

As per email request from Mr. Nemencio David Briones dated May 27, 2011
Hard copies were transmitted on June 6, 2011



LIFE AND ACCIDENT AND HEALTH COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE
NETCARE LIFE AND HEALTH INSURANCE COMPANY

NAIC Group Code 0000, 0000 NAIC Company Code 60246 Employer's ID Number 66-0557688
Organized under the Laws of Guam, State of Domicile or Port of Entry Guam
Country of Domicile United States
Incorporated/Organized 03/01/1998 Commenced Business 10/01/1998
Statutory Home Office Julale Ctr, Suite 200, 424 West O'Brien, Hagatna, GU 96910-5015
Main Administrative Office Julale Ctr, Suite 200, 424 West O'Brien, Hagatna, GU 96910-5015
Mail Address Julale Ctr, Suite 200, 424 West O'Brien, Hagatna, GU 96910-5015
Primary Location of Books and Records Julale Ctr, Suite 200, 424 West O'Brien, Hagatna, GU 96910-5015
Internet Web Site Address www.netcarelifeandhealth.com
Statutory Statement Contact Ismael Magsisi Pelayo, 671-477-7514-312
mpelayo@netcarelifeandhealth.com, 671-472-6412

OFFICERS

Name Title Name Title
Kurt Scott Kaleo Moylan Mr. President Judith Ann Moylan Mrs. Vice President
Troy Kanaloa Moylan Mr. Secretary Miki Regan Moylan Mr. Treasurer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Hagatna
County of Guam ss

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

Kurt Scott Kaleo Moylan President, Miki Regan Moylan Treasurer, Troy Kanaloa Moylan Secretary
Subscribed and sworn to before me this 25th day of March, 2011
Cecilia A. Anas, Notary Public
March 28, 2014
a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed 03/31/2011
3. Number of pages attached



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Guam	Comprehensive Health Coverage			DURING THE YEAR 2010			NAIC Company Code	60246									
				1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health			7 Subtotal (Cols 1 thru 6)	8 Uninsured Plans	9 Total (7 + 8)						
1.	Premium:																			
	1.1 Health premiums earned (From Part 2, Line 1.8)			0	9,011,368	12,967,578	0	0	0	0	21,978,947	XXX		21,978,947						
	1.2 Federal high risk pools										0	XXX		0						
	1.3 State high risk pools										0	XXX		0						
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)			0	9,011,368	12,967,578	0	0	0	0	21,978,947	XXX		21,978,947						
	1.5 Federal taxes and federal assessments										0	XXX		0						
	1.6 State insurance, premium and other taxes (Similar local taxes of \$ 2,234)				916	1,318					2,234	XXX		2,234						
	1.7 Regulatory authority licenses and fees										0	XXX		0						
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)			0	9,010,452	12,966,261	0	0	0	0	21,976,713	XXX		21,976,713						
	1.9 Net assumed less ceded reinsurance premiums earned				(1,536,243)	(2,210,691)					(3,746,935)	XXX		(3,746,935)						
	1.10 Other adjustments due to MLR calculations - Premiums										0	XXX		0						
	1.11 Risk revenue										0	XXX		0						
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)			0	7,474,209	10,755,569	0	0	0	0	18,229,778	XXX		18,229,778						
2.	Claims:																			
	2.1 Incurred claims excluding prescription drugs				8,185,841	11,779,625					19,965,466	XXX		19,965,466						
	2.2 Prescription drugs				1,488,051	2,141,342					3,629,393	XXX		3,629,393						
	2.3 Pharmaceutical rebates				94,856	136,500					231,356	XXX		231,356						
	2.4 State stop loss, market stabilization and claim/census based assessments				0	0					0	XXX		0						
3.	Incurred medical incentive pools and bonuses				0	0					0	XXX		0						
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)				0	0					0	XXX		0						
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)			0	9,579,036	13,784,467	0	0	0	0	23,363,503	XXX		23,363,503						
	5.1 Net assumed less ceded reinsurance claims incurred				(2,087,224)	(3,003,566)					(5,090,789)	XXX		(5,090,789)						
	5.2 Other adjustments due to MLR calculations - Claims				0	0					0	XXX		0						
	5.3 Rebates paid				0	0					0	XXX		0						
	5.4 Estimated rebates unpaid prior year				0	0					0	XXX		0						
	5.5 Estimated rebates unpaid current year				0	0					0	XXX		0						
	5.6 Fee for service and co-pay revenue				0	0					0	XXX		0						
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)			0	7,491,813	10,780,901	0	0	0	0	18,272,713	XXX		18,272,713						
6.	Improving Health Care Quality Expenses Incurred:																			
	6.1 Type A Expenses for health improvements other than Health Information Technology				0	0					0	XXX		0						
	6.2 Type B Health Information Technology expenses related to health improvement				0	0					0	XXX		0						
	6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)			0	0	0	0	0	0	0	0	XXX	0	0						
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8			0.000	1.063	1.063	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
8.	Claims Adjustment Expenses:																			
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.3				81,631	117,469					199,099	XXX		199,099						
	8.2 All other claims adjustment expenses				0	0					0	XXX		0						
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)			0	81,631	117,469	0	0	0	0	199,099	XXX	0	199,099						
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)			0.000	0.009	0.009	0.000	0.000	0.000	0.000	XXX	XXX	XXX	XXX						
10.	General and Administrative (G&A) Expenses:																			
	10.1 Direct sales salaries and benefits				0	0					0	XXX		0						
	10.2 Agents and brokers fees and commissions				0	0					0	XXX		0						
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)				0	0					0	XXX		0						
	10.4 Other general and administrative expenses				0	0					0	XXX		0						
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)			0	0	0	0	0	0	0	0	XXX	0	0						
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)			0	(99,234)	(142,800)	0	0	0	0	(242,035)	XXX		(242,035)						
12.	Income from fees of uninsured plans			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0						
13.	Net investment and other gain/(loss)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0						
14.	Federal income taxes (excluding taxes on Line 1.5 above)				0	0					0	XXX		0						
15.	Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	(242,035)	XXX		(242,035)						
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)				0	0					0	XXX		0						
OTHER INDICATORS:																				
1.	Number of Certificates / Policies				110	158					268	XXX		268						
2.	Number of Covered Lives				4,300	6,189					10,489	XXX		10,489						
3.	Number of Groups			XXX	110	158					268	XXX		268						
4.	Member Months				12	12					24	XXX		24						

216-1.GU



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code 0000 BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2010

NAIC Company Code 60246

		Comprehensive Health Coverage			4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Total
		1 Individual	2 Small Group Employer	3 Large Group Employer				
1.	Health Premiums Earned:							
1.1	Direct premiums written.....		8,978,129	12,919,746				21,897,875
1.2	Unearned premium prior year.....		58,172	83,711				141,884
1.3	Unearned premium current year.....		24,933	35,879				60,812
1.4	Change in unearned premium (Lines 1.2 – 1.3).....	0	33,239	47,832	0	0	0	81,072
1.5	Reserve for rate credits prior year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.6	Reserve for rate credits current year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.7	Change in reserve for rate credits (Lines 1.5 – 1.6).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$.....) (write offs).....		9,011,368	12,967,578				21,978,947
1.9	Assumed premiums earned from non-affiliates.....		0	0				0
1.10	Net assumed less ceded premiums earned from affiliates.....		0	0				0
1.11	Ceded premiums earned to non-affiliates.....		1,536,243	2,210,691				3,746,935
1.12	Other adjustments due to MLR calculation – Premiums.....		0	0				0
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12).....	0	7,475,125	10,756,887	0	0	0	18,232,012
2.	Direct Claims Incurred:							
2.1	Paid claims during the year.....		9,024,818	12,986,933				22,011,751
2.2	Direct claim liability current year.....		1,242,459	1,787,929				3,030,388
2.3	Direct claim liability prior year.....		430,319	619,239				1,049,558
2.4	Direct claim reserves current year.....		374,553	538,990				913,543
2.5	Direct claim reserves prior year.....		713,856	1,027,257				1,741,113
2.6	Direct contract reserves current year.....		0	0				0
2.7	Direct contract reserves prior year.....		0	0				0
2.8	Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c).....	0	0	0	0	0	0	0
2.8a	Paid medical incentive pools and bonuses current year.....		0	0				0
2.8b	Accrued medical incentive pools and bonuses current year.....		0	0				0
2.8c	Accrued medical incentive pools and bonuses prior year.....		0	0				0
2.9	Net healthcare receivables (Lines 2.9a – 2.9b).....	0	(81,381)	(117,110)	0	0	0	(198,491)
2.9a	Healthcare receivables current year.....		150,665	216,810				367,475
2.9b	Healthcare receivables prior year.....		232,046	333,920				565,966
2.10	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....	0	9,579,036	13,784,467	0	0	0	23,363,503
2.11	Assumed incurred claims from non-affiliates.....		0	0				0
2.12	Net assumed less ceded incurred claims from affiliates.....		0	0				0
2.13	Ceded incurred claims to non-affiliates.....		2,087,224	3,003,566				5,090,789
2.14	Other adjustments due to MLR calculation – Claims.....		0	0				0
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14).....	0	7,491,813	10,780,901	0	0	0	18,272,713
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only).....		0	0				0

216-2.GU



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION **NETCARE LIFE AND HEALTH INSURANCE COMPANY**

2. LOCATION **Hagatna, GU 96910-5015**

NAIC Group Code 0000		BUSINESS IN THE STATE OF Guam		DURING THE YEAR 2010				NAIC Company Code 60246			
3A	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ for affiliated services).....						.0				.0
	1.2 Outsourced services.....						.0				.0
	1.3 EDP equipment and software (incl \$ for affiliated services).....						.0				.0
	1.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0				.0
	1.5 Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	.0				.0
	1.6 Other expenses (incl \$ for affiliated services).....						.0				.0
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0				.0
	1.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
	1.10 Total (1.7 to 1.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						.0				.0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$401,949 for affiliated services).....						.0	.81,631		.320,318	.401,949
	2.2 Outsourced Services.....						.0			.451,437	.451,437
	2.3 EDP equipment and software (incl \$451,437 for affiliated services).....						.0			.952	.952
	2.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0			.172,497	.172,497
	2.5 Accreditation and certification (incl \$952 for affiliated services).....		XXX	XXX	XXX	XXX	.0			.945,205	.945,205
	2.6 Other expenses (incl \$172,497 for affiliated services).....						.0			.1,026,835	.1,026,835
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6).....	.0	.0	.0	.0	.0	.0	.81,631	.0	.945,205	.1,026,835
	2.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0				.0
	2.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.10 Total (2.7 to 2.9).....	.0	.0	.0	.0	.0	.0	.81,631	.0	.945,205	.1,078,489
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						.0				.0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ for affiliated services).....						.0	.117,469		.460,945	.578,414
	3.2 Outsourced services.....						.0			.649,629	.649,629
	3.3 EDP equipment and software (incl \$ for affiliated services).....						.0			.1,370	.1,370
	3.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0			.248,228	.248,228
	3.5 Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	.0			.1,360,173	.1,360,173
	3.6 Other expenses (incl \$ for affiliated services).....						.0			.1,477,641	.1,477,641
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6).....	.0	.0	.0	.0	.0	.0	.117,469	.0	.1,360,173	.1,477,641
	3.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0				.0
	3.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.74,331
	3.10 Total (3.7 to 3.9).....	.0	.0	.0	.0	.0	.0	.117,469	.0	.1,360,173	.1,551,972
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						.0				.0
3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses									
		1	2	3	4	5					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	Total (1 to 4)					
1.	Individual Comprehensive Coverage Expenses:										
	1.1 HIT expenses.....						.0				.0
	1.2 Other than HIT expenses.....						.0				.0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 HIT expenses.....						.0				.0
	2.2 Other than HIT expenses.....						.0				.0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 HIT Expenses.....						.0				.0
	3.2 Other than HIT expenses.....						.0				.0
4.	Subtotals/Totals:										
	4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1).....	.0	.0	.0	.0	.0	.0				.0
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2).....	.0	.0	.0	.0	.0	.0				.0
	4.3 Total (Lines 4.1 + 4.2).....	0	0	0	0	0	0				0

216-3.GU



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code 0000

BUSINESS IN THE STATE OF Northern Mariana Island

DURING THE YEAR 2010

NAIC Company Code 60246

Table with columns for Comprehensive Health Coverage (Individual, Small Group Employer, Large Group Employer), Government Business, Other Business, Other Health, Subtotal, Uninsured Plans, and Total. Rows include Premiums, Claims, Medical Incentives, Deductible Fraud, and Claims Adjustment Expenses.

216-1.MP



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Northern Mariana Island	Comprehensive Health Coverage			DURING THE YEAR		2010		NAIC Company Code	60246
				1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Total		
1.		Health Premiums Earned:										
		1.1 Direct premiums written.....			1,018,534	321,642						1,340,176
		1.2 Unearned premium prior year.....			26,146	8,256						34,402
		1.3 Unearned premium current year.....			14,279	4,509						18,788
		1.4 Change in unearned premium (Lines 1.2 – 1.3).....		0	11,867	3,747		0	0	0		15,614
		1.5 Reserve for rate credits prior year.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
		1.6 Reserve for rate credits current year.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
		1.7 Change in reserve for rate credits (Lines 1.5 – 1.6).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
		1.8 Total direct premiums earned (Lines 1.1 + 1.4 less \$.....) (write offs).....			1,030,400	325,390						1,355,790
		1.9 Assumed premiums earned from non-affiliates.....			0	0						0
		1.10 Net assumed less ceded premiums earned from affiliates.....			0	0						0
		1.11 Ceded premiums earned to non-affiliates.....			219,969	69,464						289,433
		1.12 Other adjustments due to MLR calculation – Premiums.....			0	0						0
		1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12).....		0	810,431	255,926	0	0	0	0		1,066,357
2.		Direct Claims Incurred:										
		2.1 Paid claims during the year.....			778,979	245,994						1,024,973
		2.2 Direct claim liability current year.....			88,195	27,851						116,046
		2.3 Direct claim liability prior year.....			66,123	20,881						87,003
		2.4 Direct claim reserves current year.....			342,253	108,080						450,333
		2.5 Direct claim reserves prior year.....			109,691	34,639						144,330
		2.6 Direct contract reserves current year.....			0	0						0
		2.7 Direct contract reserves prior year.....			0	0						0
		2.8 Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c).....		0	0	0	0	0	0	0		0
		2.8a Paid medical incentive pools and bonuses current year.....			0	0						0
		2.8b Accrued medical incentive pools and bonuses current year.....			0	0						0
		2.8c Accrued medical incentive pools and bonuses prior year.....			0	0						0
		2.9 Net healthcare receivables (Lines 2.9a – 2.9b).....		0	13,510	4,266	0	0	0	0		17,776
		2.9a Healthcare receivables current year.....			34,617	10,932						45,549
		2.9b Healthcare receivables prior year.....			21,107	6,665						27,773
		2.10 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....		0	1,020,104	322,138	0	0	0	0		1,342,242
		2.11 Assumed incurred claims from non-affiliates.....			0	0						0
		2.12 Net assumed less ceded incurred claims from affiliates.....			0	0						0
		2.13 Ceded incurred claims to non-affiliates.....			180,159	56,892						237,052
		2.14 Other adjustments due to MLR calculation – Claims.....			0	0						0
		2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14).....		0	839,945	265,246	0	0	0	0		1,105,190
3.		Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)			0	0						0

216-2.MP



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION **NETCARE LIFE AND HEALTH INSURANCE COMPANY**

2. LOCATION **Hagatna, GU 96910-5015**

NAIC Group Code **0000** BUSINESS IN THE STATE OF **Northern Mariana Island** DURING THE YEAR **2010** NAIC Company Code **60246**

3A	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses			9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses		
1.	Individual Comprehensive Coverage Expenses:											
	1.1 Salaries (including \$ for affiliated services).....						.0					.0
	1.2 Outsourced services.....						.0					.0
	1.3 EDP equipment and software (incl \$ for affiliated services).....						.0					.0
	1.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0					.0
	1.5 Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	.0					.0
	1.6 Other expenses (incl \$ for affiliated services).....						.0					.0
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0					.0
	1.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.10 Total (1.7 to 1.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						.0					.0
2.	Small Group Comprehensive Coverage Expenses:											
	2.1 Salaries (including \$34,694 for affiliated services).....						.0	7,046			27,648	34,694
	2.2 Outsourced Services.....						.0					.0
	2.3 EDP equipment and software (incl \$38,966 for affiliated services).....						.0				38,966	38,966
	2.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0					.0
	2.5 Accreditation and certification (incl \$82 for affiliated services).....		XXX	XXX	XXX	XXX	.0				82	82
	2.6 Other expenses (incl \$14,889 for affiliated services).....						.0				14,889	14,889
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6).....	.0	.0	.0	.0	.0	.0	7,046	.0	.0	81,586	88,632
	2.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0					.0
	2.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.10 Total (2.7 to 2.9).....	.0	.0	.0	.0	.0	.0	.0	7,046	.0	81,586	93,090
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						.0					.0
3.	Large Group Comprehensive Coverage Expenses:											
	3.1 Salaries (including \$10,956 for affiliated services).....						.0	2,225			8,731	10,956
	3.2 Outsourced services.....						.0					.0
	3.3 EDP equipment and software (incl \$12,305 for affiliated services).....						.0				12,305	12,305
	3.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0					.0
	3.5 Accreditation and certification (incl \$26 for affiliated services).....		XXX	XXX	XXX	XXX	.0				26	26
	3.6 Other expenses (incl \$4,702 for affiliated services).....						.0				4,702	4,702
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6).....	.0	.0	.0	.0	.0	.0	2,225	.0	.0	25,764	27,989
	3.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0					.0
	3.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,408
	3.10 Total (3.7 to 3.9).....	.0	.0	.0	.0	.0	.0	.0	2,225	.0	25,764	29,397
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						.0					.0

3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses				
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 Total (1 to 4)
1.	Individual Comprehensive Coverage Expenses:					
	1.1 HIT expenses.....					.0
	1.2 Other than HIT expenses.....					.0
2.	Small Group Comprehensive Coverage Expenses:					
	2.1 HIT expenses.....					.0
	2.2 Other than HIT expenses.....					.0
3.	Large Group Comprehensive Coverage Expenses:					
	3.1 HIT Expenses.....					.0
	3.2 Other than HIT expenses.....					.0
4.	Subtotals/Totals:					
	4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	.0	.0	.0	.0	.0
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	.0	.0	.0	.0	.0
	4.3 Total (Lines 4.1 + 4.2)	0	0	0	0	0

216-3.MP



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Grand Aliens	Comprehensive Health Coverage			DURING THE YEAR 2010			NAIC Company Code	60246										
				1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health			7 Subtotal (Cols 1 thru 6)	8 Uninsured Plans	9 Total (7 + 8)							
1.	Premium:																				
	1.1 Health premiums earned (From Part 2, Line 1.8)			0	289,838	0	0	0	0	0	0	289,838	XXX	289,838							
	1.2 Federal high risk pools			0	0	0	0	0	0	0	0	0	XXX	0							
	1.3 State high risk pools			0	0	0	0	0	0	0	0	0	XXX	0							
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)			0	289,838	0	0	0	0	0	0	289,838	XXX	289,838							
	1.5 Federal taxes and federal assessments			0	0	0	0	0	0	0	0	0	XXX	0							
	1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)			0	0	0	0	0	0	0	0	0	XXX	0							
	1.7 Regulatory authority licenses and fees			0	0	0	0	0	0	0	0	0	XXX	0							
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)			0	289,838	0	0	0	0	0	0	289,838	XXX	289,838							
	1.9 Net assumed less ceded reinsurance premiums earned			0	(144,372)	0	0	0	0	0	0	(144,372)	XXX	(144,372)							
	1.10 Other adjustments due to MLR calculations - Premiums			0	0	0	0	0	0	0	0	0	XXX	0							
	1.11 Risk revenue			0	0	0	0	0	0	0	0	0	XXX	0							
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)			0	145,466	0	0	0	0	0	0	145,466	XXX	145,466							
2.	Claims:																				
	2.1 Incurred claims excluding prescription drugs			0	184,411	0	0	0	0	0	0	184,411	XXX	184,411							
	2.2 Prescription drugs			0	91,140	0	0	0	0	0	0	91,140	XXX	91,140							
	2.3 Pharmaceutical rebates			0	5,810	0	0	0	0	0	0	5,810	XXX	5,810							
	2.4 State stop loss, market stabilization and claim/census based assessments			0	0	0	0	0	0	0	0	0	XXX	0							
3.	Incurred medical incentive pools and bonuses			0	0	0	0	0	0	0	0	0	XXX	0							
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)			0	0	0	0	0	0	0	0	0	XXX	0							
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)			0	269,740	0	0	0	0	0	0	269,740	XXX	269,740							
	5.1 Net assumed less ceded reinsurance claims incurred			0	(73,470)	0	0	0	0	0	0	(73,470)	XXX	(73,470)							
	5.2 Other adjustments due to MLR calculations - Claims			0	0	0	0	0	0	0	0	0	XXX	0							
	5.3 Rebates paid			0	0	0	0	0	0	0	0	0	XXX	0							
	5.4 Estimated rebates unpaid prior year			0	0	0	0	0	0	0	0	0	XXX	0							
	5.5 Estimated rebates unpaid current year			0	0	0	0	0	0	0	0	0	XXX	0							
	5.6 Fee for service and co-pay revenue			0	0	0	0	0	0	0	0	0	XXX	0							
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)			0	196,270	0	0	0	0	0	0	196,270	XXX	196,270							
6.	Improving Health Care Quality Expenses Incurred:																				
	6.1 Type A Expenses for health improvements other than Health Information Technology			0	0	0	0	0	0	0	0	0	XXX	0							
	6.2 Type B Health Information Technology expenses related to health improvement			0	0	0	0	0	0	0	0	0	XXX	0							
	6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)			0	0	0	0	0	0	0	0	0	XXX	0							
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8			0.000	0.931	0.000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
8.	Claims Adjustment Expenses:																				
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.3			0	2,873	0	0	0	0	0	0	2,873	XXX	2,873							
	8.2 All other claims adjustment expenses			0	0	0	0	0	0	0	0	0	XXX	0							
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)			0	2,873	0	0	0	0	0	0	2,873	XXX	2,873							
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)			0.000	0.010	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	0.000							
10.	General and Administrative (G&A) Expenses:																				
	10.1 Direct sales salaries and benefits			0	0	0	0	0	0	0	0	0	XXX	0							
	10.2 Agents and brokers fees and commissions			0	0	0	0	0	0	0	0	0	XXX	0							
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)			0	0	0	0	0	0	0	0	0	XXX	0							
	10.4 Other general and administrative expenses			0	0	0	0	0	0	0	0	0	XXX	0							
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)			0	0	0	0	0	0	0	0	0	XXX	0							
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)			0	(53,678)	0	0	0	0	0	0	(53,678)	XXX	(53,678)							
12.	Income from fees of uninsured plans			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
13.	Net investment and other gain/(loss)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
14.	Federal income taxes (excluding taxes on Line 1.5 above)			0	0	0	0	0	0	0	0	0	XXX	0							
15.	Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(53,678)	XXX	(53,678)							
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)			0	0	0	0	0	0	0	0	0	XXX	0							
	OTHER INDICATORS:																				
1.	Number of Certificates / Policies			0	4	0	0	0	0	0	0	4	XXX	4							
2.	Number of Covered Lives			0	478	0	0	0	0	0	0	478	XXX	478							
3.	Number of Groups			XXX	4	0	0	0	0	0	0	4	XXX	4							
4.	Member Months			0	12	0	0	0	0	0	0	12	XXX	12							

216-1.0T



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Grand Aliens	DURING THE YEAR 2010					NAIC Company Code	60246
				Comprehensive Health Coverage			4	5		
				1	2	3	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Total
				Individual	Small Group Employer	Large Group Employer				
1.				Health Premiums Earned:						
				0	289,838	0	0	0	0	289,838
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				XXX	XXX	XXX	XXX	XXX	XXX	XXX
				XXX	XXX	XXX	XXX	XXX	XXX	XXX
				XXX	XXX	XXX	XXX	XXX	XXX	XXX
				0	289,838	0	0	0	0	289,838
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				0	144,372	0	0	0	0	144,372
				0	0	0	0	0	0	0
				0	145,466	0	0	0	0	145,466
2.				Direct Claims Incurred:						
				0	317,673	0	0	0	0	317,673
				0	15,349	0	0	0	0	15,349
				0	22,008	0	0	0	0	22,008
				0	4,169	0	0	0	0	4,169
				0	36,510	0	0	0	0	36,510
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				0	8,932	0	0	0	0	8,932
				0	16,110	0	0	0	0	16,110
				0	7,178	0	0	0	0	7,178
				0	269,740	0	0	0	0	269,740
				0	0	0	0	0	0	0
				0	0	0	0	0	0	0
				0	73,470	0	0	0	0	73,470
				0	0	0	0	0	0	0
				0	196,270	0	0	0	0	196,270
3.				Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)						
				0	0	0	0	0	0	0

216-2.0T



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Aliens DURING THE YEAR 2010 NAIC Company Code 60246

Table 3A: All Expenses. Columns include 1 (Improve Health Outcomes), 2 (Activities to Prevent Hospital Readmissions), 3 (Improve Patient Safety and Reduce Medical Errors), 4 (Wellness & Health Promotion Activities), 5 (HIT Expenses), 6 (Total (1 to 5)), 7 (Cost Containment Expenses), 8 (Other Claims Adjustment Expenses), 9 (General Administrative Expenses), and 10 (Total Expenses (6 to 9)). Rows include Individual Comprehensive Coverage Expenses (1.1-1.11) and Small Group Comprehensive Coverage Expenses (2.1-2.11).

Table 3B: Quality Improvement Expenses Only. Columns include 1 (Improve Health Outcomes), 2 (Activities to Prevent Hospital Readmissions), 3 (Improve Patient Safety and Reduce Medical Errors), 4 (Wellness & Health Promotion Activities), and 5 (Total (1 to 4)). Rows include Individual Comprehensive Coverage Expenses (1.1-1.2), Small Group Comprehensive Coverage Expenses (2.1-2.2), and Large Group Comprehensive Coverage Expenses (3.1-3.2).

316-3.0T



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Consolidated	Comprehensive Health Coverage			DURING THE YEAR 2010		NAIC Company Code	60246
				1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statute)	5 Other Business (excluded by statute)		
1.	Premium:									
1.1	Health premiums earned (From Part 2, Line 1.8)	0	10,331,606	13,292,968	0	0	0	23,624,575	XXX	23,624,575
1.2	Federal high risk pools	0	0	0	0	0	0	0	XXX	0
1.3	State high risk pools	0	0	0	0	0	0	0	XXX	0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	10,331,606	13,292,968	0	0	0	23,624,575	XXX	23,624,575
1.5	Federal taxes and federal assessments	0	0	0	0	0	0	0	XXX	0
1.6	State insurance, premium and other taxes (Similar local taxes of \$ 2,234)	0	49,945	16,801	0	0	0	66,745	XXX	66,745
1.7	Regulatory authority licenses and fees	0	0	0	0	0	0	0	XXX	0
1.8	Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	0	10,281,662	13,276,167	0	0	0	23,557,829	XXX	23,557,829
1.9	Net assumed less ceded reinsurance premiums earned	0	(1,900,584)	(2,280,155)	0	0	0	(4,180,740)	XXX	(4,180,740)
1.10	Other adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	XXX	0
1.11	Risk revenue	0	0	0	0	0	0	0	XXX	0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	8,381,077	10,996,012	0	0	0	19,377,089	XXX	19,377,089
2.	Claims:									
2.1	Incurred claims excluding prescription drugs	0	9,257,984	12,059,961	0	0	0	21,317,945	XXX	21,317,945
2.2	Prescription drugs	0	1,720,576	2,185,990	0	0	0	3,906,565	XXX	3,906,565
2.3	Pharmaceutical rebates	0	109,678	139,346	0	0	0	249,024	XXX	249,024
2.4	State stop loss, market stabilization and claim/census based assessments	0	0	0	0	0	0	0	XXX	0
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	XXX	0
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	0	10,868,880	14,106,605	0	0	0	24,975,485	XXX	24,975,485
5.1	Net assumed less ceded reinsurance claims incurred	0	(2,340,853)	(3,060,458)	0	0	0	(5,401,311)	XXX	(5,401,311)
5.2	Other adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	XXX	0
5.3	Rebates paid	0	0	0	0	0	0	0	XXX	0
5.4	Estimated rebates unpaid prior year	0	0	0	0	0	0	0	XXX	0
5.5	Estimated rebates unpaid current year	0	0	0	0	0	0	0	XXX	0
5.6	Fee for service and co-pay revenue	0	0	0	0	0	0	0	XXX	0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	8,528,027	11,046,147	0	0	0	19,574,174	XXX	19,574,174
6.	Improving Health Care Quality Expenses Incurred:									
6.1	Type A Expenses for health improvements other than Health Information Technology	0	0	0	0	0	0	0	XXX	0
6.2	Type B Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	XXX	0
6.3	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	0	0	0	0	0	0	0	XXX	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	0.000	3.033	2.103	XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:									
8.1	Cost containment expenses not included in quality of care expenses in Line 6.3	0	91,550	119,694	0	0	0	211,244	XXX	211,244
8.2	All other claims adjustment expenses	0	0	0	0	0	0	0	XXX	0
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	91,550	119,694	0	0	0	211,244	XXX	211,244
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.026	0.016	0.000	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:									
10.1	Direct sales salaries and benefits	0	0	0	0	0	0	0	XXX	0
10.2	Agents and brokers fees and commissions	0	0	0	0	0	0	0	XXX	0
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	XXX	0
10.4	Other general and administrative expenses	0	0	0	0	0	0	0	XXX	0
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	XXX	0
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	0	(238,500)	(169,828)	0	0	0	(408,328)	XXX	(408,328)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)	0	0	0	0	0	0	0	XXX	0
15.	Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)	XXX	XXX	XXX	XXX	XXX	XXX	(408,328)	XXX	(408,328)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)	0	0	0	0	0	0	0	XXX	0
OTHER INDICATORS:										
1.	Number of Certificates / Policies	0	123	161	0	0	0	284	0	284
2.	Number of Covered Lives	0	5,768	6,502	0	0	0	12,270	0	12,270
3.	Number of Groups	XXX	123	161	0	0	0	284	0	284
4.	Member Months	0	36	24	0	0	0	60	0	48

216-1.GT



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Consolidated	Comprehensive Health Coverage			DURING THE YEAR 2010		NAIC Company Code 60246	
				1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Total
1.		Health Premiums Earned:								
		1.1 Direct premiums written.....		0	10,286,501	13,241,388	0	0	0	23,527,889
		1.2 Unearned premium prior year.....		0	84,318	91,968	0	0	0	176,286
		1.3 Unearned premium current year.....		0	39,212	40,388	0	0	0	79,600
		1.4 Change in unearned premium (Lines 1.2 – 1.3).....		0	45,106	51,580	0	0	0	96,686
		1.5 Reserve for rate credits prior year.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX
		1.6 Reserve for rate credits current year.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX
		1.7 Change in reserve for rate credits (Lines 1.5 – 1.6).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX
		1.8 Total direct premiums earned (Lines 1.1 + 1.4 less \$.....) write offs).....		0	10,331,606	13,292,968	0	0	0	23,624,575
		1.9 Assumed premiums earned from non-affiliates.....		0	0	0	0	0	0	0
		1.10 Net assumed less ceded premiums earned from affiliates.....		0	0	0	0	0	0	0
		1.11 Ceded premiums earned to non-affiliates.....		0	1,900,584	2,280,155	0	0	0	4,180,740
		1.12 Other adjustments due to MLR calculation – Premiums.....		0	0	0	0	0	0	0
		1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)		0	8,431,022	11,012,813	0	0	0	19,443,835
2.		Direct Claims Incurred:								
		2.1 Paid claims during the year.....		0	10,121,470	13,232,927	0	0	0	23,354,397
		2.2 Direct claim liability current year.....		0	1,346,003	1,815,780	0	0	0	3,161,783
		2.3 Direct claim liability prior year.....		0	518,450	640,120	0	0	0	1,158,569
		2.4 Direct claim reserves current year.....		0	720,974	647,070	0	0	0	1,368,044
		2.5 Direct claim reserves prior year.....		0	860,057	1,061,896	0	0	0	1,921,953
		2.6 Direct contract reserves current year.....		0	0	0	0	0	0	0
		2.7 Direct contract reserves prior year.....		0	0	0	0	0	0	0
		2.8 Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c).....		0	0	0	0	0	0	0
		2.8a Paid medical incentive pools and bonuses current year.....		0	0	0	0	0	0	0
		2.8b Accrued medical incentive pools and bonuses current year.....		0	0	0	0	0	0	0
		2.8c Accrued medical incentive pools and bonuses prior year.....		0	0	0	0	0	0	0
		2.9 Net healthcare receivables (Lines 2.9a – 2.9b).....		0	(58,939)	(112,843)	0	0	0	(171,783)
		2.9a Healthcare receivables current year.....		0	201,392	227,742	0	0	0	429,134
		2.9b Healthcare receivables prior year.....		0	260,331	340,585	0	0	0	600,917
		2.10 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....		0	10,868,880	14,106,605	0	0	0	24,975,485
		2.11 Assumed incurred claims from non-affiliates.....		0	0	0	0	0	0	0
		2.12 Net assumed less ceded incurred claims from affiliates.....		0	0	0	0	0	0	0
		2.13 Ceded incurred claims to non-affiliates.....		0	2,340,853	3,060,458	0	0	0	5,401,311
		2.14 Other adjustments due to MLR calculation – Claims.....		0	0	0	0	0	0	0
		2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)		0	8,528,027	11,046,147	0	0	0	19,574,174
3.		Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		0	0	0	0	0	0	0

216-2.GT



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE NETCARE LIFE AND HEALTH INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION NETCARE LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION Hagatna, GU 96910-5015

Table 3A: All Expenses. Columns include NAIC Group Code (0000), BUSINESS IN THE STATE OF (Consolidated), DURING THE YEAR (2010), NAIC Company Code (60246), and various expense categories (1-10) such as Improving Health Care Quality Expenses and Claims Adjustment Expenses.

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Table 3B: Quality Improvement Expenses Only. Columns include Improving Health Care Quality Expenses (1-5) such as Improve Health Outcomes, Activities to Prevent Hospital Readmissions, and Total (1 to 4).