit losses:		
a. Balance at beginning of period	\$	\$
b. Additions charged to operations	\$	\$
c. Direct write-downs charged against the allowances	\$	\$
d. Recoveries of amounts previously charged off	\$	\$
e. Balance at end of period	\$	\$

B. Debt Restructuring

For restructured debt in which the company is a creditor, disclose the following:

1. The total recorded investment in restructured loans, as of year end	\$	\$
2. The realized capital losses related to these loans	\$	\$
3. Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructurings	\$	\$

E. Repurchase Agreements and/or Securities Lending Transactions

3. Collateral Received and Securities Acquired

a. Aggregate Amount Collateral Received

Open

30 Days or Less

31 to 60 Days

61 to 90 Days

Greater Than 90 Days

Total Collateral Received

\$	
\$	
\$	
\$	
\$	
\$	

b. The aggregate fair value of all securities acquired from the sale, trade or use of the accepted collateral (reinvested collateral)

\$	
----	--

9. Income Taxes

A. The components of the net deferred tax asset recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	Current Year	Prior Year
1. Total of gross deferred tax assets	\$	\$
2. Total of deferred tax liabilities	\$	\$
3. Net deferred tax asset	\$	\$
4. Deferred tax asset nonadmitted	\$	\$
5. Net admitted deferred tax asset	\$	\$
6. (Increase) decrease in nonadmitted asset	\$	\$

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

E. Indicate the amount of any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party that result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities:

\$	
----	--

11. Debt

B. FHLB (Federal Home Loan Bank) Agreements

	Current Year	Prior Year
2. FHLB stock purchased/owned as part of the agreement	\$	\$
3. Collateral pledged to the FHLB	\$	\$
4. Borrowing capacity currently available	\$	\$
5. Agreement assets and liabilities		
General Account:		
Assets	\$	\$
Liabilities	\$	\$
Separate Account:		
Assets	\$	\$
Liabilities	\$	\$

**NOTES TO FINANCIAL STATEMENTS (Continued)**  
**(Electronic Filing Only)**

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
A. Defined Benefit Plan

A summary of assets, obligations and assumptions of the Pension and Other Postretirement Benefit Plans are as follows at December 31, of said year.

	Pension Benefits		Other Benefits	
	Current Year	Prior Year	Current Year	Prior Year
1. Change in benefit obligation				
a. Benefit obligation at beginning of year	\$ .....	\$ .....	\$ .....	\$ .....
b. Service cost	\$ .....	\$ .....	\$ .....	\$ .....
c. Interest cost	\$ .....	\$ .....	\$ .....	\$ .....
d. Contribution by plan participants	\$ .....	\$ .....	\$ .....	\$ .....
e. Actuarial gain (loss)	\$ .....	\$ .....	\$ .....	\$ .....
f. Foreign currency exchange rate changes	\$ .....	\$ .....	\$ .....	\$ .....
g. Benefits paid	\$ .....	\$ .....	\$ .....	\$ .....
h. Plan amendments	\$ .....	\$ .....	\$ .....	\$ .....
i. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$ .....	\$ .....	\$ .....	\$ .....
j. Benefit obligation at end of year	\$ .....	\$ .....	\$ .....	\$ .....
2. Change in plan assets				
a. Value of plan assets at beginning of year	\$ .....	\$ .....	\$ .....	\$ .....
b. Actual return on plan assets	\$ .....	\$ .....	\$ .....	\$ .....
c. Foreign currency exchange rate changes	\$ .....	\$ .....	\$ .....	\$ .....
d. Employer contribution	\$ .....	\$ .....	\$ .....	\$ .....
e. Plan participants' contributions	\$ .....	\$ .....	\$ .....	\$ .....
f. Benefits paid	\$ .....	\$ .....	\$ .....	\$ .....
g. Business combinations, divestitures and settlements	\$ .....	\$ .....	\$ .....	\$ .....
h. Fair value of plan assets at end of year	\$ .....	\$ .....	\$ .....	\$ .....
3. Funded status				
a. Unamortized prior service cost	\$ .....	\$ .....	\$ .....	\$ .....
b. Unrecognized net gain or (loss)	\$ .....	\$ .....	\$ .....	\$ .....
c. Remaining net obligation or net asset at initial date of application	\$ .....	\$ .....	\$ .....	\$ .....
d. Prepaid assets or accrued liabilities	\$ .....	\$ .....	\$ .....	\$ .....
e. Intangible asset	\$ .....	\$ .....	\$ .....	\$ .....
4. Accumulated benefit obligation for non-vested employees	\$ .....	\$ .....	\$ .....	\$ .....
5. Benefit obligation for non-vested employees				
a. Projected pension obligation	\$ .....	\$ .....	\$ .....	\$ .....
b. Accumulated benefit obligation	\$ .....	\$ .....	\$ .....	\$ .....
6. Components of net periodic benefit cost				
a. Service cost	\$ .....	\$ .....	\$ .....	\$ .....
b. Interest cost	\$ .....	\$ .....	\$ .....	\$ .....
c. Expected return on plan assets	\$ .....	\$ .....	\$ .....	\$ .....
d. Amortization of unrecognized transition obligation or transition asset	\$ .....	\$ .....	\$ .....	\$ .....
e. Amount of recognized gains and losses	\$ .....	\$ .....	\$ .....	\$ .....
f. Amount of prior service cost recognized	\$ .....	\$ .....	\$ .....	\$ .....
g. Amount of gain or loss recognized due to a settlement or curtailment	\$ .....	\$ .....	\$ .....	\$ .....
h. Total net periodic benefit cost	\$ .....	\$ .....	\$ .....	\$ .....

	Current Year	Prior Year
8. Weighted-average assumptions used to determine net periodic benefit cost as of Dec. 31:		
a. Weighted average discount rate	.....	.....
b. Expected long-term rate of return on plan assets	.....	.....
c. Rate of compensation increase	.....	.....
Weighted average assumptions used to determine projected benefit obligations as of Dec. 31:		
d. Weighted average discount rate	.....	.....
e. Rate of compensation increase	.....	.....

	1 Percentage Point Increase	1 Percentage Point Decrease
11. Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage-point change in assumed health care cost trend rates would have the following effects:		
a. Effect on total of service and interest cost components	\$ .....	\$ .....
b. Effect on postretirement benefit obligation	\$ .....	\$ .....

	Current Year	Prior Year	Target Allocation
12. The defined benefit pension plan asset allocation as of the measurement date ..... and the target asset allocation, presented as a percentage of total plan assets were as follows:			
a. Debt Securities	..... %	..... %	..... % to .....
b. Equity Securities	..... %	..... %	..... % to .....
c. Real Estate	..... %	..... %	..... % to .....
d. Other	..... %	..... %	..... % to .....
e. Total	100.0 %	100.0 %	..... % to .....

	Years	Amount
13. The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:		
1.	.....	\$ .....
2.	.....	\$ .....
3.	.....	\$ .....
4.	.....	\$ .....
5.	.....	\$ .....
6. Thereafter Total	.....	\$ .....

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations  
10. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses: \$ .....

14. Contingencies
- A. Contingent Commitments
- Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, a Replacement of SSAP No. 88 and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$ .....
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits  
The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.
- Claims related ECO and bad faith losses paid during the reporting period: \$ .....
  - Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.
    - A) 0-25 Claims
    - B) 26-50 Claims
    - C) 51-100 Claims
    - D) 101-500 Claims
    - E) More than 500 Claims
  - Indicate whether claim count information is disclosed per claim or per claimant.
    - F) Per Claim
    - G) Per Claimant

**NOTES TO FINANCIAL STATEMENTS (Continued)**  
**(Electronic Filing Only)**

15. Leases

A. Disclose the following items related to lessee leasing arrangements (refer to SSAP No. 22, Leases):

2. For leases having initial or remaining noncancelable lease terms in excess of one year:

a. At January 1, of said year, the minimum aggregate rental commitments are as follows:  
 (whole dollars)

<u>Year Ending December 31</u>	<u>Operating Leases</u>
1. ....	\$ .....
2. ....	\$ .....
3. ....	\$ .....
4. ....	\$ .....
5. ....	\$ .....
6. Aggregate Total	\$ .....

B. When leasing is a significant part of the lessor's business activities in terms of revenue, net income, or assets, disclose the following information with respect to leases:

1. Lessor Leases:

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, of said year are as follows:

<u>Year Ending December 31</u>	<u>Operating Leases</u>
1. ....	\$ .....
2. ....	\$ .....
3. ....	\$ .....
4. ....	\$ .....
5. ....	\$ .....
6. Aggregate Total	\$ .....

2. Leveraged Leases:

b. The Company's investment in leveraged leases re  
 leveraged leases at December 31, of said year w

(whole dollars)

- 1. Income from leveraged leases before income
- 2. Less current income tax
- 3. Net income from leverage leases

**NONE**

m  
 or Year

c. The components of the investment in leveraged l  
 (whole dollars)

- 1. Lease contracts receivable (net of principal and interest on non-recourse financing)
- 2. Estimated residual value of leased assets
- 3. Unearned and deferred income
- 4. Investment in leveraged leases
- 5. Deferred income taxes related to leveraged leases
- 6. Net investment in leveraged leases

	<u>Current Year</u>	<u>Prior Year</u>
1. ....	\$ .....	\$ .....
2. ....	\$ .....	\$ .....
3. ....	\$ .....	\$ .....
4. ....	\$ .....	\$ .....
5. ....	\$ .....	\$ .....
6. ....	\$ .....	\$ .....

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk.

For financial instruments with off-balance risk, an insurer shall disclose in the financial statements the following information by class of financial instrument:

1. The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk:

	<u>Assets</u>		<u>Liabilities</u>	
	<u>Current Year</u>	<u>Prior Year</u>	<u>Current Year</u>	<u>Prior Year</u>
a. Swaps	\$ .....	\$ .....	\$ .....	\$ .....
b. Futures	\$ .....	\$ .....	\$ .....	\$ .....
c. Options	\$ .....	\$ .....	\$ .....	\$ .....
d. Total	\$ .....	\$ .....	\$ .....	\$ .....

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

C. Wash Sales

2. The details by NAIC designation 3 or below of securities sold during the current reporting period and reacquired within 30 days of the sale date are:

<u>Bonds:</u>	<u>Number of Transactions</u>	<u>Book Value of Securities Sold</u>	<u>Cost of Securities Repurchased</u>	<u>Gain (Loss)</u>
a. NAIC 3	\$ .....	\$ .....	\$ .....	\$ .....
b. NAIC 4	\$ .....	\$ .....	\$ .....	\$ .....
c. NAIC 5	\$ .....	\$ .....	\$ .....	\$ .....
d. NAIC 6	\$ .....	\$ .....	\$ .....	\$ .....
<u>Preferred Stock:</u>				
e. NAIC P/RP3	\$ .....	\$ .....	\$ .....	\$ .....
f. NAIC P/RP4	\$ .....	\$ .....	\$ .....	\$ .....
g. NAIC P/RP5	\$ .....	\$ .....	\$ .....	\$ .....
h. NAIC P/RP6	\$ .....	\$ .....	\$ .....	\$ .....

**NOTES TO FINANCIAL STATEMENTS (Continued)**  
**(Electronic Filing Only)**

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans  
 A. ASO Plans:

	1	2	3
	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during said year:			
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ .....	\$ .....	\$ .....
b. Total net other income or expenses (including interest paid to or received from plans)	\$ .....	\$ .....	\$ .....
c. Net gain or (loss) from operations	\$ .....	\$ .....	\$ .....
d. Total claim payment volume	\$ .....	\$ .....	\$ .....

B. ASC Plans

	1	2	3
	ASC	Uninsured Portion of Partially Insured Plans	Total ASC
The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during said year:			
a. Gross reimbursement for medical cost incurred	\$ .....	\$ .....	\$ .....
b. Gross administrative fees accrued	\$ .....	\$ .....	\$ .....
c. Other income or expenses (including interest paid to or received from plans)	\$ .....	\$ .....	\$ .....
d. Gross expenses incurred (claims and administrative)	\$ .....	\$ .....	\$ .....
e. Total net gain or loss from operations	\$ .....	\$ .....	\$ .....

NONE

20. Other Items

G. Subprime Mortgage Related Risk Exposure:

	(1)	(2)	(3)	(4)	(5)
	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other Than Temporary Impairment Losses Recognized	Default Rate
2. Direct exposure through investments in subprime mortgage loans					
a. Mortgages in the process of foreclosure	\$ .....	\$ .....	\$ .....	\$ .....	%
b. Mortgages in good standing	\$ .....	\$ .....	\$ .....	\$ .....	%
c. Mortgages with restructure terms	\$ .....	\$ .....	\$ .....	\$ .....	%
d. Total	\$ .....	\$ .....	\$ .....	\$ .....	
3. Direct exposure through other investments	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other Than Temporary Impairment Losses Recognized	
a. Residential mortgage backed securities	\$ .....	\$ .....	\$ .....	\$ .....	
b. Commercial mortgage backed securities	\$ .....	\$ .....	\$ .....	\$ .....	
c. Collateralized debt obligations	\$ .....	\$ .....	\$ .....	\$ .....	
d. Structured securities	\$ .....	\$ .....	\$ .....	\$ .....	
e. Equity investment in SCAs *	\$ .....	\$ .....	\$ .....	\$ .....	
f. Other assets	\$ .....	\$ .....	\$ .....	\$ .....	
g. Total	\$ .....	\$ .....	\$ .....	\$ .....	

\* Equity investments in subsidiary, controlled or affiliated entities with significant subprime mortgage related risk exposure.  
 If a subsidiary company has investments in subprime mortgages, enter the percentage these comprise of the companies invested assets. \_\_\_\_\_ %

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes ( ) No (X)
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes ( ) No ( ) N/A (X)
- 1.3 State Regulating? .....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ( ) No (X)
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....
- 3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....
- 3.4 By what department or departments? .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ( ) No ( ) N/A (X)
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ( ) No ( ) N/A (X)
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes ( ) No (X)
- 4.12 renewals? Yes ( ) No (X)
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes ( ) No (X)
- 4.22 renewals? Yes ( ) No (X)
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ( ) No (X)
- 5.2 If yes, provide 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, 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 the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 .....
10. 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?  
 .....
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes ( ) No (X)
- 11.11 Name of real estate holding company  
 .....
- 11.12 Number of parcels involved .....
- 11.13 Total book/adjusted carrying value \$ .....
- 11.2 If yes, provide explanation  
 .....
12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
 .....
- 12.2 Does this statement contain all business transacted for the reporting entity through its United States branch on risks wherever located? Yes ( ) No ( )
- 12.3 Have there been any changes made to any of the trust indentures during the year? Yes ( ) No ( )
- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes ( ) No ( ) N/A (X)
- 13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code. Yes ( ) No (X)
- 13.11 If the response to 13.1 is No, please explain:  
 .....
- 13.2 Has the code of ethics for senior managers been amended? Yes ( ) No (X)
- 13.21 If the response to 13.2 is Yes, provide information related to amendment(s).  
 .....
- 13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)
- 13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).  
 .....

### BOARD OF DIRECTORS

14. 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 ( ) No (X)
15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes ( ) No (X)
16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes ( ) No (X)

## GENERAL INTERROGATORIES

### FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ( ) No (X)
- 18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 18.11 To directors or other officers \$ .....
  - 18.12 To stockholders not officers \$ .....
  - 18.13 Trustees, supreme or grand (Fraternal only) \$ .....
- 18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 18.21 To directors or other officers \$ .....
  - 18.22 To stockholders not officers \$ .....
  - 18.23 Trustees, supreme or grand (Fraternal only) \$ .....
- 19.1 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)
- 19.2 If yes, state the amount thereof at December 31 of the current year:
- 19.21 Rented from others \$ .....
  - 19.22 Borrowed from others \$ .....
  - 19.23 Leased from others \$ .....
  - 19.24 Other \$ .....
- 20.1 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)
- 20.2 If answer is yes:
- 20.21 Amount paid as losses or risk adjustment \$ .....
  - 20.22 Amount paid as expenses \$ .....
  - 20.23 Other amounts paid \$ .....
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ( ) No (X)
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ .....

### INVESTMENT

- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3) Yes ( ) No (X)
- 22.2 If no, give full and complete information relating thereto:  
 .....  
 .....
- 22.3 For the 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 16 where this information is also provided)  
 .....  
 .....
- 22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes ( ) No ( ) N/A (X)
- 22.5 If answer to 22.4 is YES, report amount of collateral for conforming programs. \$ .....
- 22.6 If answer to 22.4 is NO, report amount of collateral for other programs. \$ .....
- 23.1 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 19.1 and 22.3) Yes ( ) No (X)
- 23.2 If yes, state the amount thereof at December 31 of the current year:
- 23.21 Subject to repurchase agreements \$ .....
  - 23.22 Subject to reverse repurchase agreements \$ .....
  - 23.23 Subject to dollar repurchase agreements \$ .....
  - 23.24 Subject to reverse dollar repurchase agreements \$ .....
  - 23.25 Pledged as collateral \$ .....
  - 23.26 Placed under option agreements \$ .....
  - 23.27 Letter stock or securities restricted as to sale \$ .....
  - 23.28 On deposit with state or other regulatory body \$ .....
  - 23.29 Other \$ .....

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ( ) No (X)
- 24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes ( ) No ( ) N/A (X)
- 25.1 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)
- 25.2 If yes, state the amount thereof at December 31 of the current year. \$ .....



## GENERAL INTERROGATORIES

28. 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 (+)
28.1 Bonds .....	\$ ..... 500,000	\$ ..... 500,000	\$ .....
28.2 Preferred stocks .....	\$ .....	\$ .....	\$ .....
28.3 Totals .....	\$ ..... 500,000	\$ ..... 500,000	\$ .....

28.4 Describe the sources or methods utilized in determining the fair values:  
.....  
.....

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

29.2 If 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 ( ) No (X)

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....  
.....

30.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed? Yes ( ) No (X)

30.2 If no, list exceptions:  
.....  
.....

### OTHER

31.1 Amount of payments to Trade Associations, service organizations and statistical or Rating Bureaus, if any? \$ .....

31.2 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
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....

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

32.2 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
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....

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

33.2 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. \$ .....
- 1.6 Individual policies:
- |  |  |    |       |    |
|--|--|----|-------|----|
|  | Most current three years:                    |    |       |    |
|  | 1.61 Total premium earned                    | \$ | ..... | \$ |
|  | 1.62 Total incurred claims                   | \$ | ..... | \$ |
|  | 1.63 Number of covered lives                 |    | ..... |    |
|  | All years prior to most current three years: |    |       |    |
|  | 1.64 Total premium earned                    | \$ | ..... | \$ |
|  | 1.65 Total incurred claims                   | \$ | ..... | \$ |
|  | 1.66 Number of covered lives                 |    | ..... |    |
- 1.7 Group policies:
- |  |  |    |       |    |
|--|--|----|-------|----|
|  | Most current three years:                    |    |       |    |
|  | 1.71 Total premium earned                    | \$ | ..... | \$ |
|  | 1.72 Total incurred claims                   | \$ | ..... | \$ |
|  | 1.73 Number of covered lives                 |    | ..... |    |
|  | All years prior to most current three years: |    |       |    |
|  | 1.74 Total premium earned                    | \$ | ..... | \$ |
|  | 1.75 Total incurred claims                   | \$ | ..... | \$ |
|  | 1.76 Number of covered lives                 |    | ..... |    |
2. Health Test:
- |     |                           |              |       |            |
|-----|---------------------------|--------------|-------|------------|
|     |                           | 1            |       | 2          |
|     |                           | Current Year |       | Prior Year |
| 2.1 | Premium Numerator         | \$           | ..... | \$         |
| 2.2 | Premium Denominator       | \$           | ..... | \$         |
| 2.3 | Premium Ratio (2.1 / 2.2) |              | ..... |            |
| 2.4 | Reserve Numerator         | \$           | ..... | \$         |
| 2.5 | Reserve Denominator       | \$           | ..... | \$         |
| 2.6 | Reserve Ratio (2.4 / 2.5) |              | ..... |            |
- 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 ( ) No (X)
- 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 ( ) No (X)
- 5.2 If no, explain:
- .....
- 5.3 Maximum retained risk (see instructions)
- |  |                                 |    |       |    |
|--|---------------------------------|----|-------|----|
|  | 5.31 Comprehensive Medical      |    |       |    |
|  | 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:
- .....
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes ( ) No (X)
- 7.2 If no, give details:
- .....
8. Provide the following information regarding participating providers:
- |  |  |  |       |  |
|--|--|--|-------|--|
|  | 8.1 Number of providers at start of reporting year |  |       |  |
|  | 8.2 Number of providers at end of reporting year   |  | ..... |  |
- 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 (Continued)

### PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold, or Bonus Arrangements in its provider contracts? Yes ( ) No (X)

10.2 If yes:

10.21	Maximum amount payable bonuses	\$ .....
10.22	Amount actually paid for year bonuses	\$ .....
10.23	Maximum amount payable withholds	\$ .....
10.24	Amount actually paid for year withholds	\$ .....

11.1 Is the reporting entity organized as:

11.12	A Medical Group / Staff Model,	Yes ( ) No (X)
11.13	An Individual Practice Association (IPA), or	Yes ( ) No (X)
11.14	A Mixed Model (combination of above)?	Yes ( ) No (X)

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes ( ) No (X)

11.3 If yes, show the name of the state requiring such net worth.

\$ .....

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes ( ) No (X)

11.6 If the amount is calculated, show the calculation

.....  
 .....

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

1
Name of Service Area
.....
.....
.....
.....

13.1 Do you act as a custodian for health savings 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 the funds administered as of the reporting date.

\$ .....

## FIVE - YEAR HISTORICAL DATA

	1	2	3	4	5
	2009	2008	2007	2006	2005
<b>BALANCE SHEET (Page 2 and Page 3)</b>					
1. Total admitted assets (Page 2, Line 26)	1,597,406	1,279,745	1,138,221	1,068,181	1,071,891
2. Total liabilities (Page 3, Line 22)	433,763	287,831	315,906	163,748	111,885
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 31)	963,643	991,914	822,315	904,433	960,006
<b>INCOME STATEMENT (Page 4)</b>					
5. Total revenues (Line 8)	4,100,107	1,977,398	1,343,007	1,238,233	773,352
6. Total medical and hospital expenses (Line 18)	2,609,116	1,169,524	844,602	868,305	509,226
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	1,349,241	813,483	758,689	749,203	982,306
9. Net underwriting gain (loss) (Line 24)	141,750	(5,609)	(260,284)	(679,275)	(718,180)
10. Net investment gain (loss) (Line 27)	32,228	49,683	35,208	27,785	211,169
11. Total other income (Line 28 plus Line 29)		5	29		(17,047)
12. Net income or (loss) (Line 32)	173,978	44,079	(225,047)	(248,320)	(714,111)
<b>CASH FLOW (Page 6)</b>					
13. Net cash from operations (Line 11)	21,681	(58,460)	36,487	(233,746)	(253,918)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. Total adjusted capital					
15. Authorized control level risk-based capital					
<b>ENROLLMENT (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	48,492	2,372	1,551	1,263	923
17. Total members months (Column 6, Line 7)	48,492	28,464	18,612	15,156	11,076
<b>OPERATING PERCENTAGE (Page 4)</b> (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	63.6	59.1	62.9	70.1	65,338.0
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	96.5	100.3	119.4	130.6	192.9
23. Total underwriting gain (loss) (Line 24)	3.5	(0.3)	(19.4)	(30.6)	(92.9)
<b>UNPAID CLAIMS ANALYSIS</b> (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	645,142	328,631	194,096	124,197	59,281
25. Estimated liability of unpaid claims of prior year (Line 13, Column 6)	200,000	200,000	180,000	1,000	20,000
<b>INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES</b>					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31					

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 (X) No ( )

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.  
**EXHIBIT OF PREMIUMS; ENROLLMENT AND UTILIZATION**

AFFIX BAR CODE ABOVE

REPORT FOR: 1. CORPORATION GLOBALHEALTH PLAN & INSURANCE CO.

2. Puerto Rico

NANC Group Code: 0000

(LOCATION)

NANC Company Code: 12179

**BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR 2009**

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2,372	1,467	905							
2. First Quarter	3,449	2,081	1,368							
3. Second Quarter	5,772	3,464	2,308							
4. Third Quarter	5,404	2,323	3,081							
5. Current Year	6,122	2,643	3,479							
6. Current Year Member Months	48,482	20,847	27,645							
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	4,132,334	1,776,548	2,355,786							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,856,001	1,657,749	2,198,252							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,189,117	945,431	1,233,686							
18. Amount Incurred for Provision of Health Care Services	2,409,117	1,035,713	1,373,404							

(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 \$ .....

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**SCHEDULE S - PART 1 - SECTION 2**

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

**NONE**

**SCHEDULE S - PART 2**

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

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**SCHEDULE S - PART 4**

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Columns 5 plus 6 plus 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Columns 9 plus 10 plus 11 plus 12 plus 13 But Not in Excess of Column 8

**NONE**

**SCHEDULES S - PART 5**

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....					
2. Title XVIII - Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	<b>NONE</b>				
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....					
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

**SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Column 3)</b>			
1. Cash and invested assets (Line 10) .....	759,373		759,373
2. Accident and health premiums due and unpaid (Line 13) .....	338,522		338,522
3. Amounts recoverable from reinsurers (Line 14.1) .....			
4. Net credit for ceded reinsurance .....	XXX		
5. All other admitted assets (Balance) .....	326,398		326,398
6. Total assets (Line 26) .....	1,424,293		1,424,293
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	400,000		400,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....			
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17) .....			
11. Reinsurance in unauthorized companies (Line 18) .....			
12. All other liabilities (Balance) .....	33,763		33,763
13. Total liabilities (Line 22) .....	433,763		433,763
14. Total capital and surplus (Line 31) .....	1,113,642	XXX	1,113,642
15. Total liabilities, capital and surplus (Line 32) .....	1,547,405		1,547,405
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. Total net credit for ceded reinsurance .....			

**SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
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12. All other liabilities (Balance) .....	33,763		33,763
13. Total liabilities (Line 22) .....	433,763		433,763
14. Total capital and surplus (Line 31) .....	1,113,642	X X X	1,113,642
15. Total liabilities, capital and surplus (Line 32) .....	1,547,405		1,547,405
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. Total net credit for ceded reinsurance .....			

**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						
27. Montana						
28. Nebraska						
29. Nevada						
30. New Hampshire						
31. New Jersey						
32. New Mexico						
33. New York						
34. North Carolina						
35. North Dakota						
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Other Alien	OT					
59. Totals						

**NONE**

**SCHEDULE 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						
27. Montana						
28. Nebraska						
29. Nevada						
30. New Hampshire						
31. New Jersey						
32. New Mexico						
33. New York						
34. North Carolina						
35. North Dakota						
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U. S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Other Alien	OT					
59. Totals						

**NONE**

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

All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer(s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

**PART 1 - ORGANIZATIONAL LISTING**

Electronic Filing Only

1 NAIC Group Code	2 Group Name	3 NAIC Company Code	4 State of Domicile	5 FEI Number	6 Name of Company
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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBAL HEALTH PLAN & INSURANCE CO.  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

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CHAIRMAN & CEO- RENE O. HERNANDEZ-ARENCEBIA (MR.)  
PRESIDENT- HIPOLITO V. COSTA (DR.)  
VICE-PRESIDENT- MICHAEL SOLER (DR.)  
MEDICAL DIRECTOR- LUIS JIMENEZ (DR.)  
SALES & MARKETING VP- EDWIN RODRIGUEZ  
ACCOUNTING- DIANA M. MELENDEZ (MS.)

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>9999999 - CONTROL TOTALS</b>												

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....  
 .....  
 .....  
 .....

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities .....	95,000	10.765	95,000	10.765
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies .....				
1.22 Issued by U.S. government sponsored agencies .....				
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) .....				
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations .....	405,000	45.893	405,000	45.893
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....				
1.43 Revenue and assessment obligations .....				
1.44 Industrial development and similar obligations .....				
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA .....				
1.512 Issued or guaranteed by FNMA and FHLMC .....				
1.513 All other .....				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA .....				
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 .....				
1.523 All other .....				
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) .....				
2.2 Unaffiliated non-U.S. securities (including Canada) .....				
2.3 Affiliated securities .....				
3. Equity interests:				
3.1 Investments in mutual funds .....				
3.2 Preferred stocks:				
3.21 Affiliated .....				
3.22 Unaffiliated .....				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated .....				
3.32 Unaffiliated .....				
3.4 Other equity securities:				
3.41 Affiliated .....				
3.42 Unaffiliated .....				
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated .....				
3.52 Unaffiliated .....				
4. Mortgage loans:				
4.1 Construction and land development .....				
4.2 Agricultural .....				
4.3 Single family residential properties .....				
4.4 Multifamily residential properties .....				
4.5 Commercial loans .....				
4.6 Mezzanine real estate loans .....				
5. Real estate investments:				
5.1 Property occupied by company .....				
5.2 Property held for production of income (including \$ ..... of property acquired in satisfaction of debt) .....				
5.3 Property held for sale (including \$ ..... property acquired in satisfaction of debt) .....				
6. Contract loans .....				
7. Receivables for securities .....				
8. Cash, cash equivalents and short-term investments .....	123,112	13.951	123,112	13.951
9. Other invested assets .....	259,373	29.391	259,373	29.391
10. Total invested assets .....	882,485	100.000	882,485	100.000

**SCHEDULE A - VERIFICATION BETWEEN YEARS**  
Real Estate

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 6) .....	_____	_____
2.2 Additional investment made after acquisition (Part 2, Column 9) .....	_____	_____
3. Current year change in encumbrances:		
3.1 Totals, Part 1, Column 13 .....	_____	_____
3.2 Totals, Part 3, Column 11 .....	_____	_____
4. Total gain (loss) on disposals, Part 3, Column 18 .....	_____	_____
5. Deduct amounts received on disposals, Part 3, Column 17 .....	_____	_____
6. Total foreign exchange change in book/adjusted carrying value .....	_____	_____
6.1 Totals, Part 1, Column 15 .....	_____	_____
6.2 Totals, Part 3, Column 13 .....	_____	_____
7. Deduct current year's other than temporary impairment recognized:		
7.1 Totals, Part 1, Column 12 .....	_____	_____
7.2 Totals, Part 3, Column 10 .....	_____	_____
8. Deduct current year's depreciation:		
8.1 Totals, Part 1, Column 11 .....	_____	_____
8.2 Totals, Part 3, Column 9 .....	_____	_____
9. Book/adjusted carrying value at the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 minus Line 8) .....	_____	_____
10. Deduct total nonadmitted amounts .....	_____	_____
11. Statement value at end of current period (Line 9 minus Line 10) .....	_____	_____

**NONE**

**SCHEDULE B - VERIFICATION BETWEEN YEARS**  
Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	_____	_____
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7) .....	_____	_____
2.2 Additional investment made after acquisition (Part 2, Column 8) .....	_____	_____
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 12 .....	_____	_____
3.2 Totals, Part 3, Column 11 .....	_____	_____
4. Accrual of discount .....	_____	_____
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 9 .....	_____	_____
5.2 Totals, Part 3, Column 8 .....	_____	_____
6. Total gain (loss) on disposals, Part 3, Column 18 .....	_____	_____
7. Deduct amounts received on disposals, Part 3, Column 17 .....	_____	_____
8. Deduct amortization of premium and mortgage interest .....	_____	_____
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1 Totals, Part 1, Column 13 .....	_____	_____
9.2 Totals, Part 3, Column 13 .....	_____	_____
10. Deduct current year's other than temporary impairment recognized:		
10.1 Totals, Part 1, Column 11 .....	_____	_____
10.2 Totals, Part 3, Column 10 .....	_____	_____
11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10) .....	_____	_____
12. Total valuation allowance .....	_____	_____
13. Subtotal (Line 11 plus Line 12) .....	_____	_____
14. Deduct total nonadmitted amounts .....	_____	_____
15. Statement value at end of current period (Line 13 minus Line 14) .....	_____	_____

**NONE**

**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
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	95,000	95,000	95,000	95,000
	2. Canada .....				
	3. Other Countries .....				
	4. Totals .....	95,000	95,000	95,000	95,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals .....	295,000			
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals .....	110,000			
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 .....				
Industrial and Miscellaneous, Credit Tenant Loans and Hybrid Securities (unaffiliated)	8. United States .....				
	9. Canada .....				
	10. Other Countries .....				
	11. Totals .....				
Parent, Subsidiaries and Affiliates	12. Totals .....				
	13. Total Bonds .....	500,000	95,000	95,000	95,000
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries .....				
	17. Totals .....				
Parent, Subsidiaries and Affiliates	18. Totals .....				
	19. Total Preferred Stocks .....				
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	20. United States .....				
	21. Canada .....				
	22. Other Countries .....				
	23. Totals .....				
Parent, Subsidiaries and Affiliates	24. Totals .....				
	25. Total Common Stocks .....				
	26. Total Stocks .....				
	27. Total Bonds and Stocks .....	500,000	95,000	95,000	

**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, Col		
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 the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 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 .....		490,000
2. Cost of bonds and stocks acquired, Part 3, Column 7 .....		10,000
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12 .....		
4.2 Part 2, Section 1, Column 15 .....		
4.3 Part 2, Section 2, Column 13 .....		
4.4 Part 4, Column 11 .....		
5. Total gain (loss) on disposals, Part 4, Column 19 .....		
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15 .....		
8.2 Part 2, Section 1, Column 19 .....		
8.3 Part 2, Section 2, Column 16 .....		
8.4 Part 4, Column 15 .....		
9. Deduct current year's other than temporary impairment recognized:		
9.1 Part 1, Column 14 .....		
9.2 Part 2, Section 1, Column 17 .....		
9.3 Part 2, Section 2, Column 14 .....		
9.4 Part 4, Column 13 .....		
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9) .....		500,000
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....		500,000

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments</b>											
1.1 Class 1											
1.2 Class 2				95,000		95,000	19.2				
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals		95,000		95,000		95,000	19.2				
<b>2. All Other Governments</b>											
2.1 Class 1											
2.2 Class 2		15,000	135,000	20,000	130,000	300,000	60.6				
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals		15,000	135,000	20,000	130,000	300,000	60.6				
<b>3. U.S. States, Territories and Possessions etc., Guaranteed</b>											
3.1 Class 1											
3.2 Class 2			100,000			100,000	20.2				
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals			100,000			100,000	20.2				
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
<b>5. U.S. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed</b>											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>NONE</b>											
<b>6. Industrial and Miscellaneous (Unaffiliated)</b>											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
<b>7. Credit Tenant Loans</b>											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
<b>8. Hybrid Securities</b>											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
<b>9. Parent, Subsidiaries and Affiliates</b>											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1	(d)	15,000	235,000	115,000	130,000	495,000	100.0	XXX	XXX		
10.2 Class 2	(d)							XXX	XXX		
10.3 Class 3	(d)							XXX	XXX		
10.4 Class 4	(d)							XXX	XXX		
10.5 Class 5	(d)							XXX	XXX		
10.6 Class 6	(d)							XXX	XXX		
10.7 Totals		15,000	235,000	115,000	130,000	495,000	100.0	XXX	XXX		
10.8 Line 10.7 as a % of Column 6		3.0	47.5	23.2	26.3	100.0	XXX	XXX	XXX		
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1						XXX	XXX				
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX				
11.6 Class 6						XXX	XXX				
11.7 Totals						XXX	XXX		XXX		
11.8 Line 11.7 as a % of Column 8						XXX	XXX		XXX		
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1											XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals											XXX
12.8 Line 12.7 as a % of Column 6									XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10									XXX		XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Column 6										XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10										XXX	

(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. 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 is under regulatory review.  
 (c) Includes \$ ..... current year, \$ ..... prior year of bonds with 6<sup>th</sup> designations. "6<sup>th</sup>" 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<sup>th</sup>" 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 \$ .....

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**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 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments</b>											
1.1 Issuer Obligations			95,000			95,000	24.1				
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals			95,000			95,000	24.1				
<b>2. All Other Governments</b>											
2.1 Issuer Obligations		15,000	135,000	20,000	130,000	300,000	75.9				
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 Totals		15,000	135,000	20,000	130,000	300,000	75.9				
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 Totals											
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 Totals											
<b>5. U.S. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed</b>											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBAL HEALTH PLAN & INSURANCE CO.

**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 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Industrial and Miscellaneous</b>											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
6.3 Defined											
6.4 Other											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
6.5 Defined											
6.6 Other											
6.7 Totals											
<b>7. Credit Tenant Loans</b>											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed Securities											
7.7 Totals											
<b>8. Hybrid Securities</b>											
8.1 Issuer Obligations											
8.2 Single Class Mortgage-Backed/Asset-Backed Securities											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
8.3 Defined											
8.4 Other											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
8.5 Defined											
8.6 Other											
8.7 Totals											
<b>9. Parent, Subsidiaries and Affiliates</b>											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
9.3 Defined											
9.4 Other											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
9.5 Defined											
9.6 Other											
9.7 Totals											

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**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 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations		15,000	230,000	20,000	130,000	395,000	100.0	XXX XXX	XXX XXX		
10.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined											
10.4 Other											
10.5 Defined											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.6 Other											
10.7 Totals		15,000	230,000	20,000	130,000	395,000	100.0	XXX XXX	XXX XXX		
10.8 Line 10.7 as a % of Column 6		3.8	58.2	5.1	32.9	100.0					
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations						XXX XXX	XXX XXX				
11.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX XXX	XXX XXX				
11.4 Other											
11.5 Defined						XXX XXX	XXX XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.6 Other											
11.7 Totals						XXX XXX	XXX XXX		XXX		
11.8 Line 11.7 as a % of Column 8											
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations											XXX XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											XXX XXX
12.4 Other											
12.5 Defined											XXX XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.6 Other											
12.7 Totals								XXX XXX	XXX XXX		XXX XXX XXX
12.8 Line 12.7 as a % of Column 6											
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10											
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations										XXX XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										XXX XXX	
13.4 Other											
13.5 Defined										XXX XXX	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.6 Other											
13.7 Totals								XXX XXX	XXX XXX	XXX XXX XXX	XXX XXX XXX
13.8 Line 13.7 as a % of Column 6											
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10											

**SCHEDULE DA - VERIFICATION BETWEEN YEARS**

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....					
2. Cost of short-term investments acquired .....					
3. Accrual of discount .....					
4. Unrealized valuation increase (decrease) .....					
5. Total gain (loss) on disposals .....					
6. Deduct consideration received on disposals .....					
7. Deduct amortization of premium .....					
8. Total foreign exchange change in book/adjusted carrying value .....					
9. Deduct current year's other than temporary impairment recognized .....					
10. Book/adjusted carrying value at the end of current period (Lines 1 plus 2 plus 3 plus 4 plus 5 minus 6 minus 7 plus 8 minus 9) .....					
11. Deduct total nonadmitted amounts .....					
12. Statement value of end of current period (Line 10 minus Line 11) .....					

NONE

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment .....

**SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS**

Options, Caps, Floors and Insurance Futures Options Owned

1. Book value, December 31, prior year (Line 8, prior year) .....	_____	_____
2. Cost/Option Premium (Section 2, Column 7) .....	_____	_____
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13) .....	_____	_____
4. Gain/(Loss) on Termination:		
4.1 Recognized (Section 3, Column 14) .....	_____	_____
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15) .....	_____	_____
5. Consideration Received on Terminations (Section 3, Column 16) .....	_____	_____
6. Used to Adjust Basis on Open Contracts (Section 3, Column 17) .....	_____	_____
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
7.1 Recognized .....	_____	_____
7.2 Used to Adjust Basis of Hedged Item .....	_____	_____
8. Book value, December 31, Current Year (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 minus Line 6 minus Line 7) .....	_____	_____

**NONE**

**SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS**

Options, Caps, Floors and Insurance Futures Options Written

1. Book value, December 31, prior year (Line 8, prior year) .....	_____	_____
2. Consideration received (Section 2, Column 7) .....	_____	_____
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13) .....	_____	_____
4. Gain/(Loss) on Termination:		
4.1 Recognized (Section 3, Column 14) .....	_____	_____
4.2 Used to Adjust Basis (Section 3, Column 15) .....	_____	_____
5. Consideration Paid on Terminations (Section 3, Column 16) .....	_____	_____
6. Used to Adjust Basis on Open Contracts (Section 3, Column 17) .....	_____	_____
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
7.1 Recognized .....	_____	_____
7.2 Used to Adjust Basis .....	_____	_____
8. Book value, December 31, Current Year .....	_____	_____

**NONE**

**SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS**

Swaps and Forwards

1. Book value, December 31, prior year (Line 8, prior year)	.....	_____
2. Cost or (Consideration Received) (Section 2, Column 7)	.....	_____
3. Increase/(Decrease) by Adjustment (Section 1,	.....	_____
4. Gain/(Loss) on Termination:		
4.1 Recognized (Section 3, Column 14)	.....	_____
4.2 Used to Adjust Basis of Hedged Item (Se	.....	_____
5. Consideration Received (or Paid) on Termination	.....	_____
6. Used to Adjust Basis on Hedged Item on Open Contracts (Section 1, Column 13)	.....	_____
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
7.1 Recognized	.....	_____
7.2 Used to Adjust Basis of Hedged Item	.....	_____
8. Book value, December 31, Current Year (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 minus Line 6 minus Line 7)	.....	=====

**NONE**

**SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS**

Futures Contracts and Insurance Futures Contracts

1. Book value, December 31, prior year (Line 8, prior year)	.....	_____
2. Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6)	.....	_____
3.1 Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11)	.....	_____
3.2 Change in Variation Margin on Open Contracts Recognized (Difference between years-Section 1, Column 10)	.....	_____
4.1 Variation Margin on Contracts Terminated During	.....	_____
4.2 Less:		
4.21 Gain/(Loss) Recognized in Current Year	.....	_____
4.22 Gain/(Loss) Used to Adjust Basis of Hex	.....	_____
4.3 Subtotal (Line 4.1 minus Line 4.2)	.....	_____
5.1 Net Additions to Cash Deposits (Section 2, Colu.....)	.....	_____
5.2 Less: Net Reductions to Cash Deposits (Section 3, Column 9)	.....	_____
6. Subtotal (Line 1 minus Line 2 plus Line 3.1 plus Line 3.2 minus Line 4.3 plus Line 5.2)	.....	_____
7. Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:		
7.1 Recognized	.....	_____
7.2 Used to Adjust Basis of Hedged Item	.....	_____
8. Book value, December 31, Current Year (Line 6 plus Line 7.1 plus Line 7.2)	.....	=====

**NONE**

**SCHEDULE DB - PART E - VERIFICATION**

Statement Value and Fair Value of Open Contracts

			Statement Value
1. Part A, Section 1, Column 10	.....	_____	
2. Part B, Section 1, Column 10	.....	_____	
3. Part C, Section 1, Column 10	.....	_____	
4. Part D, Section 1, Column 9 minus Column 12	.....	_____	
5. Line 1 minus Line 2 plus Line 3 plus Line 4	.....	_____	
6. Part E, Section 1, Column 4	.....	_____	
7. Part E, Section 1, Column 5	.....	_____	
8. Line 5 minus Line 6 minus Line 7	.....	_____	
			Fair Value
9. Part A, Section 1, Column 11	.....	_____	
10. Part B, Section 1, Column 11	.....	_____	
11. Part C, Section 1, Column 11	.....	_____	
12. Part D, Section 1, Column 9	.....	_____	
13. Line 9 minus Line 10 plus Line 11 plus Line 12	.....	_____	
14. Part E, Section 1, Column 7	.....	_____	
15. Part E, Section 1, Column 8	.....	_____	
16. Line 13 minus Line 14 minus Line 15	.....	_____	

**NONE**

**SCHEDULE A - PART 1**

Showing all Real Estate OWNED December 31 of Current Year

1 Description of Property	2 Code	3 Location		4 State	5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	Change in Book/Adjusted Carrying Value Less Encumbrances				16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs and Expenses Incurred
		11 Current Year's Depreciation	12 Current Year's Other Than Temporary Impairment Recognized								13 Current Year's Change in Encumbrances	14 Total Change in B./A.C.V. (13-11-12)	15 Total Foreign Exchange Change in B./A.C.V.			

**NONE**

**SCHEDULE A - PART 2**

Showing all Real Estate ACQUIRED and Additions Made During the Year

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**SCHEDULE A - PART 3**

Showing all Real Estate DISPOSED during the Year, including Payments during the Final Year on "Sales under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances			14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred	
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances								12 Total Change in B./A. C.V. (11-9-10)

**NONE**

**SCHEDULE B - PART 1**

Showing all Mortgage Loans OWNED December 31 of Current Year

1 Loan Number	2 Code	3 Location		4 State	5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book Value/Recorded Investment Excluding Accrued Interest	9 Change in Book Value / Recorded Investment				14 Value of Land and Buildings	15 Date of Last Appraisal or Valuation	
		3 City	3 State						10 Unrealized Valuation Increase (Decrease)	11 Current Year's (Amortization) / Accretion	12 Current Year's Other than Temporary Impairment Recognized	13 Capitalized Deferred Interest and Other			13 Total Foreign Exchange Change in Book Value

**NONE**

- General Interrogatory:
1. Mortgages in good standing \$ ..... unpaid taxes \$ ..... interest due and unpaid.
  2. Restructured mortgages \$ ..... unpaid taxes \$ ..... interest due and unpaid.
  3. Mortgages with overdue interest over 90 days not in process of foreclosure \$ ..... unpaid taxes \$ ..... interest due and unpaid.
  4. Mortgages in process of foreclosure \$ ..... unpaid taxes \$ ..... interest due and unpaid.

**SCHEDULE B - PART 2**

Showing All Mortgage Loans ACQUIRED During the Current Year

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition	9 Value of Land and Buildings
	2 City	3 State						

**NONE**

**SCHEDULE B - PART 3**

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1 Loan Number	4 Location		5 Date Acquired	6 Disposal Date	7 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Change in Book/Recorded Investment					14 Book Value/Recorded Investment Excluding Accrued Interest on Disposal	15 Consideration	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	
	2 City	3 State				8 Unrealized Valuation Increase (Decrease)	9 Current Year's (Amortization) / Accretion	10 Current Year's Other Than Temporary Impairment Recognized	11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8+9-10+11)						13 Total Foreign Exchange Change in Book Value

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBAL HEALTH PLAN & INSURANCE CO.

**SCHEDULE BA - PART 1**

Showing Other Long-Term Invested Assets Owned December 31 of Current Year

1 CUSIP Identification	2 Name or Description	3		6 Name of Vendor or General Partner	7 NAIC Designation	8 Date Originally Acquired	9 Type and Strategy	10 Actual Cost	11 Fair Value	12 Book/Adjusted Carrying Value Less Encumbrances	Change in Book/Adjusted Carrying Value				18 Investment Income	19 Commitment for Additional Investment	20 Percentage of Ownership
		4 City	5 State								13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Depreciation) or (Amortization) / Accretion	15 Current Year's Other than Temporary Impairment Recognized	16 Capitalized Deferred Interest and Other			

**NONE**

**SCHEDULE BA - PART 2**

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1 CUSIP Identification	2 Name or Description		Location		5 Name of Vendor or General Partner	6 Date Originally Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After	10 Amount of Encumbrances	11 Percentage of Ownership
	3 City	4 State									

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBAL HEALTH PLAN & INSURANCE CO.

**SCHEDULE BA - PART 3**

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value					15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3	4					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B. (A.C.V. (10-11+12))						

**NONE**





**SCHEDULE D - PART 2 - SECTION 2**

Showing all COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	7 Rate Per Share Used to Obtain Fair Value	8 Fair Value	9 Actual Cost	10 Dividends				Changes in Book/Adjusted Carrying Value				17 NAIC Market Indicator (a)	18 Date Acquired
		3	4						10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A. C. V. (13 - 14)	16 Total Foreign Exchange Change in B./A. C. V.			

**NONE**

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues ..... the total \$ value (included in Column 8) of all such issues \$ .....

**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
------------------------------	------------------	--------------	-----------------------	---------------------	-----------------------------------	------------------	----------------	--

**NONE**

**SCHEDULE D - PART 4**

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

1 CUSIP Identifi- cation	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	
									10 Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amorti- zation)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)							15 Total Foreign Exchange Change in B./A.C.V.

**NONE**

**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	12	13	14	15	16	17	18	19	20	21	
CUSIP Identification	Description	3 F o r e i g n	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stocks)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	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	

**NONE**

**SCHEDULE D - PART 6 - SECTION 1**

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code or Alien Insurer Identification Number	5 NAIC Valuation Method (See SVO Purposes and Procedures manual)	6 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book/Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date	
								9 Number of Shares	10 % of Outstanding

**NONE**

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ .....
2. Total amount of intangible assets nonadmitted \$ .....

**SCHEDULE D - PART 6 - SECTION 2**

1 CUSIP Identification	2 Name of Lower-tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding

**NONE**

**SCHEDULE D - PART 6 - SECTION 1**

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code or Alien Insurer Identification Number	5 NAIC Valuation Method (See SVO Purposes and Procedures manual)	6 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book/Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date	
								9 Number of Shares	10 % of Outstanding

**NONE**

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ .....
2. Total amount of intangible assets nonadmitted \$ .....

**SCHEDULE D - PART 6 - SECTION 2**

1 CUSIP Identification	2 Name of Lower-tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding

**NONE**

**SCHEDULE DA - PART 1**

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes		5 Date Acquired	6 Name of Vendor	7 Maturity Date	8 Book/Adjusted Carrying Value	9 Change in Book/Adjusted Carrying Value			13 Par Value	14 Actual Cost	Interest					21 Paid for Accrued Interest
		3 Code	4 Foreign					9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized			12 Total Foreign Exchange Change in B./A./C./V.	15 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	16 Non-Admitted Due and Accrued	17 Rate of	18 Effective Rate of	

**NONE**

**SCHEDULE DB - PART A - SECTION 1**

Showing all Options, Caps, Floors and Insurance Futures Options Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/Option Premium	Book Value	.	Statement Value	Fair Value	Increase/(Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income

**NONE**

**SCHEDULE DB - PART A - SECTION 2**

Showing all Options, Caps, Floors and Insurance Futures Options Acquired During Current Year

1	2	3	4	5	6	7
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/Option Premium

**NONE**

**SCHEDULE DB - PART A - SECTION 3**

Showing all Owned Options, Caps, Floors and Insurance Futures Options Terminated During Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/Option Premium	8 Indicate Exercise, Expiration, Maturity or Sale	9 Termination Date	10 Book Value	11 Consideration Received on Terminations	12 Increase/ (Decrease) by Adjustment	Gain/ (Loss) on Termination			17 Other Investment/ Miscellaneous Income
												14 Recognized	15 Used to Adjust Basis of Hedged Item	16 Deferred	

**NONE**

**SCHEDULE DB - PART B - SECTION 1**

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force December 31 of Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 Statement Value	10 Fair Value	11 Increase/ (Decrease) by Adjustment	12 Used to Adjust Basis	13 Other Investment/ Miscellaneous Income

**NONE**

**SCHEDULE DB - PART B - SECTION 2**

Showing all Options, Caps, Floors and Insurance Futures Options Written During Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received

**NONE**

**SCHEDULE DB - PART B - SECTION 3**

Showing all Written Options, Caps, Floors and Insurance Futures Options Terminated During Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Indicate Exercise, Expiration, Maturity or Closing Purchase Transaction	9 Termination Date	10 Book Value	11 *	12 Consideration Paid on Terminations	13 Increase/ (Decrease) by Adjustment	Gain/(Loss) on Termination			17 Other Investment/ Miscellaneous Income
													14 Recognized	15 Used to Adjust Basis	16 Deferred	

**NONE**

**SCHEDULE DB - PART C - SECTION 1**

Showing all Collar, Swap and Forwards Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index Rec. (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Book Value	.	Statement Value	Fair Value	Increase/ (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income	Potential Exposure

**NONE**

**SCHEDULE DB - PART C - SECTION 2**

Showing all Collar, Swap and Forwards Opened During Current Year

1	2	3	4	5	6	7
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index Rec. (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)

**NONE**

**SCHEDULE DB - PART C - SECTION 3**

Showing all Collar, Swap and Forwards Terminated During Current Year

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Indicate Exercise, Expiration, Maturity or Sale	9 Termination Date	10 Book Value	11 *	12 Consideration Received or (Paid) on Terminations	13 Increase/ (Decrease) by Adjustment	Gain/(Loss) on Termination			17 Other Investment/ Miscellaneous Income
													14 Recognized	15 Used to Adjust Basis of Hedged Item	16 Deferred	
<b>NONE</b>																

**SCHEDULE DB - PART D - SECTION 1**

Showing all Futures Contracts and Insurance Futures Contracts Open December 31 of Current Year

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Current Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Cash Deposit	Variation Margin Information			13 Potential Exposure
									10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	
<b>NONE</b>												

**SCHEDULE DB - PART D - SECTION 2**

Showing all Futures Contracts and Insurance Futures Contracts Opened During Current Year

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Date of Opening Position	6 Exchange or Counterparty	7 Net Additions to Cash Deposits
<b>NONE</b>						

**SCHEDULE DB - PART D - SECTION 3**

Showing all Futures Contracts and Insurance Futures Contracts Terminated During Current Year

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Termination Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Net Reduction to Cash Deposits	10 Termination Date	Variation Margin Information		
										11 Gain / (Loss) Recognized	12 Gain / (Loss) Used to Adjust Basis of Hedged Item	13 Gain / (Loss) Deferred
<b>NONE</b>												

**SCHEDULE DB - PART E - SECTION 1**

Showing Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1 Description Counterparty or Exchange Traded	2 Master Agreement (Y or N)	3 Fair Value of Acceptable Collateral	4 Statement Value		6 Exposure Net of Collateral	7 Fair Value		9 Exposure Net of Collateral	10 Potential Exposure	11 Off-Balance Sheet Exposure
			5 Contracts Statement Value > 0	5 Contracts Statement Value < 0		8 Contracts Fair Value > 0	8 Contracts Fair Value < 0			

**NONE**

**SCHEDULE E - PART 1 - CASH**

1		2	3	4	5	6	7
Depository		Code	Rate of interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Name	Location and Supplemental Information						

**NONE**

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**

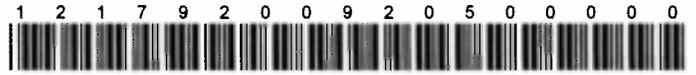
Show Investments Owned December 31 of Current Year

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
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**NONE**

**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	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						
30. New Hampshire						
31. New Jersey						
32. New Mexico						
33. New York						
34. North Carolina						
35. North Dakota						
36. Ohio						
37. Oklahoma						
38. Oregon						
39. Pennsylvania						
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U. S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Alien and Other	OT					
59. Total		XXX	XXX			
<b>NONE</b>						
<b>DETAILS OF WRITE-INS</b>						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX	XXX			
5899. Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)		XXX	XXX			



## LIFE SUPPLEMENTS

For the Year Ended December 31, 2009

(To Be Filed By March 1)

Of The GLOBALHEALTH PLAN & INSURANCE CO.

Address (City, State and Zip Code): \_\_\_\_\_

NAIC Group Code: 0000 NAIC Company Code: 12179 Employer's ID Number: \_\_\_\_\_

# NONE

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
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**NONE**

**EXHIBIT 5 - INTERROGATORIES**

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes ( ) No ( )
- 1.2 If not, state which kind is issued.  
.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes ( ) No ( )
- 2.2 If not, state which kind is issued.  
.....
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes ( ) No ( )  
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes ( ) No ( )  
If so, state:
- 4.1 Amount of insurance? \$ .....
- 4.2 Amount of reserve? \$ .....
- 4.3 Basis of reserve:  
.....
- 4.4 Basis of regular assessments:  
.....
- 4.5 Basis of special assessments:  
.....
- 4.6 Assessments collected during the year: \$ .....
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.  
.....
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes ( ) No ( )
- 6.1 If so, state the amount or reserve on such contracts on the basis actually held: \$ .....
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$ .....  
Attach statement of methods employed in their valuation.
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes ( ) No ( )
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$ .....
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount.  
.....
- 7.3 State the amount of reserves established for this business: \$ .....
- 7.4 Identify where the reserves are reported in the blank.  
.....



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**Non-Guaranteed Opinion for Exhibit 5**

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**PARTICIPATING OPINION FOR EXHIBIT 5**

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**EXHIBIT 7 - DEPOSIT TYPE CONTRACTS**

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premiums and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....						
2. Deposits received during the year .....						
3. Investment earnings credited to the account .....						
4. Other net change in reserves .....						
5. Fees and other charges assessed .....						
6. Surrender charges .....						
7. Net surrender or withdrawal payments .....						
8. Other net transfers to or (from) Separate Accounts .....						
9. Balance at the end of current year before reinsurance (Lines 1 plus 2 plus 3 plus 4 minus 5 minus 6 minus 7 minus 8) .....						
10. Reinsurance balance at the beginning of the year .....						
11. Net change in reinsurance assumed .....						
12. Net change in reinsurance ceded .....						
13. Reinsurance balance at the end of the year (Line 10 plus Line 11 minus Line 12) .....						
14. Net balance at the end of current year after reinsurance (Line 9 plus Line 13) .....						

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBAL HEALTH PLAN & INSURANCE CO.

**SCHEDULE S - PART 1 - SECTION 1**

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities  
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsurer's Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount in Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Consurance Reserve	Funds Withheld Under Consurance

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE GLOBALHEALTH PLAN & INSURANCE CO.

**SCHEDULE S - PART 3 - SECTION 1**

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities  
Without Life or Disability Contingencies, and Related Benefits 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 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	8 Reserve Credit Taken		10 Premiums	11 Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		

**NONE**

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STATE OF NEW YORK  
DEPARTMENT OF TAXATION AND FINANCE