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ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

MMM Healthcare, LLC.

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 11157 Employer's ID Number..... 660588600

Organized under the Laws of PR State of Domicile or Port of Entry PR Country of Domicile US

Licensed as Business Type..... Is HMO Federally Qualified? Yes [X] No [ ]

Incorporated/Organized..... September 25, 2000 Commenced Business..... January 1, 2001

Statutory Home Office	350 CHARDON AVE. STE. 500….. SAN JUAN .... …. 918 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	350 CHARDON AVE. STE. 500….. SAN JUAN ..... PR ..... …. 918 *(Street and Number) (City or Town, State, Country and Zip Code)*	787-622-3000 *(Area Code) (Telephone Number)*
Mail Address	350 CHARDON AVE. STE. 500….. SAN JUAN ..... PR ..... …. 918 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	350 CHARDON AVE. STE. 500….. SAN JUAN ..... PR ..... …. 918 *(Street and Number) (City or Town, State, Country and Zip Code)*	787-622-3000 *(Area Code) (Telephone Number)*
Internet Web Site Address	WWW.MEDICAREYMUCHOMAS.COM	
Statutory Statement Contact	SONIA I NIEVES *(Name)*	787-620-2399 *(Area Code) (Telephone Number) (Extension)*
	sonia.nieves@mmmhc.com *(E-Mail Address)*	787-620-2399 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. ORLANDO GONZALEZ	PRESIDENT	2. CARLOS VIVALDI	CHIEF FINANCIAL OFFICER
3.		4.	

OTHER

RICHARD SHINTO	CEO	CARLOS VIVALDI	TREASURER / CFO
MYRA PLUMEY	COMPLIANCE OFFICER	MANUEL SANCHEZ SIERRA	COO
SOLANGE DE LAHONGRAIS	SECRETARY	WILSON QUIROGA	VICE PRESIDENT
VIVIAN ARTHUR TORRES	VICE PRESIDENT	LUIS GARCIA PADILLA	VICE PRESIDENT
VILMARIE GARCIA	VICE PRESIDENT	JUAN ARILL	VICE PRESIDENT
IVELISSE FERNANDEZ	VICEPRESIDENT	DIEGO ROSSO	CMO

DIRECTORS OR TRUSTEES

RICHARD SHINTO ORLANDO GONZALEZ DOUG MALTON CARLOS VIVALDI

State of........
County of.....

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

(Signature)	(Signature)	(Signature)
ORLANDO GONZALEZ	CARLOS VIVALDI	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	CHIEF FINANCIAL OFFICER	
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This ______ day of ______ 2015

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

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	150,151,513		150,151,513	260,546,360
2. Stocks (Schedule D):				
2.1 Preferred stocks	250,000		250,000	250,000
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $..........0 encumbrances)			0	
4.2 Properties held for the production of income (less $..........0 encumbrances)			0	
4.3 Properties held for sale (less $..........0 encumbrances)			0	
5. Cash ($.....41,718,312, Schedule E-Part 1), cash equivalents ($..........0, Schedule E-Part 2) and short-term investments ($.....3,006,013, Schedule DA)	44,724,325		44,724,325	5,884,613
6. Contract loans (including $..........0 premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities	909		909	1,048
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	600,000	0	600,000	600,000
12. Subtotals, cash and invested assets (Lines 1 to 11)	195,726,747	0	195,726,747	267,282,021
13. Title plants less $..........0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	724,836		724,836	1,033,630
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,420,560	2,371,077	7,049,483	12,746,229
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $..........0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	14,266,922		14,266,922	3,546,333
18.1 Current federal and foreign income tax recoverable and interest thereon	2,396,210		2,396,210	2,396,211
18.2 Net deferred tax asset	19,532,987	19,532,987	0	1,186,995
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($..........0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	2,827,705		2,827,705	377,626
24. Health care ($.....8,234,806) and other amounts receivable	8,234,806		8,234,806	12,895,372
25. Aggregate write-ins for other than invested assets	18,097,940	2,043,133	16,054,807	12,696,340
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	271,228,713	23,947,197	247,281,516	314,160,757
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTALS (Lines 26 and 27)	271,228,713	23,947,197	247,281,516	314,160,757

DETAILS OF WRITE-INS

	1	2	3	4
1101. Certificate of Deposit (P.R. Insurance Commissioner's Statutory Deposit	600,000		600,000	600,000
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	600,000	0	600,000	600,000
2501. Prepaid Expense	34,349	34,349	0	
2502. Rent Deposit	504,413	504,413	0	
2503. Other Receivable	3,900,048	917,199	2,982,849	
2598. Summary of remaining write-ins for Line 25 from overflow page	13,659,130	587,172	13,071,958	12,696,340
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	18,097,940	2,043,133	16,054,807	12,696,340

LIABILITIES, CAPITAL AND SURPLUS

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $..........0 reinsurance ceded)	133,024,048		133,024,048	150,068,655
2. Accrued medical incentive pool and bonus amounts	3,978,155		3,978,155	21,612,086
3. Unpaid claims adjustment expenses	1,068,119		1,068,119	1,292,330
4. Aggregate health policy reserves, including the liability of $..........0 for medical loss ratio rebate per the Public Health Service Act	15,709,500		15,709,500	2,450,000
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	102,644		102,644	4,092
9. General expenses due or accrued	2,363,199		2,363,199	6,225,207
10.1 Current federal and foreign income tax payable and interest thereon (including $..........0 on realized capital gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others	1,807,679		1,807,679	1,740,412
13. Remittances and items not allocated			0	
14. Borrowed money (including $..........0 current) and interest thereon $..........0 (including $..........0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	6,486,193
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($..........0 authorized reinsurers, $..........0 unauthorized and $..........0 certified reinsurers)			0	
20. Reinsurance in unauthorized and certified ($..........0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including $..........0 current)	8,914,650	0	8,914,650	600,000
24. Total liabilities (Lines 1 to 23)	166,967,994	0	166,967,994	190,478,975
25. Aggregate write-ins for special surplus funds	XXX	XXX	29,208,000	0
26. Common capital stock	XXX	XXX	2,000	2,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	1,999,200	1,999,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	49,104,316	121,680,782
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 $..........0)	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 $..........0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	80,313,516	123,681,782
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	247,281,510	314,160,757

DETAILS OF WRITE-INS

	1 Covered	2 Uncovered	3 Total	4 Total
2301. Statutory Liabilities	600,000		600,000	600,000
2302. RAF receivable	(8,637,483)		(8,637,483)	
2303. Amount due to CMS	16,952,133		16,952,133	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	8,914,650	0	8,914,650	600,000
2501. Health Insurance Industry Fee	XXX	XXX	29,208,000	
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	29,208,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member months	XXX	1,887,556	2,285,944
2. Net premium income (including $..........0 non-health premium income)	XXX	1,423,330,363	1,732,988,517
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of $..........0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,423,330,363	1,732,988,517
Hospital and Medical:			
9. Hospital/medical benefits		481,213,788	486,087,368
10. Other professional services		490,660,628	615,032,000
11. Outside referrals			
12. Emergency room and out-of-area		25,755,851	29,910,374
13. Prescription drugs		208,314,017	274,363,000
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		22,810,720	49,482,000
16. Subtotal (Lines 9 to 15)	0	1,228,755,004	1,454,874,742
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)	0	1,228,755,004	1,454,874,742
19. Non-health claims (net)			
20. Claims adjustment expenses, including $..........0 cost containment expenses			
21. General administrative expenses		223,755,585	232,451,407
22. Increase in reserves for life and accident and health contracts including $..........0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)	0	1,452,510,589	1,687,326,149
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(29,180,226)	45,662,368
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,253,138	3,053,214
26. Net realized capital gains or (losses) less capital gains tax of $..........0		288,758	106,508
27. Net investment gains or (losses) (Lines 25 plus 26)	0	3,541,896	3,159,722
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $..........0) (amount charged off $..........0)]			
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(25,638,330)	48,822,090
31. Federal and foreign income taxes incurred	XXX	3,308,542	2,044,099
32. Net income (loss) (Lines 30 minus 31)	XXX	(28,946,872)	46,777,991

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	123,681,783	89,811,407
34. Net income or (loss) from Line 32	(28,946,872)	46,777,991
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $.........0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	18,149,271	(4,650,696)
39. Change in nonadmitted assets	(20,202,486)	(256,919)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(12,368,178)	(8,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(43,368,265)	33,870,376
49. Capital and surplus end of reporting period (Line 33 plus 48)	80,313,518	123,681,783

DETAILS OF WRITE-INS

4701. Net Change Unrealized deppreciation of equity securities		
4702. Increase in not Admitted assets		
4703. Other Surplus Adjustment		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	1,450,903,221	1,781,136,242
2.	Net investment income	4,359,795	3,749,639
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	1,455,263,016	1,784,885,881
5.	Benefit and loss related payments	1,270,040,176	1,483,278,403
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	232,838,782	224,640,382
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $..........0 tax on capital gains (losses)	341,456	5,164,273
10.	Total (Lines 5 through 9)	1,503,220,414	1,713,083,058
11.	Net cash from operations (Line 4 minus Line 10)	(47,957,398)	71,802,823
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	151,290,688	67,409,470
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	151,290,688	67,409,470
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	41,404,807	182,288,769
	13.2 Stocks		345,757
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	41,404,807	182,634,526
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	109,885,881	(115,225,056)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders	12,368,178	8,000,000
	16.6 Other cash provided (applied)	(10,720,593)	(2,018,660)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(23,088,771)	(10,018,660)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	38,839,712	(53,440,893)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	5,884,613	59,325,506
	19.2 End of year (Line 18 plus Line 19.1)	44,724,325	5,884,613

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

20.0001			

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	1,423,330,363						1,423,330,363			
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,423,330,363	0	0	0	0	0	1,423,330,363	0	0	0
8. Hospital/medical benefits	481,213,788						481,213,788			XXX
9. Other professional services	490,660,628						490,660,628			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	25,755,851						25,755,851			XXX
12. Prescription drugs	208,314,017						208,314,017			XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	22,810,720						22,810,720			XXX
15. Subtotal (Lines 8 to 14)	1,228,755,004	0	0	0	0	0	1,228,755,004	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	1,228,755,004	0	0	0	0	0	1,228,755,004	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $0 cost containment expenses	0									
20. General administrative expenses	223,755,585						223,755,585			
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,452,510,589	0	0	0	0	0	1,452,510,589	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(29,180,226)	0	0	0	0	0	(29,180,226)	0	0	0

DETAILS OF WRITE-INS

	1	2	3	4	5	6	7	8	9	10
0501.	0									XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare	1,423,330,363			1,423,330,363
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	1,423,330,363	0	0	1,423,330,363
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	1,423,330,363	0	0	1,423,330,363

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	1,231,223,692						1,231,223,692			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	1,231,223,692	0	0	0	0	0	1,231,223,692	0	0	0
2. Paid medical incentive pools and bonuses	40,444,651						40,444,651			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	133,024,048						133,024,048			
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	133,024,048	0	0	0	0	0	133,024,048	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	3,978,155						3,978,155			
6. Net healthcare receivables (a)	8,234,806						8,234,806			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	150,068,655						150,068,655			
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	150,068,655	0	0	0	0	0	150,068,655	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	21,612,086						21,612,086			
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	1,205,944,279	0	0	0	0	0	1,205,944,279	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	1,205,944,279	0	0	0	0	0	1,205,944,279	0	0	0
13. Incurred medical incentive pools and bonuses	22,810,720	0	0	0	0	0	22,810,720	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct	133,024,048						133,024,048			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	133,024,048	0	0	0	0	0	133,024,048	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	133,024,048	0	0	0	0	0	133,024,048	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	133,024,048	0	0	0	0	0	133,024,048	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare	111,623,923	1,111,364,968	5,541,123	127,482,925	117,165,046	150,068,314
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	111,623,923	1,111,364,968	5,541,123	127,482,925	117,165,046	150,068,314
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	27,148,011	13,296,640	(1,101,316)	5,079,471	26,046,695	21,612,086
13. Totals (Lines 9 - 10 + 11 + 12)	138,771,934	1,124,661,608	4,439,807	132,562,396	143,211,741	171,680,400

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid 1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year 1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010	1,328,296	1,080,741		0.0	1,080,741	81.4			1,080,741	81.4
2. 2011	1,531,826	1,272,468		0.0	1,272,468	83.1			1,272,468	83.1
3. 2012	1,698,280	1,223,609		0.0	1,223,609	72.0			1,223,609	72.0
4. 2013	1,732,988	1,483,278		0.0	1,483,278	85.6			1,483,278	85.6
5. 2014	1,423,330	1,124,661		0.0	1,124,661	79.0	137,002	1,068	1,262,731	88.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010				0.0	0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0	137,002	1,068	138,070	0.0

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

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

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

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

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

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

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid 1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year 1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010	1,328,296	1,080,741		0.0	1,080,741	81.4			1,080,741	81.4
2. 2011	1,531,826	1,272,468		0.0	1,272,468	83.1			1,272,468	83.1
3. 2012	1,698,280	1,223,609		0.0	1,223,609	72.0			1,223,609	72.0
4. 2013	1,732,988	1,483,278		0.0	1,483,278	85.6			1,483,278	85.6
5. 2014	1,423,330	1,124,661		0.0	1,124,661	79.0	137,002	1,068	1,262,731	88.7

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $..........0) for investment income	0								
5. Aggregate write-ins for other policy reserves	15,709,500	0	0	0	0	0	15,709,500	0	0
6. Totals (gross)	15,709,500	0	0	0	0	0	15,709,500	0	0
7. Reinsurance ceded	0								
8. Totals (net) (Page 3, Line 4)	15,709,500	0	0	0	0	0	15,709,500	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

	1	2	3	4	5	6	7	8	9
0501. Aggregate Health Policy Reserve	15,709,500						15,709,500		
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	15,709,500	0	0	0	0	0	15,709,500	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses 1 Cost Containment Expenses	Claim Adjustment Expenses 2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($..........0 for occupancy of own building)			3,678,635		3,678,635
2. Salaries, wages and other benefits			67,076,273		67,076,273
3. Commissions (less $..........0 ceded plus $..........0 assumed)			7,658,687		7,658,687
4. Legal fees and expenses			1,479,923		1,479,923
5. Certifications and accreditation fees			166,688		166,688
6. Auditing, actuarial and other consulting services			5,953,158		5,953,158
7. Traveling expenses			311,828		311,828
8. Marketing and advertising			5,829,709		5,829,709
9. Postage, express and telephone			7,803,973		7,803,973
10. Printing and office supplies			314,279		314,279
11. Occupancy, depreciation and amortization			10,334,929		10,334,929
12. Equipment			16,959		16,959
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			748,958		748,958
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			1,365,115		1,365,115
22. Real estate taxes			426,284		426,284
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			2,929,767		2,929,767
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	107,660,418	0	107,660,418
26. Total expenses incurred (Lines 1 to 25)	0	0	223,755,583	0	(a)....223,755,583
27. Less expenses unpaid December 31, current year			2,363,199		2,363,199
28. Add expenses unpaid December 31, prior year			6,225,207		6,225,207
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	227,617,591	0	227,617,591

DETAILS OF WRITE-INS

	1	2	3	4	5
2501. Public & Provider Relations			2,170,104		2,170,104
2502. Data Process,Special Projects & Other Expenses			14,765,926		14,765,926
2503. Corp Allocation, Stock Options, Interest and Bad Debt & Industry Fee			90,724,388		90,724,388
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	107,660,418	0	107,660,418

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 250,678	230,405
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 3,469,470	3,022,541
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 188	192
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	3,720,336	3,253,138
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		3,253,138

DETAILS OF WRITE-INS

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

(a) Includes $.....100,217 accrual of discount less $.....898,080 amortization of premium and less $.....53,393 paid for accrued interest on purchases.
(b) Includes $..........0 accrual of discount less $..........0 amortization of premium and less $..........0 paid for accrued dividends on purchases.
(c) Includes $..........0 accrual of discount less $..........0 amortization of premium and less $..........0 paid for accrued interest on purchases.
(d) Includes $..........0 for company's occupancy of its own buildings; and excludes $..........0 interest on encumbrances.
(e) Includes $..........0 accrual of discount less $..........0 amortization of premium and less $..........0 paid for accrued interest on purchases.
(f) Includes $..........0 accrual of discount less $..........0 amortization of premium.
(g) Includes $..........0 investment expenses and $..........0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
(h) Includes $..........0 interest on surplus notes and $..........0 interest on capital notes.
(i) Includes $..........0 depreciation on real estate and $..........0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds	60,850		60,850		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	227,908		227,908		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	288,758	0	288,758	0	0

DETAILS OF WRITE-INS

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

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	2,371,077	2,574,822	203,745
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	19,532,987	196,721	(19,336,266)
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	2,043,133	973,168	(1,069,965)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	23,947,197	3,744,711	(20,202,486)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	23,947,197	3,744,711	(20,202,486)

DETAILS OF WRITE-INS

1101. Advances-P2P & Recoveries			0
1102. Prepaid Expenses			0
1103. Security Deposits			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expense	34,349	18,052	(16,297)
2502. Rent Deposit	504,413	504,413	0
2503. Other Receivable	917,199	175,447	(741,752)
2598. Summary of remaining write-ins for Line 25 from overflow page	587,172	275,256	(311,916)
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	2,043,133	973,168	(1,069,965)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	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
1. Health maintenance organizations	189,953	159,691	155,831	155,218	153,116	1,887,556
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	189,953	159,691	155,831	155,218	153,116	1,887,556

DETAILS OF WRITE-INS

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

NOTES TO FINANCIAL STATEMENTS

(1) Organization and Summary of Significant Accounting Policies

(a) Organization

MMM Healthcare, LLC. (the Company or MMM) was organized under the laws of the Commonwealth of Puerto Rico on December 28, 2000 and is a wholly owned subsidiary of MMM Holdings, Inc. (Holdings or Parent Company), a corporation organized under the laws of the Commonwealth of Puerto Rico. Until December 12, 2012, Holdings was wholly owned by Aveta Inc., a Delaware corporation (Aveta). On December 12, 2012, immediately prior to the merger of Aveta into a subsidiary of Collaborative Care Holdings, LLC (the Merger): (1) Holdings became a wholly owned subsidiary of a newly created subsidiary of Aveta, InnovaCare, Inc., a Puerto Rico corporation (InnovaCare), and (2) InnovaCare was distributed to Aveta's stockholders, including holders of Aveta equity options and 2007 Plan awards.

Prior to the Merger, Aveta entered into a Separation Agreement by and among Aveta and Holdings providing for the separation of Aveta's U.S.-based Medicare and commercial-delegated businesses (NAMM), all of which following the Merger are held by Aveta, from its Puerto Rico-based, Medicare managed care operations, all of which following the Merger are held by the InnovaCare. In addition, Holdings and Aveta each assumed all of the liabilities relating to the assets so held by it subsequent to the Merger, and indemnified the other party against any claims relating to such assets. (The Separation Agreement also provided for the distribution of InnovaCare to Aveta's stockholders as described above).

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

The Company offers its Medicare Advantage Plan pursuant to a contract with the United States Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services. Under the terms of this contract, CMS pays the Company a fixed amount that is subject to future adjustments for each member of the Company's coordinated care plan and the Company provides the coverage to that member for the health services provided. The contract is for a period of one year commencing January 1 and ending on December 31, and can be renewed for periods of one year, as defined in the contract. The contract was renewed effective January 1, 2014 for a period of one year. The Company also provides supplemental health coverage to Medicare and Medicaid dual eligible members enrolled in a specified MA-PD plan.

(b) Basis of Presentation

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

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

The Company with the explicit permission of the Commissioner of Insurance of the Commonwealth of Puerto Rico, recognized the following deferred tax charges, deferred tax asset and tax credits as an admitted assets in the December 31, 2014 and 2013 in the accompanying statutory statement of admitted assets, liabilities and capital and surplus.

The use of this permitted practice did not had an impact on compliance with RBC requirements as the Company would have been in a Company Action Level RBC, as defined in the Insurance Code, for the years ended 2014 and 2013.

(c) Nonadmitted Assets

Certain assets designated as nonadmitted assets have been excluded from the statutory statements of admitted assets, liabilities, and capital and surplus by a charge to unassigned surplus.

The nonadmitted assets charged to unassigned surplus during 2014 and 2013 are as follows:

		2014	2013
Prepaid expenses and rent security deposits	$	538,761	522,465
Receivables and advance to providers		3,875,448	3,025,524
Deferred tax assets		19,532,987	196,721
	$	23,947,196	3,744,710

(d) Use of Estimates

The preparation of the statutory financial statements requires management of the Company to make estimates and assumptions relating to the reported amounts included in the statutory financial statements and accompanying notes. The most significant items subject to estimates and assumptions are the actuarial determination for liabilities related to medical costs, the

Company's estimated risk adjustment payments receivable from CMS, the valuation of securities carried at fair value, accruals for medical incentive bonus, and certain amounts recorded related to the Part D program. Actual results could differ from these estimates.

(e) Recognition of Premium Revenue

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

Every year, CMS adjusts the premium base paid to MAPD plans for risk factor considerations. These adjustments are related to the severity of the clinical condition of each member and are calculated by

CMS using, for the most part, claims data from the prior year. Final risk factor adjustments for the year are paid on a lump-sum basis to account for the proper risk factor retroactively to the beginning of the year. Changes in revenues from CMS resulting from the periodic changes in risk adjustment scores for the Company's membership are recognized when the amounts become determinable, and the collectability is reasonably assured. Such estimates are regularly reviewed and updated and any resulting adjustments are included in the current period's results.

Substantially all revenues recognized by the Company are received from CMS and from the Commonwealth of Puerto Rico Health Insurance Administration (ASES by its Spanish acronym). Revenues are recognized ratably over the period of coverage based on anticipated CMS and ASES reimbursement rates, number of enrollees, and expected Medicare and Medicaid eligibility. Actual amounts received from CMS and ASES are subject to adjustment based on subsequent review of members' eligibility or retroactive adjustments of reimbursement rates. An estimate is made of such retroactive adjustments based on historical trends, premiums billed, number of members, expected eligibility, and other information. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by CMS.

Expenses incurred in connection with the acquisition of business, such as sales and brokers' commissions, are charged to operations as incurred.

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

The Company considers all highly liquid investments with original maturities of three months or less to be cash equivalents (none at December 31, 2014 and 2013). Short-term investments are defined as short-term highly liquid investments with remaining maturities of one year or less (excluding those investments classified as cash equivalents). Short-term investments having an original maturity of less than one year are stated at cost. At December 31, 2014 and 2013, cash and short-term investments consisted of cash deposited in financial institutions and money market funds amounting to approximately $44,724,000 and $5,885,000, respectively, of which approximately $3,006,000 and $199,000, respectively, represent short-term investments.

(g) Investment Securities

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

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

The Company applies the provisions of Statement of Statutory Accounting Principles (SSAP) No. 43, *Loan-Backed and Structured Securities* (SSAP No. 43R), which requires insurers to separate other-than-temporary impairments between interest and noninterest-related declines in the value of all loan-backed and structured securities.

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

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

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

(h) Fair Value Measurements

The Company follows the guidance in the provisions of SAP No. 100, *Fair Value Measurements* (SAP 100), for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the statutory financial statements on a recurring basis. SAP 100 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and also establishes a framework for measuring fair value and expands disclosures about fair value measurements.

SSAP No. 100 was revised with an effective date of January 1, 2012 to include the gross presentation of purchases, sales, issuances, and settlements in the Level 3 fair value measurement rollforward. The revisions also include a disclosure in the statutory financial statements of aggregate fair value and level in the fair value hierarchy for all financial instruments when they are reported or measured at fair value or their fair value is otherwise disclosed.

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

The Company utilizes valuation techniques that maximized the use of observable inputs and minimizes the use unobservable inputs. Additional information on the fair value of investments is included in note 5.

(i) Medical Claim Liabilities and Medical Costs and Claims

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

The medical claim liabilities are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the statutory statements of revenue and expenses of the current period. Other medical claims liabilities include medical costs disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. The actual results could differ materially from the amount recorded in the statutory financial statements of the Company.

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

(j) Income Taxes

Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled.

Under SAP, the amount permitted to be recognized is more restrictive and, the effect on deferred tax assets and liabilities of a change in tax rates is recognized in the accompanying statutory statements of changes in capital and surplus in the period that includes the enactment date.

Gross deferred tax assets generally are admitted to the extent the Company's income taxes paid in prior years that can be recovered through loss carrybacks; plus the lesser of (a) the amount of gross deferred tax assets expected to be realized within one year after year-end, or (b) 10% of statutory capital and surplus as of year-end; plus any remaining deferred tax assets that can be offset against existing gross deferred tax liabilities. Companies subject to Risk-Based Capital (RBC) can elect to admit a higher amount of deferred taxes (a) the amount of gross deferred tax assets expected to be realized within three years after year-end, or (b) 15% of statutory capital and surplus as of year-end.

The Company reviews its deferred tax assets for recoverability and establishes a statutory valuation allowance based on historical taxable income, projected future taxable income, applicable tax strategies, and the expected timing of the reversals of existing temporary differences. A valuation allowance is provided when it is more likely than not that some portion or all of the deferred tax assets will not be realized.

The Company is subject to Puerto Rico income taxes as an other-than-life insurance entity. Other-than-life insurance entities are taxed essentially the same as other corporations with taxable income determined on the prescribed statutory accounting practices. Also, operations are subject to an alternative minimum income tax, which is calculated based on a formula established by the existing tax laws. Any alternative minimum income tax paid may be used as a credit against the excess, if any, of regular income tax over the alternative minimum income tax in future years.

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

Deferred tax charges are amortized to income tax expense in proportion to the realization of the tax benefits that gave rise to the deferred tax charge.

The Company accounts for uncertainty in income taxes by prescribing a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The Company recognizes interest and penalties relating to uncertain tax positions in income tax expense.

(k) Acquisition Accounting

On October 1, 2014, the Company, First Medical Health Plan, Inc. ("FMHP") and CMS executed a novation agreement to acquire FMHP's CMS contracts effective on that date. In connection therewith the Company's affiliate MSO executed a Hospital Services Agreement with an affiliate of FMHP. FMHP received 4,318,816 shares of InnovaCare, Inc. common stock, which number is subject to adjustment for certain subsequent events. The Company had no acquisitions during 2013.

(2) Accounting for Prescription Drugs Benefit under Medicare Part D

Medicare prescription drug coverage is available to eligible members with Medicare. As a result, the Company renewed their contracts with CMS to offer MA-PD insurance coverage for medical and prescription drug benefits.

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

The payment the Company receives monthly from CMS generally represents the Company’s bid amount for providing insurance coverage. The Company recognizes premium revenue for providing this insurance coverage ratably over the term of the annual contract. However, the CMS payment is subject to 1) risk sharing through the risk corridor provisions and 2) reinsurance subsidy in order for the Company and CMS to share the risk associated with financing the ultimate costs of the Part D benefit and (3) CMS coverage gap discount program (CGDP) subsidy.

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

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

Part D sponsors are required to provide the discounts for applicable drugs in the Medicare Part D coverage gap (difference between the initial coverage limit and the catastrophic coverage threshold) at point-of-sale under the CGDP. Part D sponsors receive monthly prospective payments from CMS under the CGDP. These prospective payments provide cash flows to Part D sponsors for advancing the gap discounts at the point of sale. The Company accounts for these prospective payments or subsidies as a liability in the statutory statements of admitted assets, liabilities and capital and surplus and as a financing activity in the statutory statements of cash flows. On a quarterly basis, CMS invoices drug manufacturers for discounts provided by Part D sponsors which are recorded as an account receivable from manufacturers (approximately $11,812,000 and $8,469,000 at December 31, 2014 and 2013, respectively,) as part of other receivables in the accompanying statutory statements of admitted assets, liabilities and capital and surplus. Manufacturers remit payments for invoiced amounts directly to Part D sponsors. The prospective payments made to Part D sponsors are reduced by the discount amounts invoiced to manufacturers. The Company does not recognize premium revenue or claims expense for these CMS prospective payments or invoiced amounts to manufacturers.

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

The Company recorded at December 31, 2014 and 2013 a risk sharing payable of approximately $15,710,000 and $2,453,000, respectively, which is reported as aggregate health policy reserves; and a reinsurance receivable of approximately $24,061,000 and $14,853,000, respectively, reported as amounts receivable related to uninsured plans at December 31, 2014 and 2013 in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus. The Company has a CGDP liability at December 31, 2014 and 2013 amounting to approximately $9,790,000 and $11,303,000, respectively, reported as an offset to amounts receivable related to uninsured plans in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus.

The Part D amounts due from (to) CMS are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate balance may be in excess or less than the amount provided. The methodology for making such estimates and for establishing the resulting Part D balances is continually reviewed, and adjustments, if any, are reflected in the current year. The final Part D amounts due to or from CMS are determined within one year after the contract year-end. The Company recorded changes in estimates for Part D amounts due to or from CMS that decreased and increased income before taxes in the amount of approximately $13,672,000 and $13,005,000 for the years ended December 31, 2014 and 2013, respectively. The Company also receives premiums to enhance the drug benefit coverage to Medicaid-eligible members under the Medicare Platino Program sponsored by ASES. At December 31, 2014 and 2013, the Company has receivables from ASES of approximately $161,000 and $1,020,000, respectively, which are reflected as components of premium receivables in the accompanying statutory statements of admitted assets, liabilities and capital and surplus.

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

(3) Investment Securities

The amortized cost, gross unrealized gains, gross unrealized losses, and estimated fair value of investment securities at December 31, 2014 and 2013 are as follows:

	2014			
	Amortized cost	Gross unrealized gains	Gross unrealized losses	Estimated fair value
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities	$ 30,329,101	38,944	16,117	30,351,928
Mortgage-backed securities	29,219,679	698,572	65,977	29,852,274
Asset-backed securities	8,046,272	2,474	48,563	8,000,183
Collateralized mortgage obligations	5,340,754	10,493	24,792	5,326,455
Corporate bonds	73,213,421	592,926	101,353	73,704,994
Foreign securities	4,002,286	42,576	—	4,044,862
Bonds and other debt securities	150,151,513	1,385,985	256,802	151,280,696
Equity securities	250,000	—	—	250,000
	$ 150,401,513	1,385,985	256,802	151,530,696

	2013			
	Amortized cost	Gross unrealized gains	Gross unrealized losses	Estimated fair value
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities	$ 90,384,440	114,657	71,819	90,427,278
Mortgage-backed securities	34,270,358	259,703	505,876	34,024,185
Asset-backed securities	20,376,376	18,949	99,764	20,295,561
Collateralized mortgage obligations	5,527,469	19,843	44,904	5,502,408
Corporate bonds	105,980,425	1,271,310	168,705	107,083,030
Foreign securities	4,007,292	127,691	—	4,134,983
Bonds and other debt securities	260,546,360	1,812,153	891,068	261,467,445
Equity securities	250,000	—	—	250,000
	$ 260,796,360	1,812,153	891,068	261,717,445

Proceeds from sales of bonds and other debt securities during 2014 and 2013 amounted to approximately $151,291,000 and $67,409,000, respectively.

Gross unrealized losses on investment securities and the estimated fair value of the related securities, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position as of December 31, 2014 and 2013 are as follows:

	2014					
	Less than 12 months		12 months or longer		Total	
	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities	$ 21,061,346	16,117			21,061,346	16,117
Mortgage-backed securities	—	—	4,385,648	65,977	4,385,648	65,977
Asset-backed securities	2,547,100	4,401	3,954,987	44,162	6,502,087	48,563
Collateralized mortgage obligations	1,453,408	7,018	1,444,517	17,774	2,897,925	24,792
Corporate bonds	23,506,742	86,484	2,287,764	14,869	25,794,506	101,353
Total	$ 48,568,596	114,020	12,072,916	142,782	60,641,512	256,802

	2013					
	Less than 12 months		12 months or longer		Total	
	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities	$ 27,003,484	71,819	—	—	27,003,484	71,819
Mortgage-backed securities	18,486,339	505,876	—	—	18,486,339	505,876
Asset-backed securities	10,687,331	99,764	—	—	10,687,331	99,764
Collateralized mortgage obligations	2,783,843	44,904	—	—	2,783,843	44,904
Corporate bonds	31,501,176	168,705	—		31,501,176	168,705
Total	$ 90,462,173	891,068	—	—	90,462,173	891,068

The Company regularly monitors and evaluates the difference between the cost and estimated fair value of investments. For investments with a fair value below cost, the process includes evaluating the length of time and the extent to which cost exceeds fair value, the prospects and financial condition of the issuer, and the Company's intent and ability to retain the investment to allow for recovery in fair value, among other factors. This process is not exact and further requires consideration of risks such as credit and interest rate risks. Consequently, if an investment's cost exceeds its fair value solely due to changes in interest rates, impairment may not be appropriate. If after monitoring and analyzing, the Company determines that a decline in the estimated fair value of any fixed income or equity security below cost is other than temporary, the carrying amount of the security is reduced to its fair value. The impairment is charged to operations and a new cost basis for the security is established.

The Company has assessed each position for credit and interest risk. The unrealized losses on investment securities as of December 31, 2014 and 2013 were caused principally by interest rate changes. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. Because the Company has the ability and intent to hold these securities until a market price recovery or maturity, these investments are not considered other-than-temporarily impaired. In the case of the U.S. Treasury securities and corporate bonds, management of the Company examined the guidance in SSAP No. 26, *Bonds, Excluding Loan-Backed and Structured Securities*, and concluded that the Company has the ability and intent to hold its investment in securities until a market price recovery or maturity. For the mortgage-backed securities, asset-backed securities and collateralized mortgage obligations, management evaluated SSAP No. 43R and concluded that the Company does not intend to sell such security, and it is more likely than not that it will not be required to sell such security prior to the recovery of its amortized cost basis.

The amortized cost and estimated fair value of debt securities at December 31, 2014 by contractual maturity are shown below. Expected maturities may differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

		Amortized cost	Estimated fair value
Due in one year or less	$	24,179,625	24,360,838
Due after one year through five years		88,705,937	89,067,401
Mortgage and asset backed securities		37,265,951	37,852,457
	$	150,151,513	151,280,696

Fair Value Measurements

The Company follows SAP No. 100, *Fair Value Measurements* (SAP 100) for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. SAP 100 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

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

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

The following tables present assets and liabilities that are measured at fair value on a recurring basis at December 31, 2014 and 2013:

	As reflected on the statutory statement of admitted assets liabilities, capital and surplus as of December 31, 2014	Fair value measurements at reporting date using: Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets:				
Short term investments	$	3,006,013		
U.S. Treasury securities and obligations of U.S. government agencies, state, and authorities	30,329,101		30,351,928	
Mortgage-backed securities	29,219,679		29,852,274	
Asset-backed securities	8,046,272		8,000,183	
Corporate bonds	73,213,421		73,704,994	
Collateralized mortgage obligations	5,340,754		5,326,455	
Foreign securities	4,002,286		4,044,862	
Equity securities	250,000			250,000
Restricted certificates of deposit	600,000	600,000		
Total	$ 151,001,513	3,606,013	151,280,696	250,000

		As reflected on the statutory statement of admitted assets liabilities, capital and surplus as of December 31, 2013	Fair value measurements at reporting date using		
			Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets:					
Short term investments	$	199,281	199,281	—	—
U.S. Treasury securities and obligations of U.S. government agencies, state, and authorities		90,384,440	—	90,427,278	—
Mortgage-backed securities		34,270,358	—	34,024,185	—
Asset-backed securities		20,376,376	—	20,295,561	—
Corporate bonds		105,980,425	—	107,083,030	—
Collateralized mortgage obligations		5,527,469	—	5,502,408	—
Foreign securities		4,007,292	—	4,134,983	—
Equity securities		250,000	—	—	250,000
Restricted certificates of deposit		600,000	600,000	—	—
Total	$	261,595,641	799,281	261,467,445	250,000

(4) Investment Income

Components of investment income, including net realized gains and losses on sales of securities, for the years ended December 31, 2014 and 2013 were as follows:

		2014	2013
Cash and short-term investments	$	114,643	235,631
Bonds and other debt securities		3,403,563	2,900,341
Preferred stocks		23,690	23,750
Total	$	3,541,896	3,159,722

For the years ended December 31, 2014 and 2013, net realized gains of approximately $289,000 and $107,000, respectively, are included as component of investment income.

(5) Transactions with Related Parties

Holdings provides certain management, infrastructure support, and consulting services in the operations of the Company and other subsidiaries of Holdings. For these services, which Holdings charges a management fee based on 120% of Holdings monthly operating expenses, Holdings charged the Company approximately $140,675,000 and $160,645,000 during the years ended

December 31, 2014 and 2013, respectively. Such service charges are presented within the general and administrative expenses in the accompanying statutory statements of revenues and expenses.

The Company has a delegation agreement with MSO of Puerto Rico, Inc. (MSO), an affiliate, to provide management and administrative services with respect to the network of physicians and other healthcare providers contracted by the Company in exchange for a management fee. The delegation agreement terms include a fixed and variable component. The fixed component is determined based on a fixed percentage (4%) of the total premiums earned by the Company. The variable component is the 25% of the Surplus as contractually defined in the delegation agreements. During 2014 and 2013, MSO charged the Company approximately $61,225,000 and $79,581,000, respectively, of which $57,325,000 and $69,023,000, respectively, was for the fixed component which is included in general and administrative expenses and $3,900,000 and $10,558,000, respectively, was for the variable component which is included in medical costs and claims in the accompanying statements of revenue and expenses.

The amounts due to and due from parent company and affiliates at December 31, 2014 and 2013 are noninterest-bearing.

(6) Medical Claim Liabilities

The following table reconciles changes in medical claim liabilities during the years ended December 31, 2014 and 2013 as follows:

	2014	2013
Medical claim liabilities at beginning of year	$ 158,009,329	163,439,504
Medical costs and claims incurred:		
Current period insured events	1,237,730,000	1,438,962,000
Prior periods insured events	(32,375,000)	(24,210,000)
Total incurred	1,205,355,000	1,414,752,000
Payment for claims:		
Current period insured events	1,113,874,210	1,291,639,226
Prior periods insured events	113,013,058	128,542,949
Total paid	1,226,887,268	1,420,182,175
Medical claim liabilities at end of year	$ 136,477,061	158,009,329

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

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

The incurred claims for period insured events during 2014 and 2013 were lower due to a favorable development of claim liabilities that is attributed to lower than expected cost per service and utilization trends.

(7) Income Taxes

The income tax expense differs from the amount computed by applying the Puerto Rico statutory income tax rate of 39% in 2014 and 2013 to income before income taxes as a result of the following:

		2014	2013
Computed "expected" tax expense	$	(9,998,949)	19,040,615
Increase (reduction) in income taxes resulting from:			
Exempt interest income		(94,955)	(31,421)
Intangibles and deferred tax charge amortization tax rate differential		(4,747,337)	(10,345,095)
Change in nonadmitted deferred income tax asset		(337,826)	(148,045)
Other		338,338	(1,821,259)
Total	$	(14,840,729)	6,694,795
Income tax expense	$	3,308,542	2,044,099
Change in deferred income taxes		(18,149,271)	4,650,696
Total statutory income tax expense	$	(14,840,729)	6,694,795

On June 30, 2013, the Governor of Puerto Rico signed into law Act No. 40, Tax Burden Redistribution and Adjustment Act. This law amended several articles of the Puerto Rico Internal Revenue Code signed on January 1, 2011. The most significant change to the Company is the amendment to section 1022.02 retaining the twenty percent (20%) regular income tax rate but, establishing higher surtax rates. Under the new law, the maximum combined rate will be 39% effective as of January 1, 2013.

On July 1, 2014 the Company's subsidiaries converted into Limited Liabilities Companies ("LLC") and immediately thereafter, elected to be treated as partnerships for Puerto Rico tax purposes following a tax free reorganization pursuant to the provisions of sections 1034.04(b)(6) and 1072.01 of the Puerto Rico tax code.

Deferred income taxes reflect the tax effects of temporary differences between carrying amounts of assets and liabilities for financial reporting purposes and income tax purposes. Deferred tax assets and deferred tax liabilities at December 31, 2014 and 2013 of the Company are composed of the following:

	2014	2013	Change
Deferred tax assets:			
Ordinary:			
Net operating losses	$ 12,346,946	—	12,346,946
Reserve contigency	5,464,499	—	5,464,499
Advances to providers	228,997	107,350	121,647
Premiums receivable	924,720	1,004,181	(79,461)
Security deposits	196,720	196,720	—
Other (including items <5% of total ordinary tax assets)	371,105	75,465	295,640
Total deferred tax assets	19,532,987	1,383,716	18,149,271
Nonadmitted	(19,532,987)	(196,721)	(19,336,266)
Admitted ordinary deferred tax assets	$ —	1,186,995	(1,186,995)

Under SAP, gross deferred tax assets generally are admitted to the extent the Company's income taxes paid in prior years that can be recovered through loss carrybacks; plus the amounts determined by applying the *Realization Threshold Limitation Table – RBC Reporting Entities (RBC Reporting Entity*); plus any remaining deferred tax assets that can be offset against existing gross deferred tax liabilities. Additionally, gross deferred tax assets are reduced by a statutory valuation allowance adjustment, based on the weight of available evidence; it is more likely than not that some portion or all the gross deferred tax assets will not realized. For the year ended December 31, 2014 and 2013 no statutory valuation allowance adjustments were required.

The change in deferred income tax during 2014 and 2013 amounted to $18,149,271 and $4,650,696, respectively, and resulted in a decrease and increase of unassigned surplus, respectively.

In 2011, MMM entered into a transaction with Holdings where MMM distributed to Holdings, at an estimated fair value of approximately $145,514,000 certain intangibles associated with the 2004 acquisition of MMM. Immediately after, MMM Holdings transferred the same intangibles to MMM at the same estimated fair value of $145,514,000. MMM paid approximately $21,827,000 to the Puerto Rico Treasury Department on the resulting taxable gain which was recorded as a deferred tax charge in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus. Beginning January 1, 2011, the deferred tax charge and the intangibles new tax basis will be amortized over a four year period ending 2014. In 2012, MMM entered into a second transaction with Holdings where MMM distributed to Holdings, at an estimated fair value of approximately

$56,000,000 certain intangibles associated with the 2004 acquisition of MMM. Immediately after, MMM Holdings transferred the same intangibles to MMM at the same estimated fair value of $56,000,000. MMM paid approximately $8,400,000 to the Puerto Rico Treasury Department on the resulting taxable gain which was recorded as a deferred tax charge in the accompanying statutory statements of admitted assets, liabilities, and capital and surplus. Beginning January 1, 2012, the deferred tax charge and the intangibles new tax basis will be amortized over a four year period ending 2015.

Unrecognized tax benefits result from income tax positions taken or expected to be taken on the Company's income tax returns for which a tax benefit has not been recorded in the Company's statutory financial statements. For the years ended December 31, 2014 and 2013, there were no unrecognized tax benefits.

The Company files its income tax return with a statute of limitation. In the normal course of the business, the Company is subject to examination by various taxing authorities. As of December 31, 2014, the Company may be subject to income tax examinations for the fiscal tax years ended 2009 through 2014.

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

Medicare Advantage Payments

Medicare Advantage payment benchmarks have been cut over the last several years, including 2014, with additional funding reductions to be phased in through 2017. Further, in April, 2014, CMS released its final notice of 2015 Medicare Advantage benchmark rates and payment policies. The final notice included significant reductions to 2015 Medicare Advantage standardized payment benchmarks, which have been roughly offset by upward adjustments related to risk scores and coverage for cost increases from a new Medicare FFS Uncompensated Care Policy. The expected net effect of the 2015 payment benchmark reductions and offsetting adjustments is that actual 2015 payment rates will be flat to slightly positive prior to the impact of the health insurance premium tax. However, the Company's 2015 actual results remain subject to deviations in, risk scores, demographic mix and other company-specific variables relative to our current best estimates.

Additionally, the Budget Control Act of 2011, as amended by the American Taxpayer Relief Act of 2012, triggered automatic across the board budget cuts (known as sequestration), including a 2% reduction in Medicare Advantage and Medicare Part D payments beginning April 1, 2013. The impact of sequestration cuts to our Medicare Advantage revenues continues to be partially mitigated by reductions in provider reimbursements for those care providers with rates indexed to Medicare Advantage revenues or Medicare fee for service reimbursement rates, as well as for those that receive shares of a surplus pool. Due to the commencement of a full year of sequestration reductions in 2014, the continuation of these reductions will not generate a year over year reduction in revenue in 2015.

In addition, beginning in 2014, Medicare Advantage plans were required to have a minimum medical loss ratio ("MLR") of 85% and will be required to remit to CMS any amount below that percentage. CMS has issued final guidance as to how this requirement will be calculated for Medicare Advantage plans. Based on our results of MLR for the full year of 2014, in the opinion of management, the minimum MLR standard will not have any material impact on the Company's financial position or results of operations.

Our 2014 Medicare Advantage rates reflect a 3% CMS quality bonus, as provided by the CMS Quality Demonstration program implemented by CMS from 2012 – 2014 for a quality rating of 3.0 stars. This expanded star ratings bonus program expired after 2014. In 2015, quality bonus payments will be paid only to four and five star plans, compared to current bonuses that are available to qualifying plans rated three stars or higher. Our star rating for 2015 is 3.0, for which we will receive no bonus payment and which places ours plans at the lowest of three possible "rebate" levels. Rebate levels are used to determine the amount of additional benefits a plan is able to offer its members beyond those covered under the traditional fee-for-service Medicare program. However, 2015 contract year star ratings were recently announced and we have received a 3.5 star rating for that year. This will increase the amount of rebates available to us to fund additional benefits to our members in 2015, by raising our rebate percentage to 65%, up from 50% in 2014, but our star rating remains below the level required for a CMS quality bonus.

(9) Contingencies

(a) Legal Matters

Jose R. Valdez v. Aveta Inc., MMM Healthcare, Inc., PMC Medicare Choice, Inc., MSO of Puerto Rico, Inc. and MMM Holdings, Inc. In May 2011, Jose R. Valdez, a former employee of the Company filed a qui tam lawsuit alleging, among other things, that Company had improperly submitted risk condition documentation to CMS in connection with its Medicare Advantage businesses. The action brought by Valdez was filed under seal and was the subject of a 30-month investigation by the Department of Justice. In February 2014, the DOJ advised the Court that it was declining to join in the case and as a result the complaint was unsealed and subsequently served by Valdez on the Company. In February 2015, the Court ruled in favor of the Company's motion seeking to move venue of the case to Puerto Rico. While the Federal District Court assigned to the case has not set a schedule for consideration of the current pre-trial motions, and the Company has not yet responded to the complaint, it categorically denies the allegations and in the opinion of management, the ultimate outcome of this matter is not expected to have a material financial impact on the Company.

MMM v. Cardio Services, Inc., Diagnostic Nuclear Medicine, Inc., Dr. Orlando Marini and Dr. Ricardo Santiago. In 2009, the Company and one of its affiliates terminated the provider agreements of Dr. Orlando Marini and his affiliated cardiology provider entities (the "Marini Entities") after an internal clinical review indicated the Marini Entities had submitted materially false billing documentation. Following that termination, the Company commenced an action in the First Instance Court of the Commonwealth of Puerto Rico to recover provider reimbursements related to such billings. The Marini Entities have denied all wrongdoing and have asserted counterclaims against the Company related to the terminations, including claims for lost profits and reputational damage. The case is in the early stages and the parties are currently engaged in discovery. Although the Company believes they have valid claims and valid defenses to the Marini Entities counterclaims, there can be no assurance that the Company will prevail against the Marini Entities. Notwithstanding the foregoing, in the event of an adverse ruling against the Company such a determination is not expected to have a material financial impact on the Company.

Miscellaneous. At December 31, 2014 and 2013, the Company is a defendant in various other lawsuits and other claims arising in the ordinary course of business. In addition, current and past business practices of the Company are subject to review or investigation by, or subpoenas or other requests for information from, various state, commonwealth or federal healthcare regulatory authorities, state or commonwealth attorneys general, the U.S. Department of Justice, U.S. Attorneys, the Office of the Inspector General, and other state, commonwealth or federal authorities or bodies. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the financial position and results of operations of the Company.

From time to time in the ordinary course of business, the Company (1) denies payments for service based on factors such as medical necessity and failure to meet preauthorization requirements and (2) determines payments for service based on contractual provisions. Certain providers have notified the Company that they disagree with its determinations and have threatened legal action. The Company has included in its medical cost liabilities a provision for the potential payments to these providers.

(b) Audits by CMS and the Commissioner of Insurance of the Commonwealth of Puerto Rico

Under the terms of the agreement with CMS, MMM Healthcare and PMC are subject to audit of compliance with federal regulations. During 2014, the Company was subject to (i) audits by the Office of the Commissioner of Insurance for years 2008 through 2012; (ii) CMS audits for years 2012 and 2011 and (iii) CMS is auditing the 2013 bid for PMC. The Company believes these audits will not have a material adverse effect on the Company's condensed consolidated financial statements. Future audits could result in claims against MMM Healthcare and PMC that could have a material adverse effect on the financial position and results of operations of the Company.

(10) Subsequent Events

Beginning in 2014, the Patient Protection and Affordable Care Act (the PPACA) requires health insurers that meet certain minimum written premium thresholds and provides health insurance for any qualifying U.S. health risk in 2014 and beyond, to pay a fee to the Federal government to fund other aspects of the PPACA. The Company has made an assessment of this requirement under the PPACA and estimates a financial impact on the Company of approximately 2% of the 2014 premium revenue.

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 [X] No [ ]

If yes, complete Schedule Y, Parts 1, 1A and 2.

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 [X] No [ ] N/A [ ]

1.3 State regulating? Puerto Rico

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No [ ]

2.2 If yes, date of change: 07/01/2014

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2007

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). 69/8/2005

3.4 By what department or departments?
Office of the Commissioner of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [X]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

6.2 If yes, give full information:

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

7.2 If yes,

7.21 State the percentage of foreign control ....%

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

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

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

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

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

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

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

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

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

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

10.6 If the answer to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Judah Rabinowitz- Innovacare Health Fort Lee NJ

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved ....

12.13 Total book/adjusted carrying value ....

12.2 If yes, provide explanation.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

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

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

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

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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

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

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

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

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

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

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

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

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

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

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

21.21 Rented from others ....

21.22 Borrowed from others ....

21.23 Leased from others ....

21.24 Other ....

PART 1 - COMMON INTERROGATORIES - FINANCIAL

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment ....

22.22 Amount paid as expenses ....

22.23 Other amounts paid ....

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. $..........2,827,705

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]

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

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

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

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

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

24.103 Total payable for securities lending reported on the liability page. ....

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [ ] No [X]

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

25.21 Subject to repurchase agreements ....

25.22 Subject to reverse repurchase agreements ....

25.23 Subject to dollar repurchase agreements ....

25.24 Subject to reverse dollar repurchase agreements ....

25.25 Placed under option agreements ....

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ....

25.27 FHLB Capital Stock ....

25.28 On deposit with states $..........600,000

25.29 On deposit with other regulatory bodies ....

25.30 Pledged as collateral - excluding collateral pledged to an FHLB ....

25.31 Pledged as collateral to FHLB - including assets backing funding agreements ....

25.32 Other ....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

PART 1 - COMMON INTERROGATORIES - INVESTMENT

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			0
30.2 Preferred stocks			0
30.3 Totals	0	0	0

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

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

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

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

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

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

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

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? $0

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

1 Name	2 Amount Paid

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

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

NONE

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only $.....................................0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ....

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $.....................................0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ....

1.62 Total incurred claims ....

1.63 Number of covered lives ....

All years prior to most current three years:

1.64 Total premium earned ....

1.65 Total incurred claims ....

1.66 Number of covered lives ....

1.7 Group policies:

Most current three years:

1.71 Total premium earned ....

1.72 Total incurred claims ....

1.73 Number of covered lives ....

All years prior to most current three years:

1.74 Total premium earned ....

1.75 Total incurred claims ....

1.76 Number of covered lives ....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator..	1,423,330,363	1,732,988,517
2.2 Premium Denominator....................................	1,423,330,363	1,732,988,517
2.3 Premium Ratio (2.1/2.2)..................................	......................100.0	......................100.0
2.4 Reserve Numerator...	152,711,703	174,133,419
2.5 Reserve Denominator.....................................	152,711,703	174,133,419
2.6 Reserve Ratio (2.4/2.5)...................................	......................100.0	......................100.0

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

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive medical $.....................................0

5.32 Medical only $.....................................0

5.33 Medicare supplement $.....................................0

5.34 Dental and vision $.....................................0

5.35 Other limited benefit plan $.....................................0

5.36 Other $.....................................0

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

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 0

8.2 Number of providers at end of reporting year 0

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months ....

9.22 Business with rate guarantees over 36 months ....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $.....................................0

10.22 Amount actually paid for year bonuses $.....................................0

10.23 Maximum amount payable withholds $.....................................0

10.24 Amount actually paid for year withholds $.....................................0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]

11.13 An Individual Practice Association (IPA), or Yes [ ] No [X]

11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2. Is the reporting entity subject to Minimum Net Worth Requirements? Yes [ ] No [X]

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

11.4. If yes, show the amount required. ....

11.5. Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6. If the amount is calculated, show the calculation:

____

____

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

1 Name of Service Area

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

13.2. If yes, please provide the amount of custodial funds held as of the reporting date. ....

13.3. Do you act as an administrator for health savings accounts? Yes [ ] No [X]

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct written premium........ $..........0

15.2 Total incured claims........ $..........0

15.3 Number of covered lives........ $..........0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	247,281,516	314,160,757	306,499,510	333,317,076	292,134,037
2. Total liabilities (Page 3, Line 24)	166,967,994	190,478,975	216,688,104	263,836,561	232,624,050
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 33)	80,313,516	123,681,782	89,811,406	69,480,515	59,509,987
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	1,423,330,363	1,732,988,517	1,698,279,764	1,531,826,371	1,328,295,559
6. Total medical and hospital expenses (Line 18)	1,228,755,004	1,454,874,742	1,418,485,476	1,250,620,463	1,072,632,262
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	223,755,585	232,451,407	189,446,877	151,801,321	150,286,776
9. Net underwriting gain (loss) (Line 24)	(29,180,226)	45,662,368	90,347,411	129,404,587	105,376,521
10. Net investment gain (loss) (Line 27)	3,541,896	3,159,722	4,262,267	5,185,757	5,197,382
11. Total other income (Lines 28 plus 29)			1,722,000		4,615,259
12. Net income or (loss) (Line 32)	(28,946,872)	46,777,991	77,367,891	104,267,564	79,779,389
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(47,957,401)	71,802,823	122,936,655	31,592,795	23,908,656
Risk-Based Capital Analysis					
14. Total adjusted capital	80,313,516	123,681,782	89,811,406	69,480,515	59,509,987
15. Authorized control level risk-based capital	49,581,514	59,844,047	58,107,089	51,159,691	44,272,498
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	153,116	189,953	180,733	162,577	135,649
17. Total member months (Column 6, Line 7)	1,887,556	2,286,044	2,084,184	1,836,197	1,595,451
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	86.3	84.0	83.5	81.6	80.8
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	102.1	97.3	94.7	91.6	92.1
23. Total underwriting gain (loss) (Line 24)	(2.1)	2.7	5.3	8.4	7.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	143,211,741	192,044,703	188,342,787	169,693,310	173,395,541
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	171,680,400	200,124,328	183,575,360	168,502,308	182,825,671
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	L		1,423,330,363					1,423,330,363	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	1,423,330,363	0	0	0	0	1,423,330,363	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	1,423,330,363	0	0	0	0	1,423,330,363	0

DETAILS OF WRITE-INS

58001.							0	
58002.							0	
58003.							0	
58998. Summary of remaining write-ins for line 58	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998)	0	0	0	0	0	0	0	0

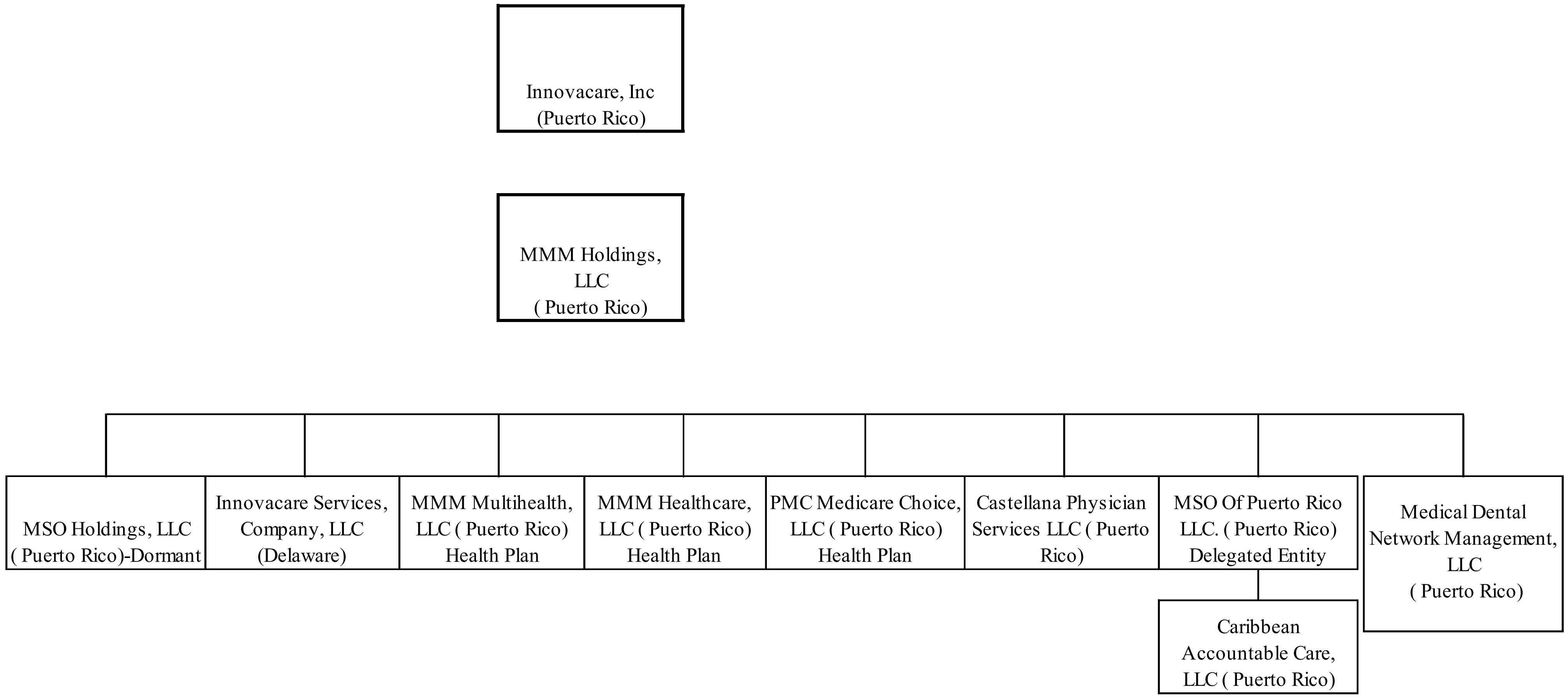
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domicilied RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to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

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

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

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

PART 1 – ORGANIZATIONAL CHART



2014 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK