

ANNUAL STATEMENT

OF THE

Golden Cross Health Plan Corp.

of

in the state of

Puerto Rico

TO THE

Insurance Department

OF THE

FOR THE YEAR ENDED

December 31, 2009

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
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 (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 38,967, Schedule E - Part 1), cash equivalents (\$ 0, Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	38,967		38,967	3,674
6. Contract loans (including \$ 0 premium notes)				
7. Other invested assets (Schedule BA)				
8. Receivables for securities				
9. Aggregate write-ins for invested assets	779,435		779,435	992,067
10. Subtotals, cash and invested assets (Lines 1 to 9)	818,402		818,402	995,741
11. Title plants less \$ 0 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	228,429		228,429	242,770
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 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				
16.2 Net deferred tax asset				
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software	1,912		1,912	2,711
19. Furniture and equipment, including health care delivery assets (\$ 0)				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				
22. Health care (\$ 0) and other amounts receivable				
23. Aggregate write-ins for other than invested assets	2,682	2,682		
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	1,051,425	2,682	1,048,743	1,241,222
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	1,051,425	2,682	1,048,743	1,241,222

DETAILS OF WRITE-IN LINES				
0901. Certificates of Deposit Restricted	600,000		600,000	600,000
0902. Certificates of Deposit Unrestricted	179,435		179,435	392,067
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	779,435		779,435	992,067
2301. Prepaid Expenses	2,682	2,682		
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	2,682	2,682		

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	34,442		34,442	184,805
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	14,945		14,945	16,145
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Payable for securities				
17. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers and \$ 0 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 \$ 0 current)	716,321		716,321	707,409
22. Total liabilities (Lines 1 to 21)	765,708		765,708	908,359
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	1,000
25. Preferred capital stock	X X X	X X X		
26. Gross paid in and contributed surplus	X X X	X X X	95,279	95,279
27. Surplus notes	X X X	X X X		
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	186,756	236,584
30. Less treasury stock, at cost:				
30.1 0 shares common (value included in Line 24 \$ 0)	X X X	X X X		
30.2 0 shares preferred (value included in Line 25 \$ 0)	X X X	X X X		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	283,035	332,863
32. Total liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	1,048,743	1,241,222

DETAILS OF WRITE-IN LINES				
2101. Statutory Reserve	600,000		600,000	600,000
2102. Demands Notes Payable	67,500		67,500	
2103. Other	31,401		31,401	20,783
2198. Summary of remaining write-ins for Line 21 from overflow page	17,420		17,420	86,626
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	716,321		716,321	707,409
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 (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801.	X X X	X X X		

NONE

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	12	12
2. Net premium income (including \$ 0 non-health premium income)	X X X	2,822,670	1,919,846
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ 0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X	9,537	54,689
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Lines 2 to 7)	X X X	2,832,207	1,974,535
Hospital and Medical:			
9. Hospital/medical benefits		2,243,714	1,518,472
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		33,639	13,850
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		2,277,353	1,532,322
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		2,277,353	1,532,322
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 0 cost containment expenses			
21. General administrative expenses		549,170	435,773
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		2,826,523	1,968,095
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	5,684	6,440
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26. Net realized capital gains (losses) less capital gains tax of \$ 0			
27. Net investment gains (losses) (Lines 25 plus 26)			
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	5,684	6,440
31. Federal and foreign income taxes incurred	X X X	1,468	1,074
32. Net income (loss) (Lines 30 minus 31)	X X X	4,216	5,366

DETAILS OF WRITE-IN LINES			
0601. Interest Income and Other	X X X	14,620	64,310
0602. Interest and bank Charges	X X X	(5,083)	(9,621)
0603.	X X X		
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X	9,537	54,689
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X		
1401. Reinsurance Cost		33,639	13,850
1402.			

NONE

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	332,863	352,742
34. Net income or (loss) from Line 32	4,216	5,366
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	8,819	(11,360)
40. Change in unauthorized reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	(62,863)	(13,885)
48. Net change in capital and surplus (Lines 34 to 47)	(49,828)	(19,879)
49. Capital and surplus end of reporting period (Line 33 plus 48)	283,035	332,863

DETAILS OF WRITE-IN LINES		
4701. Increase in non admitted assets		(13,885)
4702. Increase in non admitted assets	(62,863)	
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(62,863)	(13,885)

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
1. Premiums collected net of reinsurance	2,822,670	1,919,846
2. Net investment income	9,537	54,689
3. Miscellaneous income		
4. Total (Lines 1 through 3)	2,832,207	1,974,535
5. Benefit and loss related payments	2,826,523	1,968,095
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	179,737	40,487
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	1,468	1,074
10. Total (Lines 5 through 9)	3,007,728	2,009,656
11. Net cash from operations (Line 4 minus Line 10)	(175,521)	(35,121)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds	212,520	100,871
12.8 Total investment proceeds (Lines 12.1 to 12.7)	212,520	100,871
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	212,520	100,871
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(1,706)	(65,251)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	(1,706)	(65,251)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	35,293	499
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	3,674	3,175
19.2 End of year (Line 18 plus Line 19.1)	38,967	3,674

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

20.0001		
20.0002		
20.0003		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only
1. Net premium income	2,822,670	2,822,670		
2. Change in unearned premium reserves and reserve for rate credit				
3. Fee-for-service (net of \$ 0 medical expenses)				
4. Risk revenue				
5. Aggregate write-ins for other health care related revenues	9,537	9,537		
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X
7. Total revenues (Lines 1 to 6)	2,832,207	2,832,207		
8. Hospital/medical benefits	2,243,714	2,243,714		
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	33,639	33,639		
14. Incentive pool, withhold adjustments and bonus amounts				
15. Subtotal (Lines 8 to 14)	2,277,353	2,277,353		
16. Net reinsurance recoveries				
17. Total hospital and medical (Lines 15 minus 16)	2,277,353	2,277,353		
18. Non-health claims (net)		X X X	X X X	X X X
19. Claims adjustment expenses including \$ 0 cost containment expenses				
20. General administrative expenses	549,170	549,170		
21. Increase in reserves for accident and health contracts				
22. Increase in reserves for life contracts		X X X	X X X	X X X
23. Total underwriting deductions (Lines 17 to 22)	2,826,523	2,826,523		
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	5,684	5,684		

DETAILS OF WRITE-IN LINES				
0501. Interest Income and Other	14,620	14,620		
0502. Interest and Bank Charges	(5,083)	(5,083)		
0503.				
0598. Summary of remaining write-ins for Line 05 from overflow page				
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)	9,537	9,537		
0601.		X X X	X X X	X X X
0602.		X X X	X X X	X X X
0603.		X X X	X X X	X X X
0698. Summary of remaining write-ins for Line 06 from overflow page		X X X	X X X	X X X
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)		X X X	X X X	X X X
1301. Reinsurance Cost	33,639	33,639		
1302.				
1303.				
1398. Summary of remaining write-ins for Line 13 from overflow page				
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	33,639	33,639		

NONE

UNDERWRITING AND INVESTMENT EXH

PART 1 – PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Ass
1. Comprehensive (hospital and medical)	2,822,670	
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 (Lines 1 through 8)	2,822,670	
10. Life		
11. Property/casualty		
12. Totals (Lines 9 to 11)	2,822,670	

UNDERWRITING AND INVESTMENT EXH

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only
1. Payments during the year:					
1.1 Direct	2,242,911	2,242,911			
1.2 Reinsurance assumed					
1.3 Reinsurance ceded					
1.4 Net	2,242,911	2,242,911			
2. Paid medical incentive pools and bonuses					
3. Claim liability December 31, current year from Part 2A:					
3.1 Direct	34,442	34,442			
3.2 Reinsurance assumed					
3.3 Reinsurance ceded					
3.4 Net	34,442	34,442			
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)					
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	2,277,353	2,277,353			
12.2 Reinsurance assumed					
12.3 Reinsurance ceded					
12.4 Net	2,277,353	2,277,353			
13. Incurred medical incentive pools and bonuses					

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

UNDERWRITING AND INVESTMENT EXH

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only
1. Reported in Process of Adjustment:					
1.1 Direct	34,442	34,442			
1.2 Reinsurance assumed					
1.3 Reinsurance ceded					
1.4 Net	34,442	34,442			
2. Incurred but Unreported:					
2.1 Direct					
2.2 Reinsurance assumed					
2.3 Reinsurance ceded					
2.4 Net					
3. Amounts Withheld from Paid Claims and Capitations:					
3.1 Direct					
3.2 Reinsurance assumed					
3.3 Reinsurance ceded					
3.4 Net					
4. TOTALS:					
4.1 Direct	34,442	34,442			
4.2 Reinsurance assumed					
4.3 Reinsurance ceded					
4.4 Net	34,442	34,442			

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF PAID

Line of Business	Claims Paid During the Year		Claim Liability at End of 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
1. Comprehensive (hospital and medical)		2,427,716	
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 (Lines 1 through 8)		2,427,716	
10. Health care receivables (a)			
11. Other non-health			
12. Medical incentive pools and bonus amounts			
13. Totals (Lines 9 - 10 + 11 + 12)		2,427,716	

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

UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Hospital & Medical

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	X X X		
4. 2007	X X X	X X X	
5. 2008	X X X	X X X	X X X
6. 2009	X X X	X X X	X X X

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

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UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Medicare Supplement

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	X X X		
4. 2007	X X X	X X X	
5. 2008	X X X	X X X	X X X
6. 2009	X X X	X X X	X X X

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

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UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Dental Only

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	XXX		
4. 2007	XXX	XXX	
5. 2008	XXX	XXX	XXX
6. 2009	XXX	XXX	XXX

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

12.D0

UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Vision Only

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	X X X		
4. 2007	X X X	X X X	
5. 2008	X X X	X X X	X X X
6. 2009	X X X	X X X	X X X

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

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UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Federal Employee Health Benefits Plan

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	X X X		
4. 2007	X X X	X X X	
5. 2008	X X X	X X X	X X X
6. 2009	X X X	X X X	X X X

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

12.FE

UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Title XVIII - Medicare

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	X X X		
4. 2007	X X X	X X X	
5. 2008	X X X	X X X	X X X
6. 2009	X X X	X X X	X X X

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

12.XV

UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Title XIX - Medicaid

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	X X X		
4. 2007	X X X	X X X	
5. 2008	X X X	X X X	X X X
6. 2009	X X X	X X X	X X X

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

12.XI

UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Other

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	X X X		
4. 2007	X X X	X X X	
5. 2008	X X X	X X X	X X X
6. 2009	X X X	X X X	X X X

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

12.01

UNDERWRITING AND INVESTMENT EXH
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH
(000 Omitted)
Grand Total

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amount		
	1 2005	2 2006	3 2007
1. Prior			
2. 2005			
3. 2006	XXX		
4. 2007	XXX	XXX	
5. 2008	XXX	XXX	XXX
6. 2009	XXX	XXX	XXX

NONE

Section B – Incurred Health Claims

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

Section C – Incurred Year Health Claims and Claims Adjustment Expense

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2005					
2. 2006					
3. 2007					
4. 2008					
5. 2009					

12.GT

NONE Underwriting and Investment Exhibit - Part 2D

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 0 for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services					
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
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					
17. Collection and bank service charges					
18. Group service and administration fees					
19. Reimbursements by uninsured 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 Regulatory authority licenses and fees					
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			549,170		549,170
26. Total expenses incurred (Lines 1 to 25)			549,170		(a) 549,170
27. Less expenses unpaid December 31, current year			14,945		14,945
28. Add expenses unpaid December 31, prior year					
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)			534,225		534,225

DETAILS OF WRITE-IN LINES				
2501. General and Administratives Expenses			549,170	549,170
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			549,170	549,170

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	NONE	
2.21 Common stocks of affiliates		
3. Mortgage loans		(c)
4. Real estate		(d)
5. Contract loans		
6. Cash, cash equivalents and short-term investments		(e)
7. Derivative instruments		(f)
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income		
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)		

DETAILS OF WRITE-IN LINES			
0901.	NONE		
0902.			
0903.			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 09 above)			
1501.	NONE		
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)			

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	NONE				
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					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
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. Receivables for securities			
9. Aggregate write-ins for invested assets			
10. Subtotals, cash and invested assets (Lines 1 to 9)			
11. Title plants (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			
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			
19. Furniture and equipment, including health care delivery assets			
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			
23. Aggregate write-ins for other than invested assets	2,682	11,501	8,819
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	2,682	11,501	8,819
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26. Total (Lines 24 and 25)	2,682	11,501	8,819

DETAILS OF WRITE-IN LINES			
0901.			
0902.			

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH

Source of Enrollment	Total Members as of		
	1 Prior Year	2 First Quarter	3 Second Quarter
1. Health Maintenance Organizations	766	1,209	
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	766	1,209	

DETAILS OF WRITE-IN LINES			
0601.		NONE	
0602.			
0603.			
0698. Summary of remaining write-ins for Line 06 from overflow page			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)			

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]
- 1.3 State Regulating? _____
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 3.4 By what department or departments?

- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

GENERAL INTERROGATORIES

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
.....
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

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

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

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

Padilla, Medina & Asociados

.....

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?

Gladys Carrion Scherrer

.....

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]

GENERAL INTERROGATORIES

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 [X]

12.3 Have there been any changes made to any of the trust indentures during the year?

Yes [] No [X]

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [X] N/A []

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 [X] No []

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 [X] No []

15. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []

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 [X] No []

GENERAL INTERROGATORIES

- 18.2 Total amount of loans outstanding at the 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 [X] No []
- 22.2 If no, give full and complete information relating thereto:
-
-
-
-
- 22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided)
- NO APLICA
-
-
-
- 22.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 22.5 If answer to 22.4 is yes, report amount of collateral. \$ _____
- 22.6 If answer to 22.4 is no, report amount of collateral. \$ _____
- 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]

GENERAL INTERROGATORIES

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? Yes [] No [X] N/A []
 If no, attach a description with this statement.

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. \$ _____

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

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

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

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

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

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [] No [X]

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

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

26.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the

GENERAL INTERROGATORIES

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
27.2999 TOTAL		

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

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

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
28.2 Preferred stocks
28.3 Totals

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

NOT APPLY
.....
.....
.....
.....

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:

There is no schedule D
.....
.....
.....

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

30.2 If no, list exceptions: