



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE**

Plan Medico Servicios de Salud Bella Vista

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 95762 Employer's ID Number 66-0524575

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
 Vision Service Corporation [] Other [] Health Maintenance Organization []
 Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 04/11/1985 Commenced Business 02/03/1986

Statutory Home Office 770 Avenida Hostos Mayaguez, PR 00683-1538
 (Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 770 Avenida Hostos
 (Street and Number)
Mayaguez, PR 00682-1538 (Area Code) (Telephone Number)
 (City or Town, State and Zip Code)

Mail Address 770 Avenida Hostos Mayaguez, PR 00682-1538
 (Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 770 Avenida Hostos
 (Street and Number)
Mayaguez, PR 00682-1538 (Area Code) (Telephone Number)
 (City or Town, State and Zip Code)

Internet Website Address _____

Statutory Statement Contact _____ (Name) _____ (Area Code) (Telephone Number) (Extension)
 _____ (E-mail Address) _____ (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>RAMON SANTIAGO</u>	<u>Officer</u>	<u>JUAN ROSADO</u>	<u>Officer</u>
<u>EVELYN RIVERA</u>	<u>Officer</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>JESUS NIEVES</u>	<u>HENRY RIVERA</u>
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State of PUERTO RICO
 County of MAYAGUEZ ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Ramon Santiago
 RAMON SANTIAGO
 Officer

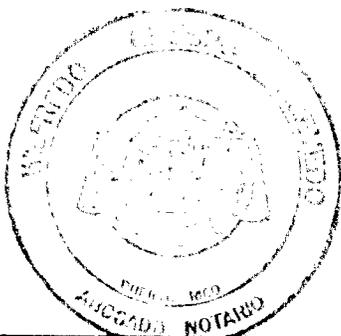
Juan Rosado
 JUAN ROSADO
 Officer

Evelyn Rivera
 EVELYN RIVERA
 Officer

AFF.#-11,398-
 Subscribed and sworn to before me this
31 day of March, 2010

- a. Is this an original filing? Yes [] No []
 b. If no,
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Walter Cepeda Acosta
 NOTARY PUBLIC



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	101,153.37		101,153.37	101,153.37
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0.00		0.00	0.00
2.2 Common stocks.....	0.00		0.00	0.00
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0.00	0.00
3.2 Other than first liens.....			0.00	0.00
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0.00	0.00
4.2 Properties held for the production of income (less \$ encumbrances).....			0.00	0.00
4.3 Properties held for sale (less \$ encumbrances).....			0.00	0.00
5. Cash (\$1,538,567.00 , Schedule E, Part 1), cash equivalents (\$0.00 , Schedule E, Part 2) and short-term investments (\$0.00 , Schedule DA).....	1,538,567.00		1,538,567.00	1,087,870.45
6. Contract loans, (including \$ premium notes).....			0.00	0.00
7. Other invested assets (Schedule BA).....	600,000.00	0.00	600,000.00	648,058.99
8. Receivables for securities.....			0.00	0.00
9. Aggregate write-ins for invested assets.....	0.00	0.00	0.00	0.00
10. Subtotals, cash and invested assets (Lines 1 to 9).....	2,239,720.37	0.00	2,239,720.37	1,837,082.81
11. Title plants less \$ charged off (for Title Insurers only).....			0.00	0.00
12. Investment income due and accrued.....			0.00	3,419.46
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection.....	299,050.00		299,050.00	235,269.28
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premium).....			0.00	0.00
13.3 Accrued retrospective premium.....			0.00	0.00
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers.....			0.00	0.00
14.2 Funds held by or deposited with reinsured companies.....			0.00	0.00
14.3 Other amounts receivable under reinsurance contracts.....			0.00	0.00
15. Amounts receivable relating to uninsured plans.....			0.00	0.00
16.1 Current federal and foreign income tax recoverable and interest thereon.....			0.00	0.00
16.2 Net deferred tax asset.....			0.00	0.00
17. Guaranty funds receivable or on deposit.....			0.00	0.00
18. Electronic data processing equipment and software.....			0.00	0.00
19. Furniture and equipment, including health care delivery assets (\$).....			0.00	0.00
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			0.00	0.00
21. Receivables from parent, subsidiaries and affiliates.....		0.00	0.00	0.00
22. Health care (\$) and other amounts receivable.....			0.00	0.00
23. Aggregate write-ins for other than invested assets.....	0.00	0.00	0.00	0.00
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	2,538,770.37	0.00	2,538,770.37	2,075,771.55
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0.00	0.00
26. Total (Lines 24 and 25).....	2,538,770.37	0.00	2,538,770.37	2,075,771.55
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0.00	0.00	0.00	0.00
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0.00	0.00	0.00	0.00
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0.00	0.00	0.00	0.00
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	0.00	0.00	0.00	0.00

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	1,293,992.00		1,293,992.00	1,487,651.49
2. Accrued medical incentive pool and bonus amounts			0.00	0.00
3. Unpaid claims adjustment expenses			0.00	0.00
4. Aggregate health policy reserves			0.00	0.00
5. Aggregate life policy reserves			0.00	0.00
6. Property/casualty unearned premium reserves			0.00	0.00
7. Aggregate health claim reserves			0.00	0.00
8. Premiums received in advance			0.00	0.00
9. General expenses due or accrued	140,914.00		140,914.00	144,854.69
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0.00	0.00
10.2 Net deferred tax liability			0.00	0.00
11. Ceded reinsurance premiums payable			0.00	0.00
12. Amounts withheld or retained for the account of others			0.00	0.00
13. Remittance and items not allocated			0.00	0.00
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0.00	0.00
15. Amounts due to parent, subsidiaries and affiliates	3,302.00		3,302.00	7,260.00
16. Payable for securities			0.00	0.00
17. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)			0.00	0.00
18. Reinsurance in unauthorized companies			0.00	0.00
19. Net adjustments in assets and liabilities due to foreign exchange rates			0.00	0.00
20. Liability for amounts held under uninsured plans	600,000.00		600,000.00	648,058.99
21. Aggregate write-ins for other liabilities (including \$ current)	0.00	0.00	0.00	0.00
22. Total liabilities (Lines 1 to 21)	2,038,208.00	0.00	✓ 2,038,208.00	✓ 2,287,825.17
23. Aggregate write-ins for special surplus funds	XXX	XXX	0.00	0.00
24. Common capital stock	XXX	XXX		0.00
25. Preferred capital stock	XXX	XXX		0.00
26. Gross paid in and contributed surplus	XXX	XXX		0.00
27. Surplus notes	XXX	XXX	1,414,232.00	1,209,114.00
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0.00	0.00
29. Unassigned funds (surplus)	XXX	XXX	(913,670.00)	(1,421,167.62)
30. Less treasury stock, at cost:				
30.1 shares common (value included in Line 24 \$)	XXX	XXX		0.00
30.2 shares preferred (value included in Line 25 \$)	XXX	XXX		0.00
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	500,562.00	(212,053.62)
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	2,538,770.00	2,075,771.55
DETAILS OF WRITE-INS				
2101.				
2102.				
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page	0.00	0.00	0.00	0.00
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	0.00	0.00	0.00	0.00
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0.00	0.00
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX	0.00	0.00
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0.00	0.00
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX	0.00	0.00

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,700.00	3,641.00
2. Net premium income (including \$ 0.00 non-health premium income).....	XXX	5,034,030.00	4,551,760.00
3. Change in unearned premium reserves and reserve for rate credits	XXX		0.00
4. Fee-for-service (net of \$ medical expenses)	XXX		0.00
5. Risk revenue	XXX		0.00
6. Aggregate write-ins for other health care related revenues	XXX	0.00	0.00
7. Aggregate write-ins for other non-health revenues	XXX	0.00	0.00
8. Total revenues (Lines 2 to 7)	XXX	5,034,030.00	4,551,760.00
Hospital and Medical:			
9. Hospital/medical benefits		3,096,550.00	2,987,382.66
10. Other professional services		1,377,377.00	1,070,970.00
11. Outside referrals			0.00
12. Emergency room and out-of-area			0.00
13. Prescription drugs			0.00
14. Aggregate write-ins for other hospital and medical	0.00	0.00	0.00
15. Incentive pool, withhold adjustments and bonus amounts			0.00
16. Subtotal (Lines 9 to 15)	0.00	4,473,927.00	4,058,352.66
Less:			
17. Net reinsurance recoveries		0.00	0.00
18. Total hospital and medical (Lines 16 minus 17)	0.00	4,473,927.00	4,058,352.66
19. Non-health claims (net).....			0.00
20. Claims adjustment expenses, including \$ 0.00 cost containment expenses		0.00	0.00
21. General administrative expenses		598,492.00	580,074.05
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0.00	0.00
23. Total underwriting deductions (Lines 18 through 22)	0.00	5,072,419.00	4,638,426.71
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(38,389.00)	(86,666.71)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		86,229.00	137,131.00
26. Net realized capital gains (losses) less capital gains tax of \$			0.00
27. Net investment gains (losses) (Lines 25 plus 26)	0.00	86,229.00	137,131.00
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0.00
29. Aggregate write-ins for other income or expenses	0.00	0.00	0.00
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	47,840.00	50,464.29
31. Federal and foreign income taxes incurred	XXX		0.00
32. Net income (loss) (Lines 30 minus 31)	XXX	47,840.00	50,464.29
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0.00	0.00
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0.00	0.00
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0.00	0.00
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0.00	0.00
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0.00	0.00	0.00
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0.00	0.00	0.00
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0.00	0.00	0.00
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0.00	0.00	0.00

STATEMENT OF REVENUE AND EXPENSES (continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior-reporting period	(212,056.08)	258,559.05
34. Net income or (loss) from Line 32	47,840.00	50,463.87
35. Change in valuation basis of aggregate policy and claim reserves		0.00
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		717.00
37. Change in net unrealized foreign exchange capital gain or (loss)		0.00
38. Change in net deferred income tax		0.00
39. Change in nonadmitted assets	(77,462.00)	(489,062.00)
40. Change in unauthorized reinsurance	0.00	0.00
41. Change in treasury stock	0.00	0.00
42. Change in surplus notes	205,118.00	0.00
43. Cumulative effect of changes in accounting principles	489,062.00	0.00
44. Capital Changes:		
44.1 Paid in	0.00	0.00
44.2 Transferred from surplus (Stock Dividend)		0.00
44.3 Transferred to surplus	48,060.00	(32,734.00)
45. Surplus adjustments:		
45.1 Paid in	0.00	0.00
45.2 Transferred to capital (Stock Dividend)	0.00	0.00
45.3 Transferred from capital		0.00
46. Dividends to stockholders		0.00
47. Aggregate write-ins for gains or (losses) in surplus	0.00	0.00
48. Net change in capital & surplus (Lines 34 to 47)	712,618.00	(470,615.13)
49. Capital and surplus end of reporting period (Line 33 plus 48)	500,561.92	(212,056.08)
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0.00	0.00
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0.00	0.00

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	4,970,249.28	4,534,013.47
2. Net investment income	137,707.45	2,716.82
3. Miscellaneous income	405,715.75	138,721.08
4. Total (Lines 1 through 3)	5,513,672.48	4,675,451.37
5. Benefit and loss related payments	4,667,586.49	3,980,836.05
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0.00
7. Commissions, expenses paid and aggregate write-ins for deductions	646,550.99	547,340.24
8. Dividends paid to policyholders		0.00
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0.00	0.00
10. Total (Lines 5 through 9)	5,314,137.48	4,528,176.29
11. Net cash from operations (Line 4 minus Line 10)	199,535.00	147,275.08
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0.00	0.00
12.2 Stocks	0.00	0.00
12.3 Mortgage loans	0.00	0.00
12.4 Real estate	0.00	0.00
12.5 Other invested assets	0.00	0.00
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0.00	0.00
12.7 Miscellaneous proceeds	0.00	0.00
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0.00	0.00
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0.00	0.00
13.2 Stocks	0.00	0.00
13.3 Mortgage loans	0.00	0.00
13.4 Real estate	0.00	0.00
13.5 Other invested assets	0.00	0.00
13.6 Miscellaneous applications	0.00	31,914.49
13.7 Total investments acquired (Lines 13.1 to 13.6)	0.00	31,914.49
14. Net increase (decrease) in contract loans and premium notes	0.00	0.00
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0.00	(31,914.49)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	205,118.00	0.00
16.2 Capital and paid in surplus, less treasury stock	0.00	0.00
16.3 Borrowed funds	0.00	0.00
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0.00	0.00
16.5 Dividends to stockholders	0.00	0.00
16.6 Other cash provided (applied)	(3,958.00)	7,260.00
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	201,160.00	7,260.00
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)	400,695.00	122,620.59
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	858,785.00	736,164.41
19.2 End of year (Line 18 plus Line 19.1)	1,259,480.00	858,785.00

HEALTH CASH FLOW WORKPAPER

The following work paper is designed to follow the published NAIC instructions. As stated in those instructions it may be necessary for companies to make adjustments to these work papers in order for them to work properly for their statement			
Line	Description	Reference	Amount
<u>PREMIUMS COLLECTED NET OF REINSURANCE</u>			
1.1.00	Net premium income	REVEX1, L2, C2	5,034,030.00
1.1.01	Change in valuation basis of aggregate policy and claim reserves	REVEX1, L35, C1 (in part for policy reserves)	
1.1.02	Total Line 1.1	L1.1.00 + L1.1.01	5,034,030.00
1.2.00	Uncollected premiums	ASSETS, L13.1, C1	299,050.00
1.2.01	Deferred premiums	ASSETS, L13.2, C1	0.00
1.2.02	Accrued retrospective premiums	ASSETS, L13.3, C1	0.00
1.2.03	Funds held by or deposited with reinsured companies	ASSETS, L14.2, C1 (in part for amounts related to earned premiums)	
1.2.04	Other amounts receivable under reinsurance contracts	ASSETS, L14.3, C1 (in part for amounts related to earned premiums)	
1.2.05	Uncollected premiums - PY	PY ASSETS, L13.1, C1	235,269.28
1.2.06	Deferred premiums - PY	PY ASSETS, L13.2, C1	0.00
1.2.07	Accrued retrospective premiums - PY	PY ASSETS, L13.3, C1	0.00
1.2.08	Funds held by or deposited with reinsured companies- PY	PY ASSETS, L14.2, C1 (in part for amounts related to earned premiums)	
1.2.09	Other amounts receivable under reinsurance contracts- PY	PY ASSETS, L14.3, C1 (in part for amounts related to earned premiums)	
1.2.10	Total Line 1.2	L1.2.00 + L1.2.01 + L1.2.02 + L1.2.03 + L1.2.04 - L1.2.05 - L1.2.06 - L1.2.07 - L1.2.08 - L1.2.09	63,780.72
1.3.00	Aggregate health policy reserves	LIAB, L4, C3	0.00
1.3.01	Aggregate life policy reserves	LIAB, L5, C3	0.00
1.3.02	Property/casualty unearned premium reserve	LIAB, L6, C3	0.00
1.3.03	Premiums received in advance	LIAB, L8, C3	0.00
1.3.04	Ceded reinsurance premiums payable	LIAB, L11, C3	0.00
1.3.05	Aggregate health policy reserves- PY	LIAB, L4, C4	0.00
1.3.06	Aggregate life policy reserves- PY	LIAB, L5, C4	0.00
1.3.07	Property/casualty unearned premium reserve - PY	LIAB, L6, C4	0.00
1.3.08	Premiums received in advance- PY	LIAB, L8, C4	0.00
1.3.09	Ceded reinsurance premiums payable- PY	LIAB, L11, C4	0.00
1.3.10	Total Line 1.3	L1.3.00 + L1.3.01 + L1.3.02 + L1.3.03 + L1.3.04 - L1.3.05 - L1.3.06 - L1.3.07 - L1.3.08 - L1.3.09	0.00
1.4.00		MANUAL ENTRY	
1.4.01		MANUAL ENTRY	
1.4.02		MANUAL ENTRY	
1.4.03	Total Line 1.4 Manual Adjustments	L1.4.00 + L1.4.01 + L1.4.02	0.00
1.9.99	TOTAL PREMIUMS COLLECTED NET OF REINSURANCE [to CASH Line 1]	L1.1.02 - L1.2.10 + L1.3.10 + L1.4.03	4,970,249.28
<u>NET INVESTMENT OF INCOME</u>			
2.1.00	Net investment income earned	REVEX1, L25, C2	86,229.00
2.2.00	Investment income due and accrued	ASSETS, L12, C1	0.00
2.2.01	Foreign exchange adjustment	ASSETS, L20, C1	0.00
2.2.02	Investment income due and accrued - PY	PY ASSETS, L12, C1	3,419.46
2.2.03	Foreign exchange adjustment - PY	PY ASSETS, L20, C1	0.00
2.2.04	Total Line 2.2	L2.2.00 + L2.2.01 - L2.2.02 - L2.2.03	(3,419.46)
2.3.00	General expenses due or accrued	EXEXP, L27, C4	0.00
2.3.01	Foreign exchange adjustment	LIAB, L19, C3	0.00
2.3.02	General expenses due or accrued - PY	PY EXEXP, L27, C4	0.00
2.3.03	Foreign exchange adjustment - PY	LIAB, L19, C4	0.00
2.3.04	Total Line 2.3	L2.3.00 + L2.3.01 - L2.3.02 - L2.3.03	0.00
2.4.00	Amortization of premium from investments worksheet	LB08.00 + LS08.00 + LM09.00 + LO09.00	0.00
2.5.00	Accrual of discount from investments worksheet	LB09.00 + LS09.00 + LM05.00 + LO05.00	(48,058.99)
2.6.00	Depreciation expense included in net investment income (included in line 2.1)	EXNETINVT, L14, C2	0.00
2.7.00		MANUAL ENTRY	
2.7.01		MANUAL ENTRY	
2.7.02		MANUAL ENTRY	
2.7.03	Total Line 2.7 Manual Adjustments	L2.7.00 + L2.7.01 + L2.7.02	0.00
2.9.99	TOTAL NET INVESTMENT OF INCOME [to CASH Line 2]	L2.1.00 - L2.2.04 + L2.3.04 + L2.4.00 - L2.5.00 + L2.6.00 + L2.7.03	137,707.45

HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
MISCELLANEOUS INCOME			
3.1.00	Fee-for-service	REVEX1, L4, C2	0.00
3.1.01	Risk revenue	REVEX1, L5, C2	0.00
3.1.02	Aggregate write-ins for other health care related revenues	REVEX1, L6, C2	0.00
3.1.03	Aggregate write-ins for other non-health revenues	REVEX1, L7, C2	0.00
3.1.04	Total Line 3.1	L3.1.00 + L3.1.01 + L3.1.02 + L3.1.03	0.00
3.2.00	Funds held by or deposited with reinsured companies	ASSETS, L14.2, C1 (in part for all amounts not reported in Line 1.2.03 above)	(405,715.75)
3.2.01	Other amounts receivable under reinsurance contracts	ASSETS, L14.3, C1 (in part for all amounts not reported in Line 1.2.04 or Line 7.2.00)	
3.2.02	Health care and other amounts receivable	ASSETS, L22, C1 (in part excluding claim related receivables included in 5.2 below)	
3.2.03	Funds held by or deposited with reinsured companies- PY	PY ASSETS, L14.2, C1 (in part for all amounts not reported in Line 1.2.03 above)	
3.2.04	Other amounts receivable under reinsurance contracts- PY	PY ASSETS, L14.3, C1 (in part for all amounts not reported in Line 1.2.04 or Line 7.2.00)	
3.2.05	Health care and other amounts receivable- PY	PY ASSETS, L22, C1 (in part excluding claim related receivables included in 5.2 below)	
3.2.06	Total Line 3.2	L3.2.00 + L3.2.01 + L3.2.02 - L3.2.03- L3.2.04 -L3.2.05	(405,715.75)
3.3.00		MANUAL ENTRY	
3.3.01		MANUAL ENTRY	
3.3.02		MANUAL ENTRY	
3.3.03	Total Line 3.3 Manual Adjustments	L3.3.00 + L3.3.01 + L3.3.02	0.00
3.9.99	TOTAL MISCELLANEOUS INCOME [to CASH Line 3]	L3.1.04 - L3.2.06 + L3.3.03	405,715.75
BENEFIT & LOSS RELATED PAYMENTS			
5.1.00	Total hospital and medical expenses	REVEX1, L18, C2	4,473,927.00
5.1.01	Non-health claims	REVEX1, L19, C2	0.00
5.1.02	Increase in reserves for life and accident and health contracts	REVEX1, L22, C2	0.00
5.1.03	Change in valuation basis of aggregate policy and claim reserves	REVEX1, L35, C2 (in part for claims reserves)	
5.1.04	Total Line 5.1	L5.1.00 + L5.1.01 + L5.1.02 - L5.1.03	4,473,927.00
5.2.00	Amounts recoverable from reinsurers	ASSETS, L14.1, C1	0.00
5.2.01	Health care and other amounts receivable	ASSETS, L22, C1 (in part for claim related receivables)	
5.2.02	Amounts recoverable from reinsurers - PY	PY ASSETS, L14.1, C1	0.00
5.2.03	Health care and other amounts receivable -PY	PY ASSETS, L22, C1 (in part for claim related receivables)	
5.2.04	Total Line 5.2	L5.2.00 + L5.2.01 - L5.2.02 - L5.2.03	0.00
5.3.00	Claims unpaid	LIAB, L1, C3	1,293,992.00
5.3.01	Accrued medical incentive pool & bonus payments	LIAB, L2, C3	0.00
5.3.02	Aggregate health claim reserves	LIAB, L7, C3	0.00
5.3.03	Claims unpaid - PY	LIAB, L1, C4	1,487,651.49
5.3.04	Accrued medical incentive pool & bonus payments - PY	LIAB, L2, C4	0.00
5.3.05	Aggregate health claim reserves- PY	LIAB, L7, C4	0.00
5.3.06	Total Line 5.3	L5.3.00 + L5.3.01 + L5.3.02 - L5.3.03 - L5.3.04 - L5.3.05	(193,659.49)
5.4.00		MANUAL ENTRY	
5.4.01		MANUAL ENTRY	
5.4.02		MANUAL ENTRY	
5.4.03	Total Line 5.4 Manual Adjustments	L5.4.00 + L5.4.01 + L5.4.02	0.00
5.9.99	TOTAL BENEFIT & LOSS RELATED PAYMENTS [to CASH Line 5]	L5.1.04 + L5.2.04 - L5.3.06 + L5.4.03	4,667,586.49

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HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
COMMISSIONS, EXPENSE PAID & AGGREGATE WRITE-INS FOR DEDUCTIONS			
7.1.00	Claims adjustment expenses	REVEX1, L20, C2	0.00
7.1.01	General administrative expenses	REVEX1, L21, C2	598,492.00
7.1.02	Net gain or (loss) from agents' or premium balances charged off	REVEX1, L28, C2	0.00
7.1.03	Aggregate write-ins for other income or expenses	REVEX1, L29, C2	0.00
7.1.04	Total Line 7.1	L7.1.00 + L7.1.01 - L7.1.02 - L7.1.03	598,492.00
7.2.00	Other amounts receivable under reinsurance contracts	ASSETS, L14.3, C1 (in part for commissions and expense allowance due)	
7.2.01	Amounts receivable relating to uninsured plans	ASSETS, L15, C1	0.00
7.2.02	Guaranty funds receivable or on deposit	ASSETS, L17, C1	0.00
7.2.03	Other amounts receivable under reinsurance contracts - PY	PY ASSETS, L14.3, C1 (in part for commissions and expense allowance due)	
7.2.04	Amounts receivable relating to uninsured plans- PY	PY ASSETS, L15, C1	0.00
7.2.05	Guaranty funds receivable or on deposit - PY	PY ASSETS, L17, C1	0.00
7.2.06	Total Line 7.2	L7.2.00 + L7.2.01 + L7.2.02 - L7.2.03 - L7.2.04 - L7.2.05	0.00
7.3.00	Unpaid claims adjustment expenses	LIAB, L3, C3	0.00
7.3.01	General expenses due or accrued	EXEXP, L27, C3	0.00
7.3.02	Liability for uninsured A&H plans	LIAB, L20, C3	600,000.00
7.3.03	Unpaid claims adjustment expenses - PY	LIAB, L3, C4	0.00
7.3.04	General expenses due or accrued - PY	PY EXEXP, L27, C3	0.00
7.3.05	Liability for uninsured A&H plans - PY	LIAB, L20, C4	648,058.99
7.3.06	Total Line 7.3	L7.3.00 + L7.3.01 + L7.3.02 - L7.3.03 - L7.3.04 - L7.3.05	(48,058.99)
7.4.00	Depreciation expense (included in Line 7.1)	MANUAL ENTRY	
7.5.00		MANUAL ENTRY	
7.5.01		MANUAL ENTRY	
7.5.02		MANUAL ENTRY	
7.5.03	Total Line 7.5 Manual Adjustments	L7.5.00 + L7.5.01 + L7.5.02	0.00
7.9.99	TOTAL COMMISSIONS, EXPENSE PAID & AGGREGATE WRITE-INS FOR DEDUCTIONS [to CASH Line 7]	L7.1.04 + L7.2.06 - L7.3.06 - L7.4.00 + L7.5.03	646,550.99
FEDERAL AND FOREIGN INCOME TAXES (PAID) RECOVERED			
9.1.00	Federal and foreign income taxes incurred	REVEX1, L31, C2	0.00
9.1.01	Change in net deferred income tax	REVEX2, L38, C1	0.00
9.1.02	Net realized capital gains (losses) - Tax amount only	REVEX1, L26, C1 Inset Amount	0.00
9.1.03	Change in net unrealized capital gains (losses) - Tax amount only	REVEX2, L36, C1 Inset Amount	0.00
9.1.04	Change in net unrealized foreign exchange capital gain or (loss) - Tax amount only	REVEX2, L37, C1 (only tax amount included in each line)	
9.1.05	Total Line 9.1	L9.1.00 + L9.1.01 + L9.1.02 + L9.1.03 + L9.1.04	0.00
9.2.00	Current federal and foreign income tax recoverable and interest thereon	ASSETS, L16.1, C1	0.00
9.2.01	Deferred tax assets	ASSETS, L16.2, C1	0.00
9.2.02	Current tax assets -PY	PY ASSETS, L16.1, C1	0.00
9.2.03	Deferred tax assets -PY	PY ASSETS, L16.2, C1	0.00
9.2.04	Total Line 9.2	L9.2.00 + L9.2.01 - L9.2.02 - L9.2.03	0.00
9.3.00	Current federal and foreign income tax payable and interest thereon	LIAB, L10.1, C3	0.00
9.3.01	Net deferred tax liability	LIAB, L10.2, C3	0.00
9.3.02	Current federal and foreign income tax payable and interest thereon - PY	LIAB, L10.1, C4	0.00
9.3.03	Net deferred tax liability - PY	LIAB, L10.2, C4	0.00
9.3.04	Total Line 9.3	L9.3.00 + L9.3.01 - L9.3.02 - L9.3.03	0.00
9.4.00		MANUAL ENTRY	
9.4.01		MANUAL ENTRY	
9.4.02		MANUAL ENTRY	
9.4.03	Total Line 9.4 Manual Adjustments	L9.4.00 + L9.4.01 + L9.4.02	0.00
9.9.99	FEDERAL AND FOREIGN INCOME TAXES (RECOVERED) PAID [to CASH Line 9]	L9.1.05 + L9.2.04 - L9.3.04 + 9.4.03	0.00

HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
<u>BONDS</u>			
B01.00	Admitted value	ASSETS, L1, C3	101,153.37
B01.01	Admitted value - PY	ASSETS, L1, C4	101,153.37
B01.02	Total Line B01 Change in net admitted asset value	LB01.00 - LB01.01	0.00
B02.00	Nonadmitted value	ASSETS, L1, C2	0.00
B02.01	Nonadmitted value - PY	PY ASSETS, L1, C2	0.00
B02.02	Total Line B02 Change in assets nonadmitted	LB02.00 - LB02.01	0.00
B03.00	Sum of Line B01.02 and B02.02	LB01.02 + LB02.02	0.00
B04.00	Cost of bonds acquired	SCDPT3, L8399999, C7	0.00
B04.01	Other amount increases from Line B10.00	LB10.00, C1	0.00
B04.99	TOTAL LINE B04 COST OF BONDS ACQUIRED [to CASH Line 13.1]	LB04.00 + LB04.01	0.00
B05.00	Unrealized valuation increase (decrease)	SCDPT1, L8399999, C12 + SCDPT4, L8399999, C11	0.00
B05.01	Unrealized foreign exchange increase (decrease)	SCDPT1, L8399999, C15 + SCDPT4, L8399999, C15	0.00
B05.02	Other than temporary impairment recognized	SCDPT1, L8399999, C14 + SCDPT4, L8399999, C13	0.00
B05.03	Total Line B05 Bonds increase (decrease) by adjustment	LB05.00 + LB05.01 - LB05.02	0.00
B06.00	Total profit (loss) on disposals	SCDPT4, L8399999, C19	0.00
B07.00	Consideration for bonds disposed of	SCDPT4, L8399999, C7	0.00
B07.01	Other amount (decreases) from Line B10.01	LB10.01, C1	0.00
B07.99	TOTAL LINE B07 PROCEEDS FROM BONDS SOLD, MATURED, OR REPAID [to CASH Line 12.1]	LB07.00 + LB07.01	0.00
B08.00	Amortization of premium	EXNETINVT, FTN 0000001, C2	0.00
B09.00	Accrual of discount	EXNETINVT, FTN 0000001, C1	0.00
B10.00	Other amount increases - combine with Line B04.01	MANUAL ENTRY (positive)	
B10.01	Other amount (decreases) combine with Line B07.01	MANUAL ENTRY (negative)	
B11.00	Total - Bonds	LB04.99 + LB05.03 + LB06.00 - LB07.99 - LB08.00 + LB09.00	0.00
B12.00	Total Check - If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in B10.00 or B10.01.	LB03.00 - LB11.00	0.00
<u>STOCKS</u>			
S01.00	Admitted value, preferred	ASSETS, L2.1, C3	0.00
S01.01	Admitted value, common	ASSETS, L2.2, C3	0.00
S01.02	Admitted value, preferred - PY	ASSETS, L2.1, C4	0.00
S01.03	Admitted value, common - PY	ASSETS, L2.2, C4	0.00
S01.04	Total Line S01 Change in net admitted asset value	LS01.00 + LS01.01 - LS01.02 - LS01.03	0.00
S02.00	Nonadmitted value, preferred	ASSETS, L2.1, C2	0.00
S02.01	Nonadmitted value, common	ASSETS, L2.2, C2	0.00
S02.02	Nonadmitted value, preferred - PY	PY ASSETS, L2.1, C2	0.00
S02.03	Nonadmitted value, common - PY	PY ASSETS, L2.2, C2	0.00
S02.04	Total Line S02 Change in assets nonadmitted	LS02.00 + LS02.01 - LS02.02 - LS02.03	0.00
S03.00	Sum of Line S01 and S02	LS01.04 + LS02.04	0.00
S04.00	Cost of stocks acquired	SCDPT3, L9899999, C7	0.00
S04.01	Other amount increases from Line S10.00	LS10.00, C1	0.00
S04.99	TOTAL LINE S04 COST OF STOCKS ACQUIRED [to CASH Line 13.2]	LS04.00 + LS04.01	0.00
S05.00	Unrealized valuation increase (decrease)	SCDPT2SN2, L9899999, C13 + SCDPT4, L9899999, C11	0.00
S05.01	Unrealized foreign exchange increase (decrease)	SCDPT2SN2, L9899999, C16 + SCDPT4, L9899999, C15	0.00
S05.02	Other than temporary impairment recognized	SCDPT2SN2, L9899999, C14 + SCDPT4, L9899999, C13	0.00
S05.03	Total Line S05 Stocks increase (decrease) by adjustment	LS05.00 + LS.05.01 - LS05.02	0.00
S06.00	Total profit (loss) on disposals	SCDPT4, L9899999, C19	0.00
S07.00	Consideration for stocks disposed of	SCDPT4, L9899999, C7	0.00
S07.01	Other amount (decreases) from Line S10.01	LS10.01, C1	0.00
S07.99	TOTAL CONSIDERATION FOR STOCKS DISPOSED OF [to CASH Line 12.2]	LS07.00 + LS07.01	0.00
S08.00	Amortization of Premium (preferred stock only)	EXNETINVT, FTN 0000002, C2	0.00
S09.00	Accrual of discount (preferred stock only)	EXNETINVT, FTN 0000002, C1	0.00
S10.00	Other amount increases - combine with Line S04.01	MANUAL ENTRY (positive)	
S10.01	Other amount (decreases) combine with Line S7.01	MANUAL ENTRY (negative)	
S11.00	Total Common & Preferred Stocks	LS04.99 + LS05.03 + LS06.00 - LS07.99 - LS08.00 + LS09.00	0.00
S12.00	Total Check - If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in S10.00 or S10.01.	LS03.00 - LS11.00	0.00

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Line	Description	Reference	Amount
<u>MORTGAGE LOANS</u>			
M01.00	Admitted value, first liens	ASSETS, L3.1, C3	0.00
M01.01	Admitted value, other than first liens	ASSETS, L3.2, C3	0.00
M01.02	Admitted value, first liens - PY	ASSETS, L3.1, C4	0.00
M01.03	Admitted value, other than first liens - PY	ASSETS, L3.2, C4	0.00
M01.04	Total Line M01 Change in net admitted asset value	LM01.00 + LM01.01 - LM01.02 - LM01.03	0.00
M02.00	Nonadmitted value, first liens	ASSETS, L3.1, C2	0.00
M02.01	Nonadmitted value, other than first liens	ASSETS, L3.2, C2	0.00
M02.02	Nonadmitted value, first liens - PY	PY ASSETS, L3.1, C2	0.00
M02.03	Nonadmitted value, other than first liens - PY	PY ASSETS, L3.2, C2	0.00
M02.04	Total Line M02 Change in assets nonadmitted	LM02.00 + LM02.01 - LM02.02 - LM02.03	0.00
M03.00	Sum of Line M01 and M02	LM01.04 + LM02.04	0.00
M04.00	Cost of acquired - actual cost at time of acquisitions	SCBVER, L2.1, C1	0.00
M04.01	Cost of acquired - additional investment made after acquisitions	SCBVER, L2.2, C1	0.00
M04.02	Other amount increases from Line M10.00	LM10.00, C1	0.00
M04.99	TOTAL LINE M04 COST OF MORTGAGE LOANS ACQUIRED [to CASH Line 13.3]	LM04.00 + LM04.01 + LM04.02	0.00
M05.00	Accrual of discount	SCBVER, L4, C2	0.00
M06.00	Increase (decrease) by adjustment (excluding premium / discount adjustments)	SCBVER, L5.2, C2	0.00
M06.01	Capitalized deferred interest and other	SCBVER, L3.2, C2	0.00
M06.02	Increase (decrease) by foreign exchange adjustment	SCBVER, L9.2, C2	0.00
M06.03	Current year's other than temporary impairment recognized	SCBVER, L10.2, C2	0.00
M06.04	Valuation allowance	SCBVER, L12, C2	0.00
M06.05	Valuation allowance - PY	PY SCBVER, L12, C2	0.00
M06.06	Adjustment for noncash items	MANUAL ENTRY	0.00
M06.07	Total Line M06 Mortgage Loans Unrealized Valuation increase (decrease) + Increase (decrease) by foreign exchange adjustment	LM06.00 + LM06.01 + LM06.02 - LM06.03 + LM06.04 - LM06.05 + LM06.06	0.00
M07.00	Total profit (loss) on sale	SCBVER, L6, C2	0.00
M08.00	Amount paid on account or in full during the period	SCBVER, L7, C2	0.00
M08.01	Other amount (decreases) from Line M10.01	LM10.01, C1	0.00
M08.99	TOTAL AMOUNTS RECEIVED ON DISPOSALS DURING THE PERIOD [TO LINE 12.3]	LM08.00 + LM08.01	0.00
M09.00	Amortization of Premium and mortgage interest points and fees	SCBVER, L8, C2	0.00
M10.00	Other amount increases - combine with Line M04.02	MANUAL ENTRY (positive)	0.00
M10.01	Other amount (decreases) combine with Line M08.01	MANUAL ENTRY (negative)	0.00
M11.00	Total Mortgage Loans	LM04.99 + LM05.00 + LM06.05 + LM07.00 - LM08.99 - LM09.00	0.00
M12.00	Total Check - If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in M10.00 or M10.01.	LM03.00 - LM11.00	0.00
<u>REAL ESTATE</u>			
R01.00	Admitted value, properties occupied	ASSETS, L4.1, C3	0.00
R01.01	Admitted value, properties held for income	ASSETS, L4.2, C3	0.00
R01.02	Admitted value, properties held for sale	ASSETS, L4.3, C3	0.00
R01.03	Admitted value, properties occupied - PY	ASSETS, L4.1, C4	0.00
R01.04	Admitted value, properties held for income - PY	ASSETS, L4.2, C4	0.00
R01.05	Admitted value, properties held for sale - PY	ASSETS, L4.3, C4	0.00
R01.06	Total Line R01 Change in net admitted asset value	LR01.00 + LR01.01 + LR01.02 - LR01.03 - LR01.04 - LR01.05	0.00
R02.00	Nonadmitted value, properties occupied	ASSETS, L4.1, C2	0.00
R02.01	Nonadmitted value, properties held for income	ASSETS, L4.2, C2	0.00
R02.02	Nonadmitted value, properties held for sale	ASSETS, L4.3, C2	0.00
R02.03	Nonadmitted value, properties occupied - PY	PY ASSETS, L4.1, C2	0.00
R02.04	Nonadmitted value, properties held for income - PY	PY ASSETS, L4.2, C2	0.00
R02.05	Nonadmitted value, properties held for sale - PY	PY ASSETS, L4.3, C2	0.00
R02.06	Total Line R02 Change in assets nonadmitted	LR02.00 + LR02.01 + LR02.02 - LR02.03 - LR02.04 - LR02.05	0.00
R03.00	Sum of Line R01 and R02	LR01.06 + LR02.06	0.00

HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
R04.00	Increase (decrease) by foreign exchange adjustment	SCAVER, L6.2, C2	0.00
R04.01	Decrease - current depreciation	SCAVER, L8.2, C2	0.00
R04.02	Current year's other than temporary impairment recognized	SCAVER, L7.2, C2	0.00
R04.03	Adjustment for noncash items	MANUAL ENTRY	
R04.04	Total Line R04 Real Estate increase (decrease) by adjustment	LR04.00 - LR04.01 - LR04.02 + LR04.03	0.00
R05.00	Cost of Real Estate Acquired & Cost of additions to and permanent improvements	SCAVER, L2.2, C2	0.00
R05.01	Changes in Encumbrances	SCAVER, L3.2, C2	0.00
R05.02	Other amount increases from Line R08.00	LR08.00, C1	0.00
R05.99	TOTAL LINE R05 COST OF REAL ESTATE ACQUIRED [to CASH Line 13.4]	LR05.00 + LR05.01 + LR05.02	0.00
R06.00	Total profit (loss) on disposals	SCAVER, L4, C2	0.00
R07.00	Amount received on sales	SCAVER, L5, C2	0.00
R07.01	Other amount (decreases) from Line R08.01	LR08.01, C1	0.00
R07.99	TOTAL LINE R07 AMOUNT RECEIVED ON SALES [to CASH 12.4]	LR07.00 + LR07.01	0.00
R08.00	Other amount increases - combine with Line R05.02	MANUAL ENTRY (positive)	
R08.01	Other amount (decreases) combine with Line R07.01	MANUAL ENTRY (negative)	
R09.00	Total Real Estate	LR04.04 + LR05.99 + LR06.00 - LR07.99	0.00
R10.00	Total Check - If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in R08.00 or R08.01.	LR03.00 - LR09.00	0.00

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HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
<u>OTHER INVESTED ASSETS</u>			
O01.00	Admitted value, other invested assets	ASSETS, L7, C3	600,000.00
O01.01	Admitted value, other invested assets - PY	ASSETS, L7, C4	648,058.99
O01.02	Total Line O01 Change in net admitted asset value	LO01.00 - LO01.01	(48,058.99)
O02.00	Nonadmitted value, other invested assets	ASSETS, L7, C2	0.00
O02.01	Nonadmitted value, other invested assets - PY	PY ASSETS, L7, C2	0.00
O02.02	Total Line O02 Change in nonadmitted asset value	LO02.00 - LO02.01	0.00
O03.00	Sum of Lines O01 and O02	LO01.02 + LO02.02	(48,058.99)
O04.00	Actual cost at time of acquisitions	SCBAVER, L2.1, C1	0.00
O04.01	Additional investment made after acquisitions	SCBAVER, L2.2, C1	0.00
O04.02	Other amount increases from Line O10.00	LO10.00, C1	0.00
O04.99	TOTAL LINE O04 COST OF OTHER INVESTED ASSETS [to CASH Line 13.5]	LO04.00 + LO04.01 + LO04.02	0.00
O05.00	Accrual of discount	SCBAVER, L4, C2	(48,058.99)
O06.00	Increase (decrease) by adjustment	SCBAVER, L5.2, C2	0.00
O06.01	Capitalized Deferred interest and other	SCBAVER, L3.2, C2	0.00
O06.02	Increase (decrease) by foreign exchange adjustment	SCBAVER, L9.2, C2	0.00
O06.03	Current year's other than temporary impairment recognized	SCBAVER, L10.2, C2	0.00
O06.04	Adjustment for noncash items	MANUAL ENTRY	
O06.05	Total Line O06 Increase (decrease) by adjustment	LO6.00 + LO6.01 + LO6.02 - LO6.03 + LO6.04	0.00
O07.00	Total profit (loss) on disposals	SCBAVER, L6, C2	0.00
O08.00	Amounts paid on account or in full during the period	SCBAVER, L6, C2	0.00
O08.01	Other amount (decreases) from Line O10.01	LO10.01, C1	0.00
O08.99	TOTAL LINE O08 AMOUNT PAID ON ACCOUNT [to CASH 12.5]	LO08.00 + LO08.01	0.00
O09.00	Amortization of premium	SCBAVER, L7, C2	0.00
O10.00	Other amount increases - combine with Line O04.02	MANUAL ENTRY (positive)	
O10.01	Other amount (decreases) combine with Line O08.01	MANUAL ENTRY (negative)	
O11.00	Total Other Invested Assets	LO04.99 + LO05.00 + LO06.06 + LO07.00 - LO08.99 - LO09.00	(48,058.99)
O12.00	Total Check - If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in O10.00 or O10.01.	LO03.00 - LO11.00	0.00
<u>CONTRACT LOANS AND PREMIUM NOTES</u>			
C01.00	Admitted value, contract loans & premium notes	ASSETS, L6, C3	0.00
C01.01	Admitted value, contract loans & premium notes - PY	ASSETS, L6, C4	0.00
C01.02	Total Line C01 Change in net admitted asset value	LC01.00 - LC01.01	0.00
C02.00	Nonadmitted value, contract loans & premium notes	ASSETS, L6, C2	0.00
C02.01	Nonadmitted value, contract loans & premium notes - PY	PY ASSETS L6, C2	0.00
C02.02	Total Line C02 Change in nonadmitted asset value	LC02.00 - LC02.01	0.00
C03.00	Sum of Lines C01 and C02	LC01.02 + LC02.02	0.00
C04.00	Increase (decrease) by adjustment	MANUAL ENTRY	
C04.01	Increase (decrease) by foreign exchange adjustment	MANUAL ENTRY	
C04.02	Total Line C04 Increase (decrease) by adjustment	LC04.00 + LC04.01	0.00
C05.00	Net increase (decrease) in amount paid and received	MANUAL ENTRY	0.00
C05.01	Net other amount increases (decreases) from Line C07.02	LC07.02, C1	0.00
C05.99	TOTAL LINE C05 NET INCREASE (DECREASE) IN CONTRACT LOANS & PREMIUM NOTES [to CASH Line 14]	LC05.00 + LC05.01	0.00

HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
C06.00	Realized gain (loss)	MANUAL ENTRY	
C07.00	Other amount increases	MANUAL ENTRY (positive)	
C07.01	Other amount (decreases)	MANUAL ENTRY (negative)	
C07.02	Total Line C07 Other amount increases (decreases) -- combine with Line LC05.01	LC07.00 + LC07.01	0.00
C08.00	Total Contract Loans & Premium Notes	LC04.02 + LC05.99 + LC06.00	0.00
C09.00	Total Check -- If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in C07.00 or C07.01.	LC03.00 - LC08.00	0.00
<u>AGGREGATE WRITE-INS FOR INVESTED ASSETS</u>			
W01.00	Admitted value, write-ins for invested assets	ASSETS, L9, C3	0.00
W01.01	Admitted value, write-ins for invested assets - PY	ASSETS, L9, C4	0.00
W01.02	Total Line W01 Change in net admitted asset value	LW01.00 - LW01.01	0.00
W02.00	Nonadmitted value, write-ins for invested assets	ASSETS, L9, C2	0.00
W02.01	Nonadmitted value, write-ins for invested assets - PY	PY ASSETS, L9, C2	0.00
W02.02	Total Line W02 Change in nonadmitted asset value	LW02.00 - LW02.01	0.00
W03.00	Sum of Lines W01 and W02	LW01.02 + LW02.02	0.00
W04.00	Increase (decrease) by adjustment	MANUAL ENTRY	
W04.01	Increase (decrease) by foreign exchange adjustment	MANUAL ENTRY	
W04.02	Total Line W04 Increase (decrease) by adjustment	LW04.00 + LW04.01	0.00
W05.00	Net increase (decrease) in amount paid and received	MANUAL ENTRY	
W05.01	Net other amount increases (decreases) from Line W07.02	LW07.02, C1	0.00
W05.99	TOTAL LINE W05 NET INCREASE (DECREASE) IN AMOUNTS PAID AND RECEIVED [If negative to CASH Line 12.7. If positive to Line 13.6]	LW05.00 + LW05.01	0.00
W06.00	Realized gain (loss)	MANUAL ENTRY	
W07.00	Other amount increases	MANUAL ENTRY (positive)	
W07.01	Other amount (decreases)	MANUAL ENTRY (negative)	
W07.02	Total Line W07 Other amount increases (decreases) -- combine with LW05.01	LW07.00 + LW07.01	0.00
W08.00	Total Aggregate write-ins for invested assets	LW04.02 + LW05.99 + LW06.00	0.00
W09.00	Total Check -- If difference is not = 0, identify differences and add to amount(s) in the appropriate line(s) or in W07.00 or W07.01.	LW03.00 - LW08.00	0.00
<u>RECEIVABLES (PAYABLE) FOR SECURITIES</u>			
X01.00	Admitted value, receivable for securities	ASSETS, L8, C3	0.00
X01.01	Admitted value, receivable for securities - PY	ASSETS, L8, C4	0.00
X01.02	Total Line X01 Change in net admitted asset value	LX01.00 - LX01.01	0.00
X02.00	Nonadmitted value, receivable for securities	ASSETS, L8, C2	0.00
X02.01	Nonadmitted value, receivable for securities - PY	PY ASSETS, L8, C2	0.00
X02.02	Total Line X02 Change in nonadmitted asset value	LX02.00 - LX02.01	0.00
X03.00	Payable for securities	LIAB, L16, C3	0.00
X03.01	Payable for securities - PY	LIAB, L16, C4	0.00
X03.02	Total Line X03 Change in Payable for securities	LX03.00 - LX03.01	0.00
X04.99	TOTAL LINE X04 TOTAL RECEIVABLE (PAYABLE) FOR SECURITIES [If negative to CASH Line 12.7. If positive to Line 13.6]	LX01.02 + LX02.02 - LX03.02	0.00

HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
<u>RECONCILE UNREALIZED CAPITAL GAINS (LOSSES)</u>			
RU01.00	Change in unrealized capital gains (losses) less capital gains tax	REVEX2, L36, C1 + REVEX2 L36, C1 Inset Amount	0.00
RU01.01	Change in net unrealized foreign exchange capital gains (losses)	REVEX2, L37, C1 (in part excluding taxes)	
RU01.02	Total Line RU01 Change in capital gains (losses)	LRU01.00 + LRU01.01	0.00
RU02.00	Total unrealized gains (losses) from investments reported in CASHWKP	LB05.03 + LS05.03 + LM06.07 + LR04.04 + LO06.05 + LC04.02 + LW04.02	0.00
RU03.00	Increase (decrease) by adjustment - short term investments	SCDAVER, L4, C1	0.00
RU03.01	Increase (decrease) by foreign exchange adjustment - short term investments	SCDAVER, L8, C1	0.00
RU03.02	Increase (decrease) by adjustment - cash equivalents	SCEVER, L4, C1	0.00
RU03.03	Increase (decrease) by foreign exchange adjustment-cash equivalents	SCEVER, L8, C1	0.00
RU03.04	Other amount increases-CASH, CASH EQUIVALENTS, S/T INVEST	MANUAL ENTRY	
RU03.05	Other amount decreases-CASH, CASH EQUIVALENTS, S/T INVEST	MANUAL ENTRY	
RU03.99	TOTAL LINE RU03 INCREASE (DECREASE) BY ADJUSTMENT [to CASH Line 12.6]	LRU03.00 + LRU03.01 + LRU03.02 + LRU03.03 + LRU03.04 + LRU03.05	0.00
RU04.00	Depreciation expense included in net investment income included in LRU02.00 and reported on L2.06.00	CASH FLOW WORKPAPER L2.6.00	0.00
RU05.99	TOTAL LINE RU05 TOTAL UNREALIZED CAPITAL GAINS (LOSSES) [Total check - should = 0. If not = 0, report positive to CASH Line 12.7, if negative to Line 13.6]	LRU01.02 - LRU02.00 - LRU03.99 - LRU04.00	0.00
<u>RECONCILE REALIZED CAPITAL GAINS (LOSSES)</u>			
RR01.00	Net realized capital gains or (losses) before taxes	REVEX1, L26, C2 + REVEX1, L26, Inset amount	0.00
RR02.00	Total realized gains (losses) from investments reported in CASHWKP	LB06.00 + LS06.00 + LM07.00 + LR06.00 + LO07.00 + LC06.00 + LW06.00	0.00
RR03.00	Total profit (loss) on disposal of short-term investments	SCDAVER, L5, C1	0.00
RR03.01	Total profit (loss) on disposal of cash and Cash Equivalents	SCEVER, L5, C1	0.00
RR03.02	Total profit (loss) on disposal of cash	MANUAL ENTRY	
RR03.99	TOTAL LINE RR03 PROFIT (LOSS) ON DISPOSAL [to CASH Line 12.6]	LRR03.00 + LRR03.01 + LRR03.02	0.00
RR04.99	TOTAL LINE RR04 TOTAL REALIZED CAPITAL GAINS (LOSSES) Total check - should = 0. If not = 0, report positive to CASH Line 12.7, if negative to Line 13.6]	LRR01.00 - LRR02.00 - LRR03.99	0.00

HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
CASH PROVIDED (APPLIED)			
<u>SURPLUS NOTES AND CAPITAL NOTES</u>			
CP01.00	Surplus notes	LIAB, L27, C3	1,414,232.00
CP01.01	Surplus notes - PY	LIAB, L27, C4	1,209,114.00
CP01.02	Total Line CP01 Change in surplus notes	LCP01.00 - LCP01.01	205,118.00
CP02.00	Capital notes	MANUAL ENTRY	
CP02.01	Capital notes - PY	MANUAL ENTRY	
CP02.02	Total Line CP02 Change in capital notes	LCP02.00 - LCP02.01	0.00
CP03.00		MANUAL ENTRY	
CP03.01		MANUAL ENTRY	
CP03.02		MANUAL ENTRY	
CP03.03	Total Line CP03 Manual Adjustments	LCP03.00 + LCP03.01 + LCP03.02	0.00
CP04.99	TOTAL SURPLUS NOTES AND CAPITAL NOTES [to CASH Line 16.1]	LCP01.02 + LCP02.02 + LCP03.03	205,118.00
<u>CAPITAL AND PAID IN SURPLUS, LESS TREASURY STOCK</u>			
CP05.00	Common capital stock	LIAB, L24, C3	0.00
CP05.01	Preferred capital stock	LIAB, L25, C3	0.00
CP05.02	Common capital stock - PY	LIAB, L24, C4	0.00
CP05.03	Preferred capital stock - PY	LIAB, L25, C4	0.00
CP05.04	Total Line CP05 Change in capital	LCP05.00 + LCP05.01 - LCP05.02 - LCP05.03	0.00
CP06.00	Gross paid in and contributed surplus	LIAB, L26, C3	0.00
CP06.01	Gross paid in and contributed surplus - PY	LIAB, L26, C4	0.00
CP06.02	Total Line CP06 Change in paid in surplus	LCP06.00 - LCP06.01	0.00
CP07.00	Treasury stock at cost: common	LIAB, L30.1, C3	0.00
CP07.01	Treasury stock at cost: preferred	LIAB, L30.2, C3	0.00
CP07.02	Treasury stock at cost: common - PY	LIAB, L30.1, C4	0.00
CP07.03	Treasury stock at cost: preferred - PY	LIAB, L30.2, C4	0.00
CP07.04	Total Line CP07 Change in treasury stock	LCP07.00 + LCP07.01 - LCP07.02 - LCP07.03	0.00
CP08.00	Transfer from unassigned surplus to lines included in CP05 or CP06	MANUAL ENTRY	
CP09.00		MANUAL ENTRY	
CP09.01		MANUAL ENTRY	
CP09.02		MANUAL ENTRY	
CP09.03	Total Line CP09 Manual Adjustments	LCP09.00 + LCP09.01 + LCP09.02	0.00
CP10.99	TOTAL CAPITAL AND PAID IN SURPLUS, LESS TREASURY STOCK [to CASH Line 16.2]	LCP05.04 + LCP06.02 - LCP07.04 - LCP08.00 + LCP09.03	0.00
<u>BORROWED MONEY</u>			
CP11.00	Borrowed money	LIAB, L14, C3	0.00
CP11.01	Borrowed money - PY	LIAB, L14, C4	0.00
CP11.02	Total Line CP11 Change in borrowed money	LCP11.00 - LCP11.01	0.00
CP12.00		MANUAL ENTRY	
CP12.01		MANUAL ENTRY	
CP12.02		MANUAL ENTRY	
CP12.03	Total Line CP12 Manual Adjustments	LCP12.00 + LCP12.01 + LCP12.02	0.00
CP13.99	TOTAL BORROWED MONEY [to CASH Line 16.3]	LCP11.02 + LCP12.03	0.00
<u>DIVIDENDS TO STOCKHOLDERS</u>			
CP14.00	Dividends to stock holders	REVEX2, L46, C1 (L46, C1 multiplied by -1)	0.00
CP15.00	Dividends to stockholders - liabilities	LIAB, L21, C1 (in part)	
CP15.01	Dividends to stockholders - liabilities - PY	PY LIAB, L21, C1 (in part)	
CP15.02	Total Line CP15 Change in dividends to stockholders	LCP15.00 - LCP15.01	0.00
CP16.99	DIVIDENDS TO STOCKHOLDERS [to CASH Line 16.5]	LCP14.00 - LCP15.02	0.00

HEALTH CASH FLOW WORKPAPER

Line	Description	Reference	Amount
<u>OTHER CASH PROVIDED (APPLIED)</u>			
CP18.00	Aggregate write-ins for gains or (losses) in surplus	REVEX2, L47, C1	0.00
CP19.00	Amounts withheld or retained for the account of others	LIAB, L12, C3	0.00
CP19.01	Remittance and items not allocated	LIAB, L13, C3	0.00
CP19.02	Amounts due to parent, subsidiaries and affiliates	LIAB, L15, C3	3,302.00
CP19.03	Funds held under reinsurance treaties	LIAB, L17, C3	0.00
CP19.04	Aggregate write-ins for other liabilities	LIAB, L21, C3 (in part excluding dividends in line 5.2 above)	
CP19.05	Aggregate write-ins for special surplus funds	LIAB, L23, C3	0.00
CP19.06	Aggregate write-ins for other than special surplus funds	LIAB, L28, C3	0.00
CP19.07	Amounts withheld or retained for the account of others - PY	LIAB, L12, C4	0.00
CP19.08	Remittance and items not allocated - PY	LIAB, L13, C4	0.00
CP19.09	Amounts due to parent, subsidiaries and affiliates - PY	LIAB, L15, C4	7,260.00
CP19.10	Funds held under reinsurance treaties - PY	LIAB, L17, C4	0.00
CP19.11	Aggregate write-ins for other liabilities - PY	LIAB, L21, C4 (in part excluding dividends in line 5.2 above)	
CP19.12	Aggregate write-ins for special surplus funds - PY	LIAB, L23, C4	0.00
CP19.13	Aggregate write-ins for other than special surplus funds - PY	LIAB, L28, C4	0.00
CP19.14	Total Line CP19 Change in misc. liabilities	LCP19.00 + LCP19.01 + LCP19.02 + LCP19.03 + LCP19.04 + LCP19.05 + LCP19.06 - LCP19.07 - LCP19.08 - LCP19.09 - LCP19.10 - LCP19.11 - LCP19.12 - LCP19.13	(3,958.00)
CP20.00	Electronic data processing equipment and software	ASSETS, L18, C1	0.00
CP20.01	Furniture and equipment, including health care delivery assets	ASSETS, L19, C1	0.00
CP20.02	Receivables from parent, subsidiaries and affiliates	ASSETS, L21, C1	0.00
CP20.03	Health care and other amounts receivable	ASSETS, L22, C1 (in part for amounts not included elsewhere)	
CP20.04	Aggregate write-ins for other than invested assets	ASSETS, L23, C1 (in part for amounts not included elsewhere)	
CP20.05	Electronic data processing equipment and software - PY	PY ASSETS, L18, C1	0.00
CP20.06	Furniture and equipment, including health care delivery assets - PY	PY ASSETS, L19, C1	0.00
CP20.07	Receivables from parent, subsidiaries and affiliates - PY	PY ASSETS, L21, C1	0.00
CP20.08	Health care and other amounts receivable - PY	PY ASSETS, L22, C1 (in part for amounts not included elsewhere)	
CP20.09	Aggregate write-ins for other than invested assets- PY	PY ASSETS, L23, C1 (in part for amounts not included elsewhere)	
CP20.10	Total Line CP20 Change in misc. assets	LCP20.00 + LCP20.01 + LCP20.02 + LCP20.03 + LCP20.04 - LCP20.05 - LCP20.06 - LCP20.07 - LCP20.08 - LCP20.09	0.00
CP21.00	Transfer from unassigned surplus to lines included in CP19	MANUAL ENTRY	
CP22.00	Depreciation (included on Line 7.4.00)	MANUAL ENTRY	
CP23.00		MANUAL ENTRY	
CP23.01		MANUAL ENTRY	
CP23.02		MANUAL ENTRY	
CP23.03	Total Line CP23 Manual Adjustments	LCP23.00 + LCP23.01 + LCP23.02	0.00
CP24.99	OTHER CASH PROVIDED [to CASH Line 16.6]	LCP18.00 + LCP19.14 - LCP20.10 - LCP21.00 + LCP22.00 + LCP23.03	(3,958.00)
<u>RECONCILE CHANGE IN LIABILITY IN REINSURANCE IN UNAUTHORIZED COMPANIES</u>			
RC01.00	Change in unauthorized reinsurance	REVEX2, L40, C1	0.00
RC02.01	Reinsurance in unauthorized companies	LIAB, L18, C3	0.00
RC02.02	Reinsurance in unauthorized companies - PY	LIAB, L18, C4	0.00
RC02.03	Total change in unauthorized companies	LRC02.01 - LRC02.02	0.00
RC03.00	Total check - if difference is not = 0, adjust appropriate line in worksheet	LRC01.00 - LRC02.03	0.00
<u>RECONCILE OF NONADMITTED ASSETS</u>			
RN01.00	Change in nonadmitted assets	REVEX2, L39, C1	(77,462.00)
RN02.01	Nonadmitted assets	ASSETS, L26, C2, (adjusted for amts reported in unrealized capital gains/losses)	
RN02.02	Nonadmitted assets - PY	PY ASSETS, L26, C2, (adjusted for amts reported in unrealized capital gains/losses)	
RN02.03		MANUAL ENTRY	
RN02.04	Total change in nonadmitted assets	LRN02.01 - LRN02.02 + LRN02.03	0.00
RN03.00	Total check - if difference is not = 0, report balance on Line CP23.00	LRN01.00 + LRN02.04	(77,462.00)
<u>RECONCILE OF CHANGE IN ACCOUNTING</u>			
RP01.00	Cumulative effect of changes in accounting principles Allocate all amounts due to change in accounting to the appropriate section of the worksheet	REVEX2, L43, C1	489,062.00

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & 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	5,034,030.00	5,034,030.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Change in unearned premium reserves and reserve for rate credit	0.00									
3. Fee-for-service (net of \$ medical expenses)	0.00									XXX
4. Risk revenue	0.00									XXX
5. Aggregate write-ins for other health care related revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
6. Aggregate write-ins for other non-health care related revenues	0.00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0.00
7. Total revenues (Lines 1 to 6)	5,034,030.00	5,034,030.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Hospital/medical/ benefits	0.00									XXX
9. Other professional services	0.00									XXX
10. Outside referrals	0.00	0.00								XXX
11. Emergency room and out-of-area	0.00									XXX
12. Prescription Drugs	0.00									XXX
13. Aggregate write-ins for other hospital and medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0.00									XXX
15. Subtotal (Lines 8 to 14)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
16. Net reinsurance recoveries	0.00									XXX
17. Total hospital and medical (Lines 15 minus 16)	0.00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0.00
18. Non-health claims (net)	0.00									XXX
19. Claims adjustment expenses including \$ 0.00 cost containment expenses	0.00									XXX
20. General administrative expenses	0.00									XXX
21. Increase in reserves for accident and health contracts	0.00									XXX
22. Increase in reserves for life contracts	0.00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0.00
23. Total underwriting deductions (Lines 17 to 22)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	5,034,030.00	5,034,030.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598.		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0599.		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0699.		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1301.										XXX
1302.										XXX
1303.										XXX
1398.		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1399.		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	5,034,030.00			5,034,030.00
2. Medicare Supplement				0.00
3. Dental Only				0.00
4. Vision Only				0.00
5. Federal Employees Health Benefits Plan				0.00
6. Title XVIII - Medicare				0.00
7. Title XIX - Medicaid				0.00
8. Other health				0.00
9. Health subtotal (Lines 1 through 8)	5,034,030.00	0.00	0.00	5,034,030.00
10. Life				0.00
11. Property/casualty				0.00
12. Totals (Lines 9 to 11)	5,034,030.00	0.00	0.00	5,034,030.00

Part 2 - Claims Incurred

NONE

Part 2A - Claims Liability

NONE

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STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

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 Dec. 31 of Current Year			5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year		
1. Comprehensive (hospital and medical)					0.00	0.00	0.00	0.00
2. Medicare Supplement					0.00	0.00	0.00	0.00
3. Dental Only					0.00	0.00	0.00	0.00
4. Vision Only					0.00	0.00	0.00	0.00
5. Federal Employees Health Benefits Plan Premiums					0.00	0.00	0.00	0.00
6. Title XVIII - Medicare					0.00	0.00	0.00	0.00
7. Title XIX - Medicaid					0.00	0.00	0.00	0.00
8. Other health					0.00	0.00	0.00	0.00
9. Health subtotal (Lines 1 to 8)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Healthcare receivables (a)					0.00	0.00	0.00	0.00
11. Other non-health					0.00	0.00	0.00	0.00
12. Medical incentive pools and bonus amounts					0.00	0.00	0.00	0.00
13. Totals (Lines 9 - 10 + 11 + 12)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

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

Section A - Paid Health Claims - Grand Total

	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
Year in Which Losses Were Incurred	NONE				
1. Prior	0.00000	0.00000	0.00000	0.00000	0.00000
2. 2005	0.00000	0.00000	0.00000	0.00000	0.00000
3. 2006	XXX	0.00000	0.00000	0.00000	0.00000
4. 2007	XXX	XXX	0.00000	0.00000	0.00000
5. 2008	XXX	XXX	XXX	0.00000	0.00000
6. 2009	XXX	XXX	XXX	XXX	0.00000

Section B - Incurred Health Claims - Grand Total

	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
Year in Which Losses Were Incurred	NONE				
1. Prior	0.00000	0.00000	0.00000	0.00000	0.00000
2. 2005	0.00000	0.00000	0.00000	0.00000	0.00000
3. 2006	XXX	0.00000	0.00000	0.00000	0.00000
4. 2007	XXX	XXX	0.00000	0.00000	0.00000
5. 2008	XXX	XXX	XXX	0.00000	0.00000
6. 2009	XXX	XXX	XXX	XXX	0.00000

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	Claims and Claim Adjustment Payments (2+3)	Col. (5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	Col. (9/1) Percent	
1. 2005	0.00000	0.00000	0.00000	0.00000	0.0	0.00000	0.00000	0.00000	0.0	
2. 2006	0.00000	0.00000	0.00000	0.00000	0.0	0.00000	0.00000	0.00000	0.0	
3. 2007	0.00000	0.00000	0.00000	0.00000	0.0	0.00000	0.00000	0.00000	0.0	
4. 2008	0.00000	0.00000	0.00000	0.00000	0.0	0.00000	0.00000	0.00000	0.0	
5. 2009	0.00000	0.00000	0.00000	0.00000	0.0	0.00000	0.00000	0.00000	0.0	

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

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 & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0.00								
2. Additional policy reserves (a)	0.00								
3. Reserve for future contingent benefits	0.00								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	0.00								
5. Aggregate write-ins for other policy reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Totals (Gross)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Reinsurance ceded	0.00								
8. Totals (Net) (Page 3, Line 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Present value of amounts not yet due on claims	0.00								
10. Reserve for future contingent benefits	0.00								
11. Aggregate write-ins for other claim reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Totals (Gross)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. Reinsurance ceded	0.00								
14. Totals (Net) (Page 3, Line 7)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(a) Includes \$									

(a) Includes \$ premium deficiency reserve

STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

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).....					0.00
2. Salaries, wages and other benefits.....			0.00		0.00
3. Commissions (less \$ ceded plus \$ assumed.....)					0.00
4. Legal fees and expenses.....					0.00
5. Certifications and accreditation fees.....					0.00
6. Auditing, actuarial and other consulting services.....					0.00
7. Traveling expenses.....			0.00		0.00
8. Marketing and advertising.....					0.00
9. Postage, express and telephone.....					0.00
10. Printing and office supplies.....					0.00
11. Occupancy, depreciation and amortization.....					0.00
12. Equipment.....					0.00
13. Cost or depreciation of EDP equipment and software.....					0.00
14. Outsourced services including EDP, claims, and other services.....					0.00
15. Boards, bureaus and association fees.....					0.00
16. Insurance, except on real estate.....			0.00		0.00
17. Collection and bank service charges.....					0.00
18. Group service and administration fees.....					0.00
19. Reimbursements by uninsured plans.....					0.00
20. Reimbursements from fiscal intermediaries.....					0.00
21. Real estate expenses.....					0.00
22. Real estate taxes.....					0.00
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0.00
23.2 State premium taxes.....					0.00
23.3 Regulatory authority licenses and fees.....					0.00
23.4 Payroll taxes.....					0.00
23.5 Other (excluding federal income and real estate taxes).....					0.00
24. Investment expenses not included elsewhere.....			598,492.00		598,492.00
25. Aggregate write-ins for expenses.....	0.00	0.00	0.00	0.00	0.00
26. Total expenses incurred (Lines 1 to 25).....	0.00	0.00	598,492.00	0.00	(a) 598,492.00
27. Less expenses unpaid December 31, current year.....					0.00
28. Add expenses unpaid December 31, prior year.....	0.00	0.00	0.00	0.00	0.00
29. Amounts receivable relating to uninsured plans, prior year.....	0.00	0.00	0.00	0.00	0.00
30. Amounts receivable relating to uninsured plans, current year.....					0.00
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0.00	0.00	598,492.00	0.00	598,492.00
DETAIL OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0.00	0.00	0.00	0.00	0.00
2599. Totals (Line 2501 through 2503 plus 2598)(Line 25 above).....	0.00	0.00	0.00	0.00	0.00

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0.00	
2.1 Preferred stocks (unaffiliated)	(b) 0.00	
2.11 Preferred stocks of affiliates	(b) 0.00	
2.2 Common stocks (unaffiliated)	0.00	
2.21 Common stocks of affiliates	0.00	
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		86,229.00
9. Aggregate write-ins for investment income	0.00	0.00
10. Total gross investment income	0.00	86,229.00
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		0.00
16. Total deductions (Lines 11 through 15)		0.00
17. Net investment income (Line 10 minus Line 16)		86,229.00
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0.00	0.00
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0.00	0.00
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0.00
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0.00

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0.00 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0.00 paid for accrued dividends on purchases.
- (c) Includes \$ 0.00 accrual of discount less \$ 0.00 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5. Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0.00		
1.1 Bonds exempt from U.S. tax			0.00		
1.2 Other bonds (unaffiliated)			0.00		
1.3 Bonds of affiliates	0.00	0.00	0.00	0.00	0.00
2.1 Preferred stocks (unaffiliated)	0.00	0.00	0.00	0.00	0.00
2.11 Preferred stocks of affiliates	0.00	0.00	0.00	0.00	0.00
2.2 Common stocks (unaffiliated)	0.00	0.00	0.00	0.00	0.00
2.21 Common stocks of affiliates	0.00	0.00	0.00	0.00	0.00
3. Mortgage loans	0.00	0.00	0.00	0.00	0.00
4. Real estate	0.00	0.00	0.00		0.00
5. Contract loans			0.00		
6. Cash, cash equivalents and short-term investments			0.00	0.00	0.00
7. Derivative instruments			0.00		
8. Other invested assets	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for capital gains (losses)	0.00	0.00	0.00	0.00	0.00
10. Total capital gains (losses)	0.00	0.00	0.00	0.00	0.00
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0.00	0.00	0.00	0.00	0.00
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	0.00	0.00	0.00	0.00	0.00

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0.00	0.00	0.00
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0.00	0.00	0.00
2.2 Common stocks.....	0.00	0.00	0.00
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0.00	0.00	0.00
3.2 Other than first liens.....	0.00	0.00	0.00
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0.00	0.00	0.00
4.2 Properties held for the production of income.....	0.00	0.00	0.00
4.3 Properties held for sale.....	0.00	0.00	0.00
5. Cash (Schedule-E Part 1), cash equivalents (Schedule-E Part 2) and short-term investments (Schedule DA).....	0.00	0.00	0.00
6. Contract loans.....	0.00	0.00	0.00
7. Other Invested assets (Schedule BA).....	0.00	0.00	0.00
8. Receivables for securities.....	0.00	0.00	0.00
9. Aggregate write-ins for invested assets.....	0.00	0.00	0.00
10. Subtotals, cash and invested assets (Lines 1 to 9).....	0.00	0.00	0.00
11. Title plants (for Title insurers only).....	0.00	0.00	0.00
12. Investment income due and accrued.....	0.00	0.00	0.00
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection.....	0.00	0.00	0.00
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0.00	0.00	0.00
13.3 Accrued retrospective premiums.....	0.00	0.00	0.00
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers.....	0.00	0.00	0.00
14.2 Funds held by or deposited with reinsured companies.....	0.00	0.00	0.00
14.3 Other amounts receivable under reinsurance contracts.....	0.00	0.00	0.00
15. Amounts receivable relating to uninsured plans.....	0.00	0.00	0.00
16.1 Current federal and foreign income tax recoverable and interest thereon.....	0.00	0.00	0.00
16.2 Net deferred tax asset.....	0.00	0.00	0.00
17. Guaranty funds receivable or on deposit.....	0.00	0.00	0.00
18. Electronic data processing equipment and software.....	0.00	0.00	0.00
19. Furniture and equipment, including health care delivery assets.....	0.00	0.00	0.00
20. Net adjustment in assets and liabilities due to foreign exchange rates.....	0.00	0.00	0.00
21. Receivables from parent, subsidiaries and affiliates.....	0.00	(77,462.00)	(77,462.00)
22. Health care and other amounts receivable.....	0.00	0.00	0.00
23. Aggregate write-ins for other than invested assets.....	0.00	0.00	0.00
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	0.00	(77,462.00)	(77,462.00)
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0.00	0.00	0.00
26. Total (Lines 24 and 25).....	0.00	(77,462.00)	(77,462.00)
DETAILS OF WRITE-INS			
0901.....			
0902.....			
0903.....			
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0.00	0.00	0.00
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above).....	0.00	0.00	0.00
2301.....			
2302.....			
2303.....			
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0.00	0.00	0.00
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above).....	0.00	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Total Members at End of					
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
Source of Enrollment						
1. Health Maintenance Organizations.....	3,641.00	3,692.00	3,414.00	3,687.00	3,700.00	3,700.00
2. Provider Service Organizations.....	0.00					
3. Preferred Provider Organizations.....	0.00					
4. Point of Service.....	0.00					
5. Indemnity Only.....	0.00					
6. Aggregate write-ins for other lines of business	0.00	0.00	0.00	0.00	0.00	0.00
7. Total	3,641.00	3,692.00	3,414.00	3,687.00	3,700.00	3,700.00
DETAILS OF WRITE-INS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0.00	0.00	0.00	0.00	0.00	0.00
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0.00	0.00	0.00	0.00	0.00	0.00

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 4 - Claims Unpaid

NONE

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

Exhibit 7 - Part 1

NONE

Exhibit 7 - Part 2

NONE

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**Detail Page For
EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Totals individuals						
0299997 Group subscriber subtotal	0.00	0.00	0.00	0.00	0.00	0.00
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0.00	0.00	0.00	0.00	0.00	0.00
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and Health premiums due and unpaid (Page 2, Line 13)	0.00	0.00	0.00	0.00	0.00	0.00

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Detail Page For EXHIBIT 3 – HEALTH CARE RECEIVABLES

	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Pharmaceutical Rebate Receivables						
0299999 Claim Overpayment Receivables						
0399999 Loans and Advances to Providers						
0499999 Capitation Arrangement Receivables						
0599999 Risk Sharing Receivables						
0699999 Other Receivables						
0799999 Gross health care receivables						

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**Detail Page For
EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0199999 Individually listed claims unpaid	0.00	0.00	0.00	0.00	0.00	0.00
0299999 Aggregate accounts not individually listed - uncovered						0.00
0399999 Aggregate accounts not individually listed - covered						0.00
0499999 Subtotals	0.00	0.00	0.00	0.00	0.00	0.00
0599999 Unreported claims and other claim reserves						
0699999 Total amounts withheld						
0799999 Total claims unpaid						0.00
0899999 Accrued medical incentive pool and bonus amounts						0.00

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

	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	8 Admitted	
						7 Current	Non-Current
0199999 Individually listed receivables.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0299999 Receivables not individually listed.....							
0399999 Total gross amounts receivable.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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**Detail Page For
EXHIBIT 6 - AMOUNTS DUE TO AFFILIATES**

	3 Amount	4 Current	5 Non-Current
0199999 Individually listed payables.....	0.00	0.00	0.00
0299999 Payables not individually listed.....			
0399999 Total gross payables	0.00	0.00	0.00

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**Detail Page For
EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	3
	Capitation Paid
9999999 Totals	0.00

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

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						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	0.00	0.00	0.00	0.00	0.00	0.00
6. Total	0.00	0.00	0.00	0.00	0.00	0.00

NOTES TO FINANCIAL STATEMENTS

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NAIC Input For NOTES
Plan Medico Servicios de Salud Bella Vista

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

	2009	2008
1. Summary of Significant Accounting Policies		
01A01. Net Income ABC state basis	47,840.00	0.00
01A04. Net Income, NAIC SAP		0.00
01A05. Statutory Surplus ABC basis		0.00
01A08. Statutory Surplus, NAIC SAP		0.00

	2009
4. Discontinued Operations	
0405A Assets - Line 5 - Cash	
0405B Assets - Line 26 - Totals	
0405C Liabilities, Surplus and Other Funds - Line 22 - Total Liabilities	
0405D Liabilities, Surplus and Other Funds - Line 31 - Surplus	
0405E Liabilities, Surplus and Other Funds - Line 32 - Total	
0405F Statement of Revenue and Expenses - Line 2 - Premiums	
0405G Statement of Revenue and Expenses - Line 22 - Increase in reserves for A&H (current year less prior year)	
0405H Statement of Revenue and Expenses - Line 31 - Federal and foreign income taxes incurred	
0405I Statement of Revenue and Expenses - Line 26 - Net realized capital gains (losses)	
0405J Statement of Revenue and Expenses - Line 32 - Net Income	

5A. Investments - Mortgage Loans

	2009	2008
05A04 As of year end, the company held mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest		0.00
05A04A Total interest due on mortgages with interest more than 180 days past due		0.00
05A05 Taxes, assessments and any amounts advanced and not included in the mortgage loan total		0.00
05A06 Current year impaired loans with a related allowance for credit losses		0.00
05A06A Related allowance for credit losses		0.00
05A07 Impaired mortgage loans without an allowance for credit losses		0.00
05A08 Average recorded investment in impaired loans		0.00
05A09 Interest income recognized during the period the loans were impaired		0.00
05A10 Amount of interest income recognized on a cash basis during the period the loans were impaired		0.00

Allowance for credit losses:

	2009	2008
05A11A. Balance at beginning of period	0.00	0.00
05A11B. Additions charged to operations		0.00
05A11C. Direct write-downs charged against the allowances		0.00
05A11D. Recoveries of amounts previously charged off		0.00
05A11E. Balance at end of period	0.00	0.00

5B Investments - Debt Restructuring

	2009	2008
05B01 The total recorded investment in restructured loans, as of year end		0.00
05B02 The realized capital losses related to these loans		0.00
05B03 Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructuring		0.00

5E. Investments - Repurchase Agreements/Securities Lending

	2009	2008
05E3A1. Open		
05E3A2. 30 Days or Less		
05E3A3. 31 to 60 Days		
05E3A4. 61 to 90 Days		
05E3A5. Greater Than 90 Days		
05E3A6. Total Collateral Received		0.00

05E3B1. The aggregate fair value of all securities acquired from the sale, trade or use of the accepted collateral (reinvested collateral)	(1)
--	-----

9A. Income Taxes – The components of the net deferred tax asset/(liability) at December 31, 2009 are as follows:

	2009	2008
09A01. Total of all gross deferred tax assets		0.00
09A02. Total of all deferred tax liabilities		0.00
09A03. Net deferred tax assets (liabilities)	0.00	0.00
09A04. Deferred tax assets nonadmitted		0.00
09A05. Net admitted deferred tax assets	0.00	0.00
09A06. (Increase) decrease in nonadmitted assets	0.00	0.00

10E. Loan guarantees not to exceed \$

Amount

11B. Debt - FHLB (Federal Home Loan Bank) Agreement

	2009	2008
11B02. FHLB stock purchased/owned as part of the agreement		
11B03. Collateral pledged to the FHLB		
11B04. Borrowing capacity currently available		

11B05 - Agreement assets and liabilities

	2009	2008
11B05A. General Account: Assets		
11B05B. Liabilities		
11B05C. Separate Account: Assets		
11B05D. Liabilities		

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NOTES TO FINANCIAL STATEMENTS

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

1. Change in benefit obligation

	Pension Benefits		Other Benefits	
	2009	2008	2009	2008
12A01A. Benefit obligation at beginning of year	0.00	0.00	0.00	0.00
12A01B. Service cost		0.00		0.00
12A01C. Interest cost		0.00		0.00
12A01D. Contribution by plan participants		0.00		0.00
12A01E. Actuarial gain (loss)		0.00		0.00
12A01F. Foreign currency exchange rate changes		0.00		0.00
12A01G. Benefits paid		0.00		0.00
12A01H. Plan amendments		0.00		0.00
12A01I. Business combinations, divestitures, curtailments, settlements and special termination benefits		0.00		0.00
12A01J. Benefit obligation at end of year	0.00	0.00	0.00	0.00

2. Change in plan assets

	Pension Benefits		Other Benefits	
	2009	2008	2009	2008
12A02A. Fair value of plan assets at beginning of year	0.00	0.00	0.00	0.00
12A02B. Actual return on plan assets		0.00		0.00
12A02C. Foreign currency exchange rate changes		0.00		0.00
12A02D. Employer contribution		0.00		0.00
12A02E. Plan participants' contributions		0.00		0.00
12A02F. Benefits paid		0.00		0.00
12A02G. Business combinations, divestitures, and settlements		0.00		0.00
12A02H. Fair value of plan assets at end of year	0.00	0.00	0.00	0.00

3. Funded status (includes #4 -- Benefit obligation for vested employees)

	Pension Benefits		Other Benefits	
	2009	2008	2009	2008
12A03A. Unamortized prior service cost		0.00		0.00
12A03B. Unrecognized net gain or (loss)		0.00		0.00
12A03C. Remaining net obligation or net asset at initial date of application		0.00		0.00
12A03D. Prepaid assets or accrued liabilities		0.00		0.00
12A03E. Intangible asset		0.00		0.00
12A04. Accumulated benefit obligation for vested employees and partially vested employees to the extent vested		0.00		0.00

5. Benefit obligation for non-vested employees

	Pension Benefits		Other Benefits	
	2009	2008	2009	2008
12A05A. Projected pension obligation		0.00		0.00
12A05B. Accumulated benefit obligation		0.00		0.00

6. Components of net periodic benefit cost

	Pension Benefits		Other Benefits	
	2009	2008	2009	2008
12A06A. Service cost		0.00		0.00
12A06B. Interest cost		0.00		0.00
12A06C. Expected return on plan assets		0.00		0.00
12A06D. Amortization of unrecognized transition obligation or transition asset		0.00		0.00
12A06E. Amount of recognized gains and losses		0.00		0.00
12A06F. Amount of prior service cost recognized		0.00		0.00
12A06G. Amount of gain or loss recognized due to a settlement or curtailment		0.00		0.00
12A06H. Total net periodic benefit cost	0.00	0.00	0.00	0.00

8. Weighted-average assumptions used to determine net periodic benefit cost as of December 31

	2009	2008
12A08A. Weighted average discount rate		0.000
12A08B. Expected long-term rate of return on plan assets		0.000
12A08C. Rate of compensation increase		0.000

8. Weighted average assumptions used to determine projected benefit obligations as of December 31

	2009	2008
12A08D. Weighted average discount rate		0.000
12A08E. Rate of compensation increase		0.000

11. Assumed health care cost trend rates

	1 Percentage Point Increase	1 Percentage Point Decrease
12A11A. Effect on total of service and interest cost components		
12A11B. Effect on postretirement benefit obligation		

12. The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plans were as follows:

	2009	2008	Target Allocation Low End	Target Allocation High End
12A12A. Debt Securities	%	0.0 %	%	%
12A12B. Equity Securities	%	0.0 %	%	%
12A12C. Real Estate	%	0.0 %	%	%
12A12D. Other	%	0.0 %	%	%
12A12E. Total	100 %	100 %	XXX	XXX

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NOTES TO FINANCIAL STATEMENTS

13. The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

	Amount
12A13A. 2010	
12A13B. 2011	
12A13C. 2012	
12A13D. 2013	
12A13E. 2014	
12A13F. Thereafter Total.....	

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

	Amount
1310. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses.....	

14. Contingencies

	Amount
A. Contingent Commitments	
14A01. SSAP #97 - total contingent liabilities.....	

	2009
D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits	
14D01. Claims related ECO and bad faith losses paid during the reporting period.....	
14D02. 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.....	
14D03. Indicate whether claim count is disclosed per claim or per claimant.....	

15. Leases

	Operating Leases
A.(2) Operating leases - Minimum aggregate rental commitments (000 omitted) are as follows	
15A02A1. 2010 (Year ending December 31).....	
15A02A2. 2011 (Year ending December 31).....	
15A02A3. 2012 (Year ending December 31).....	
15A02A4. 2013 (Year ending December 31).....	
15A02A5. 2014 (Year ending December 31).....	
15A02A6. Aggregate total for all other years.....	

	Lessor Leases
B(1) Lessor Leases - Future minimum lease payment receivables under noncancelable leasing arrangements: (Year Ending December 31)	
15B01C1. 2010 (Year ending December 31).....	
15B01C2. 2011 (Year ending December 31).....	
15B01C3. 2012 (Year ending December 31).....	
15B01C4. 2013 (Year ending December 31).....	
15B01C5. 2014 (Year ending December 31).....	
15B01C6. Aggregate total for all other years.....	

	2009	2008
B(2)B. Leveraged Leases (000 omitted)		
15B02B1. Income from leveraged leases before income tax including investment tax credit.....		0.00
15B02B2. Less current income tax.....		0.00
15B02B3. Net income from leveraged leases.....	0.00	0.00

	2009	2008
B(2)C. Components of investment in leveraged leases:		
15B02C1. Lease contracts receivable (net of principal and interest on non-recourse financing).....		0.00
15B02C2. Estimated residual value of leased assets.....		0.00
15B02C3. Unearned and deferred income.....		0.00
15B02C4. Investment in leveraged leases.....		0.00
15B02C5. Deferred income taxes related to leveraged leases.....		0.00
15B02C6. Net investment in leveraged leases.....		0.00

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

	Assets		Liabilities	
	2009	2008	2009	2008
1601A Swaps.....		0.00		0.00
1601B Futures.....		0.00		0.00
1601C Options.....		0.00		0.00
1610D Total.....	0.00	0.00	0.00	0.00

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

	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
Bonds:				
17C02A. NAIC3.....				0.00
17C02B. NAIC4.....				0.00
17C02C. NAIC5.....				0.00
17C02D. NAIC6.....				0.00
Preferred Stocks:				
17C02E. NAIC P/RP3.....				0.00
17C02F. NAIC P/RP4.....				0.00
17C02G. NAIC P/RP5.....				0.00
17C02H. NAIC P/RP6.....				0.00

**NAIC Input For NOTES
Plan Medico Servicios de Salud Bella Vista**

NOTES TO FINANCIAL STATEMENTS

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

	1 ASO Uninsured Plans	2 Uninsured Portion of Partially Insured Plans	3 Total ASO
A. ASO Plans			
18A0A. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses			0.00
18A0B. Total net other income or expenses (including interest paid to or received from plans)			0.00
18A0C. Net gain or (loss) from operations	0.00	0.00	0.00
18A0D. Total claim payment volume			0.00

	1 ASC Uninsured Plans	2 Uninsured Portion of Partially Insured Plans	3 Total ASC
B. ASC Plans			
18B0A. Gross reimbursement for medical cost incurred			0.00
18B0B. Gross administrative fees accrued			0.00
18B0C. Other income or expenses (including interest paid to or received from plans)			0.00
18B0D. Gross expenses incurred (claims and administrative)			0.00
18B0E. Total net gain or loss from operations	0.00	0.00	0.00

20G Subprime Mortgage Related Risk Exposure

2. Direct exposures through investments in subprime mortgages

	1 Book/Adjusted Carrying Value (excluding Interest)	2 Fair Value	3 Value of Land And Buildings	4 Other Than Temporary Impairment Losses Recognized	5 Default Rate
20G02A. Mortgages in process of foreclosure					
20G02B. Mortgages in good standing					
20G02C. Mortgages with restructure terms					
20G02D. Total	0.00	0.00	0.00	0.00	XXX

3. Direct exposure through other investments

	1 Actual Cost	2 Book/Adjusted Carrying Value (excluding Interest)	2 Fair Value	4 Other Than Temporary Impairment Losses Recognized
20G03A. Residential mortgage backed securities				
20G03B. Commercial mortgage backed securities				
20G03C. Collateralized debt obligations				
20G03D. Structured securities				
20G03E. Equity investment in SCAs *				
20G03F. Other assets				
20G03G. Total	0.00	0.00	0.00	0.00

* Company's subsidiary Company has investments in subprime mortgages. These investments comprise% of the companies invested assets.

4. Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

	1 Losses Paid in the Current Year	2 Losses Incurred in the Current Year	3 Case Reserves At End of Current Period	4 IBNR Reserves at End of Current Period
20G04A. Mortgage Guaranty Coverage				
20G04B. Financial Guaranty Coverage				
20G04C. Other Lines (specify)	0.00	0.00	0.00	0.00
20G04D. Total	0.00	0.00	0.00	0.00

22B. Uncollectible Reinsurance:

	1 Direct
22B01 The Company has written off in the current year reinsurance balances due from the companies listed below the amount of That is reflected as:	
22B01A Losses incurred	
22B01B Loss adjustment expenses incurred	
22B01C Premiums earned	
22B01D Other	

22C. Commutation of Ceded Reinsurance:

	1 Amount
22C01 Losses incurred	
22C02 Loss adjustment expenses incurred	
22C03 Premiums earned	
22C04 Other	

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 []
- 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 [] NA []
- 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 []
- 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 [] NA []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA []
- 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 []
 4.12 renewals? Yes [] No []
- 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 []
 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 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 []
- 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 []
- 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 []
- 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?
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 []
- 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 [] NA []
- 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? Yes [] No []
- Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- a. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- b. Compliance with applicable governmental laws, rules and regulations;
- c. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- d. Accountability for adherence to the code.
- 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 []
- 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 []
- 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 []
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 []
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 []

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 []
- 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 the statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No []
- 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 []
- 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 the parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 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 []
- 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 provide)
- 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 [] NA []
- 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 []
- 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 []
- 24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] NA []
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 []
- 25.2 If yes, state the amount thereof at December 31 of the current year. \$

GENERAL INTERROGATORIES

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 []

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 []

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

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

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No []

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 TOTAL		0.00

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

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.....	0.00		0.00
28.2 Preferred stocks.....	0.00		0.00
28.3 Totals	0.00	0.00	0.00

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 []
- 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 []
- 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 []
- 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 []
 1.2 If yes, indicate premium earned on U. S. business only \$ 0.00
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 0.00

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0.00
 1.62 Total incurred claims \$ 0.00
 1.63 Number of covered lives 0.00

All years prior to most current three years:

1.64 Total premium earned \$ 0.00
 1.65 Total incurred claims \$ 0.00
 1.66 Number of covered lives 0.00

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0.00
 1.72 Total incurred claims \$ 0.00
 1.73 Number of covered lives 0.00

All years prior to most current three years:

1.74 Total premium earned \$ 0.00
 1.75 Total incurred claims \$ 0.00
 1.76 Number of covered lives 0.00

2. Health Test:

		1 Current Year		2 Prior Year
2.1 Premium Numerator	\$	\$	4,551,759.63
2.2 Premium Denominator	\$	5,034,030.00	\$	4,551,759.63
2.3 Premium Ratio (2.1/2.2)		0.000		1.000
2.4 Reserve Numerator	\$	\$	0.00
2.5 Reserve Denominator	\$	1,293,992.00	\$	1,487,651.49
2.6 Reserve Ratio (2.4/2.5)		0.000		0.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No []

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 []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No []

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 and 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 base? Yes [] No []

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year
 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 []

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

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contract?..... Yes [] No []
- 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 []
- 11.13 An Individual Practice Association (IPA), or, Yes [] No []
- 11.14 A Mixed Model (combination of above) ? Yes [] No []
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [] No []
- 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 []
- 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 []
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$
- 13.3 Do you act as an administrator for health savings accounts?..... Yes [] No []
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$

FIVE-YEAR HISTORICAL DATA

	1 2009	2 2008	3 2007	4 2006	5 2005
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	2,538,770.37	2,075,771.55	0.00	0.00	0.00
2. Total liabilities (Page 3, Line 22)	2,038,208.00	2,287,825.17	0.00	0.00	0.00
3. Statutory surplus		0.00	0.00	0.00	0.00
4. Total capital and surplus (Page 3, Line 31)	500,562.00	(212,053.62)	0.00	0.00	0.00
Income Statement (Page 4)					
5. Total revenues (Line 8)	5,034,030.00	4,690,480.71	0.00	0.00	0.00
6. Total medical and hospital expenses (Line 18)	4,473,927.00	4,058,352.66	0.00	0.00	0.00
7. Claims adjustment expenses (Line 20)	0.00	0.00	0.00	0.00	0.00
8. Total administrative expenses (Line 21)	598,492.00	580,074.05	0.00	0.00	0.00
9. Net underwriting gain (loss) (Line 24)	(38,389.00)	52,054.00	0.00	0.00	0.00
10. Net investment gain (loss) (Line 27)	86,229.00	(1,590.13)	0.00	0.00	0.00
11. Total other income (Lines 28 plus 29)	0.00	0.00	0.00	0.00	0.00
12. Net income (loss) (Line 32)	47,840.00	50,463.87	0.00	0.00	0.00
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	199,535.00	147,275.08	0.00	0.00	0.00
Risk - Based Capital Analysis					
14. Total adjusted capital	500,562.00	(212,054.00)	0.00	0.00	0.00
15. Authorized control level risk-based capital	2,308.00	847,802.00	0.00	0.00	0.00
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,700.00	3,641.00	0.00	0.00	0.00
17. Total member months (Column 6, Line 7)	3,700.00	3,641.00	0.00	0.00	0.00
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus 19)	88.9	89.2	0.0	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	XXX
21. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	100.8	101.9	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(0.8)	1.1	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	0.00	0.00	0.00	0.00	0.00
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	0.00	0.00	0.00	0.00	0.00
Investments in Parent, Subsidiaries And Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0.00	0.00	0.00	0.00	0.00
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0.00	0.00	0.00	0.00	0.00
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0.00	0.00	0.00	0.00	0.00
29. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 7)	0.00	0.00	0.00	0.00	0.00
30. Affiliated mortgage loans on real estate		0.00	0.00	0.00	0.00
31. All other affiliated		0.00	0.00	0.00	0.00
32. Total of above Lines 26 to 31	0.00	0.00	0.00	0.00	0.00

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

If no, please explain:



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 0000 BUSINESS IN THE STATE OF 2. (LOCATION) NAIC Company Code 95762

	1	2		3	DURING THE YEAR 2009					10	
		Individual	Group		4	5	6	7	8		9
	Total				Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year	0.00										
2. First Quarter	0.00										
3. Second Quarter	0.00										
4. Third Quarter	0.00										
5. Current Year	0.00										
6. Current Year Member Months	0.00										
Total Member Ambulatory Encounters for Year:											
7. Physician	0.00										
8. Non-Physician	0.00										
9. Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Hospital Patient Days Incurred	0.00										
11. Number of Inpatient Admissions	0.00										
12. Health Premiums Written (b)	0.00										
13. Life Premiums Direct	0.00										
14. Property/Casualty Premiums Written	0.00										
15. Health Premiums Earned	0.00										
16. Property/Casualty Premiums Earned	0.00										
17. Amount Paid for Provision of Health Care Services	0.00										
18. Amount Incurred for Provision of Health Care Services	0.00										

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

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 Totals											

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**DETAIL PAGE FOR
SCHEDULE S - PART 1 - SECTION 2**

	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other than for Unearned Premiums	10 Reinsurance Payable on Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0199999 Affiliates						
0299999 Non-Affiliates						
0399999 Totals						

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DETAIL PAGE FOR SCHEDULE S - PART 2

	6 Paid Losses	7 Unpaid Losses
0199999 Life and Annuity - Affiliates		
0299999 Life and Annuity - Non-Affiliates		
0399999 Totals - Life and Annuity		
0499999 Accident and Health - Affiliates		
0599999 Accident and Health - Non-Affiliates		
0699999 Totals - Accident and Health		
0799999 Totals		

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									Current Year	Prior Year		
1599999 Totals												

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**DETAIL PAGE FOR
SCHEDULE S - PART 3 - SECTION 2**

	7 Premiums	8 Unearned Premiums (estimated)	9 Reserved Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
				10 Current Year	11 Prior Year		
0199999 Total Authorized General Account - Affiliates							
0299999 Total Authorized General Account - Non-Affiliates							
0399999 Total Authorized General Account							
0499999 Total Unauthorized General Account - Affiliates							
0599999 Total Unauthorized General Account - Non-Affiliates							
0699999 Total Unauthorized General Account							
0799999 Total Authorized and Unauthorized General Account							
0899999 Separate Accounts Authorized - Affiliates							
0999999 Separate Accounts Authorized - Non-Affiliates							
1099999 Separate Accounts Authorized							
1199999 Separate Accounts Unauthorized - Affiliates							
1299999 Separate Accounts Unauthorized - Non-Affiliates							
1399999 Separate Accounts Unauthorized							
1499999 Total Authorized and Unauthorized Separate Accounts							
1599999 Totals							

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Plan Medico Servicios de Salud Bella Vista

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Total													

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**DETAIL PAGE FOR
SCHEDULES - PART 4**

	5	6	7	8	9	10	11	12	13	14
	Reserve Credit Taken	(a) Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8
0199999 General Account Life and Annuity - Affiliates										
0299999 General Account Life and Annuity - Non-Affiliates										
0399999 General Account Totals - Life and Annuity										
0499999 General Account Accident and Health - Affiliates										
0599999 General Account Accident and Health - Non-Affiliates										
0699999 General Account Totals - Accident and Health										
0799999 Total General Account										
0899999 Separate Accounts - Affiliates										
0999999 Separate Accounts - Non-Affiliates										
1099999 Total - Separate Accounts										
1199999 Total										

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Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	0.00000	0.00000	0.00000	0.00000	0.00000
2. Title XVIII-Medicare.....	0.00000	0.00000	0.00000	0.00000	0.00000
3. Title XIX-Medicaid.....	0.00000	0.00000	0.00000	0.00000	0.00000
4. Commissions and reinsurance expense allowance.....		0.00000	0.00000	0.00000	0.00000
5. Total hospital and medical expenses.....		0.00000	0.00000	0.00000	0.00000
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0.00000	0.00000	0.00000	0.00000
7. Claims payable.....		0.00000	0.00000	0.00000	0.00000
8. Reinsurance recoverable on paid losses.....	0.00000	0.00000	0.00000	0.00000	0.00000
9. Experience rating refunds due or unpaid.....		0.00000	0.00000	0.00000	0.00000
10. Commissions and reinsurance expense allowances unpaid.....		0.00000	0.00000	0.00000	0.00000
11. Unauthorized reinsurance offset.....	0.00000	0.00000	0.00000	0.00000	0.00000
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0.00000	0.00000	0.00000	0.00000	0.00000
13. Letters of credit (L).....	0.00000	0.00000	0.00000	0.00000	0.00000
14. Trust agreements (T).....	0.00000	0.00000	0.00000	0.00000	0.00000
15. Other (O).....	0.00000	0.00000	0.00000	0.00000	0.00000

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	2,239,720.37		2,239,720.37
2. Accident and health premiums due and unpaid (Line 13).....	299,050.00		299,050.00
3. Amounts recoverable from reinsurers (Line 14.1).....	0.00		0.00
4. Net credit for ceded reinsurance.....	XXX	0.00	0.00
5. All other admitted assets (Balance).....	0.00		0.00
6. Total assets (Line 26)	2,538,770.37	0.00	2,538,770.37
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,293,992.00	0.00	1,293,992.00
8. Accrued medical incentive pool and bonus payments (Line 2).....	0.00		0.00
9. Premiums received in advance (Line 8).....	0.00		0.00
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0.00		0.00
11. Reinsurance in unauthorized companies (Line 18).....	0.00		0.00
12. All other liabilities (Balance).....	744,216.00		744,216.00
13. Total liabilities (Line 22).....	2,038,208.00	0.00	2,038,208.00
14. Total capital and surplus (Line 31).....	500,562.00	XXX	500,562.00
15. Total liabilities, capital and surplus (Line 32)	2,538,770.00	0.00	2,538,770.00
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0.00		
17. Accrued medical incentive pool.....	0.00		
18. Premiums received in advance	0.00		
19. Reinsurance recoverable on paid losses	0.00		
20. Other ceded reinsurance recoverables	0.00		
21. Total ceded reinsurance recoverables	0.00		
22. Premiums receivable	0.00		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0.00		
24. Unauthorized reinsurance	0.00		
25. Other ceded reinsurance payables/offsets	0.00		
26. Total ceded reinsurance payables/offsets	0.00		
27. Total net credit for ceded reinsurance	0.00		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefit Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums			
1. Alabama	AL							0.00	0.00	
2. Alaska	AK							0.00	0.00	
3. Arizona	AZ							0.00	0.00	
4. Arkansas	AR							0.00	0.00	
5. California	CA							0.00	0.00	
6. Colorado	CO							0.00	0.00	
7. Connecticut	CT							0.00	0.00	
8. Delaware	DE							0.00	0.00	
9. District of Columbia	DC							0.00	0.00	
10. Florida	FL							0.00	0.00	
11. Georgia	GA							0.00	0.00	
12. Hawaii	HI							0.00	0.00	
13. Idaho	ID							0.00	0.00	
14. Illinois	IL							0.00	0.00	
15. Indiana	IN							0.00	0.00	
16. Iowa	IA							0.00	0.00	
17. Kansas	KS							0.00	0.00	
18. Kentucky	KY							0.00	0.00	
19. Louisiana	LA							0.00	0.00	
20. Maine	ME							0.00	0.00	
21. Maryland	MD							0.00	0.00	
22. Massachusetts	MA							0.00	0.00	
23. Michigan	MI							0.00	0.00	
24. Minnesota	MN							0.00	0.00	
25. Mississippi	MS							0.00	0.00	
26. Missouri	MO							0.00	0.00	
27. Montana	MT							0.00	0.00	
28. Nebraska	NE							0.00	0.00	
29. Nevada	NV							0.00	0.00	
30. New Hampshire	NH							0.00	0.00	
31. New Jersey	NJ							0.00	0.00	
32. New Mexico	NM							0.00	0.00	
33. New York	NY							0.00	0.00	
34. North Carolina	NC							0.00	0.00	
35. North Dakota	ND							0.00	0.00	
36. Ohio	OH							0.00	0.00	
37. Oklahoma	OK							0.00	0.00	
38. Oregon	OR							0.00	0.00	
39. Pennsylvania	PA							0.00	0.00	
40. Rhode Island	RI							0.00	0.00	
41. South Carolina	SC							0.00	0.00	
42. South Dakota	SD							0.00	0.00	
43. Tennessee	TN							0.00	0.00	
44. Texas	TX							0.00	0.00	
45. Utah	UT							0.00	0.00	
46. Vermont	VT							0.00	0.00	
47. Virginia	VA							0.00	0.00	
48. Washington	WA							0.00	0.00	
49. West Virginia	WV							0.00	0.00	
50. Wisconsin	WI							0.00	0.00	
51. Wyoming	WY							0.00	0.00	
52. American Samoa	AS							0.00	0.00	
53. Guam	GU							0.00	0.00	
54. Puerto Rico	PR	3,700.00						3,700.00	0.00	
55. U.S. Virgin Islands	VI							0.00	0.00	
56. Northern Mariana Islands	MP							0.00	0.00	
57. Canada	CN							0.00	0.00	
58. Aggregate Other Alien	OT	XXX 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
59. Subtotal	XXX	3,700.00	0.00	0.00	0.00	0.00	0.00	3,700.00	0.00	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0.00		
61. Total (Direct Business)	(a) 0	3,700.00	0.00	0.00	0.00	0.00	0.00	3,700.00	0.00	
DETAILS OF WRITE-INS										
5801.	XXX									
5802.	XXX									
5803.	XXX									
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

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

(a) Insert the number of yes responses except for Canada and other Alien.

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**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		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	
1. Alabama	AL						0.00
2. Alaska	AK						0.00
3. Arizona	AZ						0.00
4. Arkansas	AR						0.00
5. California	CA						0.00
6. Colorado	CO						0.00
7. Connecticut	CT						0.00
8. Delaware	DE						0.00
9. District of Columbia	DC						0.00
10. Florida	FL						0.00
11. Georgia	GA						0.00
12. Hawaii	HI						0.00
13. Idaho	ID						0.00
14. Illinois	IL						0.00
15. Indiana	IN						0.00
16. Iowa	IA						0.00
17. Kansas	KS						0.00
18. Kentucky	KY						0.00
19. Louisiana	LA						0.00
20. Maine	ME						0.00
21. Maryland	MD						0.00
22. Massachusetts	MA						0.00
23. Michigan	MI						0.00
24. Minnesota	MN						0.00
25. Mississippi	MS						0.00
26. Missouri	MO						0.00
27. Montana	MT						0.00
28. Nebraska	NE						0.00
29. Nevada	NV						0.00
30. New Hampshire	NH						0.00
31. New Jersey	NJ						0.00
32. New Mexico	NM						0.00
33. New York	NY						0.00
34. North Carolina	NC						0.00
35. North Dakota	ND						0.00
36. Ohio	OH						0.00
37. Oklahoma	OK						0.00
38. Oregon	OR						0.00
39. Pennsylvania	PA						0.00
40. Rhode Island	RI						0.00
41. South Carolina	SC						0.00
42. South Dakota	SD						0.00
43. Tennessee	TN						0.00
44. Texas	TX						0.00
45. Utah	UT						0.00
46. Vermont	VT						0.00
47. Virginia	VA						0.00
48. Washington	WA						0.00
49. West Virginia	WV						0.00
50. Wisconsin	WI						0.00
51. Wyoming	WY						0.00
52. American Samoa	AS						0.00
53. Guam	GU						0.00
54. Puerto Rico	PR						0.00
55. U.S. Virgin Islands	VI						0.00
56. Northern Mariana Islands	MP						0.00
57. Canada	CN						0.00
58. Aggregate Other Alien	OT						0.00
59. Totals		0.00	0.00	0.00	0.00	0.00	0.00

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

NONE

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
NONE												
9999999 Control Totals												
			0.00	0.00	0.00	0.00	0.00	0.00	XXX	0.00	0.00	0.00

**DETAIL PAGE FOR
SCHEDULE Y - PART 2**

	4	5	6	7	8	9	10	11	12	13
	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)
9999999 Control Totals	0.00	0.00	0.00	0.00	0.00	0.00	XXX	0.00	0.00	0.00

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

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

APRIL FILING

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

JUNE FILING

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

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

MARCH FILING

- 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
- 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
- 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?
- 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
- 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
- 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
- 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

- 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
- 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
- 19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

EXPLANATION:

BAR CODE:

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