



**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION \_\_\_\_\_

NAIC Group Code 03098

BUSINESS IN THE STATE OF \_\_\_\_\_

DURING THE YEAR 2010

NAIC Company Code 11216

		Comprehensive Health Coverage			4	5	6	7	8	9
		1	2	3	4	5	6	7	8	9
		Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by Statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (7 + 8)
1.	Premium:									
	1.1 Health premiums earned (From Part 2, Line 1.8).....	0	0	0	0	0	0	0	XXX	0
	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	0	0	0	0	0	0	XXX	0
	1.5 Federal taxes and federal assessments.....							0		0
	1.6 State insurance, premium and other taxes (Similar local taxes of \$.....)							0		0
	1.7 Regulatory authority licenses and fees.....							0		0
	1.8 Adjusted Premiums Earned (Lines 1.4 – 1.5 – 1.6 – 1.7).....	0	0	0	0	0	0	0	XXX	0
	1.9 Net Assumed less Ceded reinsurance premiums earned.....							0	XXX	0
	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	0	0	0	0	0	0	XXX	0
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs.....							0	XXX	0
	2.2 Prescription drugs.....							0	XXX	0
	2.3 Pharmaceutical rebates.....							0	XXX	0
	2.4 State stop loss, market stabilization and claim/census based assessments							0	XXX	0
3.	Incurred medical incentive pools and bonuses							0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							0		0
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10).....	0	0	0	0	0	0	0	XXX	0
	5.1 Net Assumed less Ceded reinsurance claims incurred.....							0	XXX	0
	5.2 Other Adjustments due to MLR calculations – Claims.....							0	XXX	0
	5.3 Rebates Paid.....							0	XXX	0
	5.4 Estimated rebates unpaid prior year.....							0	XXX	0
	5.5 Estimated rebates unpaid current year.....							0	XXX	0
	5.6 Fee for service and co-pay revenue.....							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	0	0	0	0	0	0	XXX	0
6.	Improving Health Care Quality Expenses Incurred:									
	6.1 Type A Expenses for health improvements other than Health Information Technology.....							0		0
	6.2 Type B Health Information Technology expenses related to health improvement.....							0		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
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 18	0.000	0.000	0.000	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		0
	8.2 All other claims adjustment expenses.....							0		0
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0		0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	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
	10.2 Agents and brokers fees and commissions.....							0		0
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....							0		0
	10.4 Other general and administrative expenses.....							0		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
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	0	0	0	0	0	0	0	XXX	0
12.	Income from fees of uninsured plans							0		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 15 above)							0		0
15.	Net gain or (loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)							0		0
OTHER INDICATORS:										
1.	Number of certificates / policies							0		0
2.	Number of Covered Lives							0		0
3.	Number of Groups	XXX						0		0
4.	Member Months							0		0

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**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION \_\_\_\_\_

NAIC Group Code 03098

BUSINESS IN THE STATE OF \_\_\_\_\_

DURING THE YEAR 2010

NAIC Company Code 11216

		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.....							.0
	1.2 Unearned premium prior year.....							.0
	1.3 Unearned premium current year.....							.0
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....	.0	.0	.0	.0	.0	.0	.0
	1.5 Reserve for rate credits prior year.....							.0
	1.6 Reserve for rate credits current year.....							.0
	1.7 Change in reserve for rate credits (Lines 1.5 – 1.6).....	.0	.0	.0	.0	.0	.0	.0
	Total direct premiums earned (Lines 1.1 + 1.4 + 1.7)							.0
	1.8 less \$..... ) write offs).....							.0
	1.9 Assumed premiums earned from non-affiliates.....							.0
	1.10 Net Assumed less Ceded premiums earned from affiliates.....							.0
	1.11 Ceded premiums earned to non-affiliates.....							.0
	1.12 Net Other Adjustments due to MLR calculation – Premiums.....							.0
	1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	0	0	0	0	0	0	0
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year.....							.0
	2.2 Direct claim liability current year.....							.0
	2.3 Direct claim liability prior year.....							.0
	2.4 Direct claim reserves current year.....							.0
	2.5 Direct claim reserves prior year.....							.0
	2.6 Direct contract reserves current year.....							.0
	2.7 Direct contract reserves prior year.....							.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
	2.8b Accrued medical incentive pools and bonuses current year.....							.0
	2.8c Accrued medical incentive pools and bonuses prior year.....							.0
	2.9 Net healthcare receivables (Lines 2.9a – 2.9b).....	.0	.0	.0	.0	.0	.0	.0
	2.9a Healthcare receivables current year.....							.0
	2.9b Healthcare receivables prior year.....							.0
	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	.0	.0	.0	.0	.0	.0
	2.11 Assumed Incurred Claims from non-affiliates.....							.0
	2.12 Net Assumed less Ceded Incurred Claims from affiliates.....							.0
	2.13 Ceded Incurred Claims to non-affiliates.....							.0
	2.14 Other Adjustments due to MLR calculation – Claims.....							.0
	2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	0	0	0	0	0	0	0
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							0

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SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION

Table with columns: NAIC Group Code, All Expenses, Improving Health Care Quality Expenses (1-6), Claims Adjustment Expenses (7-9), and Total Expenses (10). Rows include Individual, Small Group, and Large Group Comprehensive Coverage Expenses.

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Table 3B: Quality Improvement Expenses Only. Columns: 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)). Rows include HIT expenses for Individual, Small Group, and Large Group Comprehensive Coverage.



**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION \_\_\_\_\_

NAIC Group Code 03098

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2010

NAIC Company Code 11216

		Comprehensive Health Coverage			4	5	6	7	8	9
		1	2	3	Government Business (excluded by statute)	Other Business (excluded by Statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (7 + 8)
		Individual	Small Group Employer	Large Group Employer						
1.	Premium:									
	1.1 Health premiums earned (From Part 2, Line 1.8).....	0	33,004,161	0	57,957,892	0	0	90,962,053	XXX	90,962,053
	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	33,004,161	0	57,957,892	0	0	90,962,053	XXX	90,962,053
	1.5 Federal taxes and federal assessments.....							0		0
	1.6 State insurance, premium and other taxes (Similar local taxes of \$.....)							0		0
	1.7 Regulatory authority licenses and fees.....							0		0
	1.8 Adjusted Premiums Earned (Lines 1.4 – 1.5 – 1.6 – 1.7).....	0	33,004,161	0	57,957,892	0	0	90,962,053	XXX	90,962,053
	1.9 Net Assumed less Ceded reinsurance premiums earned.....							0	XXX	0
	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	33,004,161	0	57,957,892	0	0	90,962,053	XXX	90,962,053
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs.....		26,658,762		48,445,235			75,103,997	XXX	75,103,997
	2.2 Prescription drugs.....		251,351		405,215			656,566	XXX	656,566
	2.3 Pharmaceutical rebates.....							0	XXX	0
	2.4 State stop loss, market stabilization and claim/census based assessments.....							0	XXX	0
3.	Incurred medical incentive pools and bonuses.....							0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only).....							0		0
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10).....	0	26,910,113	0	48,850,450	0	0	75,760,563	XXX	75,760,563
	5.1 Net Assumed less Ceded reinsurance claims incurred.....							0	XXX	0
	5.2 Other Adjustments due to MLR calculations – Claims.....							0	XXX	0
	5.3 Rebates Paid.....							0	XXX	0
	5.4 Estimated rebates unpaid prior year.....							0	XXX	0
	5.5 Estimated rebates unpaid current year.....							0	XXX	0
	5.6 Fee for service and co-pay revenue.....							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	26,910,113	0	48,850,450	0	0	75,760,563	XXX	75,760,563
6.	Improving Health Care Quality Expenses Incurred:									
	6.1 Type A Expenses for health improvements other than Health Information Technology.....							0		0
	6.2 Type B Health Information Technology expenses related to health improvement.....							0		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
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 18.....	0.000	0.815	0.000	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		0
	8.2 All other claims adjustment expenses.....							0		0
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2).....	0	0	0	0	0	0	0		0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8).....	0.000	0.000	0.000	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
	10.2 Agents and brokers fees and commissions.....		4,055,753		4,382,278			8,438,031		8,438,031
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		3,321		3,321			6,642		6,642
	10.4 Other general and administrative expenses.....		438,146		781,510			1,219,656		1,219,656
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4).....	0	4,497,220	0	5,167,108	0	0	9,664,329	0	9,664,329
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5).....	0	1,596,828	0	3,940,334	0	0	5,537,162	XXX	5,537,162
12.	Income from fees of uninsured plans.....							0		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 15 above).....							0		0
15.	Net gain or (loss) (Lines 11 + 12 + 13 – 14).....	XXX	XXX	XXX	XXX	XXX	XXX	5,537,162	XXX	5,537,162
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses).....							0		0
OTHER INDICATORS:										
1.	Number of certificates / policies.....							0		0
2.	Number of Covered Lives.....							0		0
3.	Number of Groups.....	XXX						0		0
4.	Member Months.....							0		0

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**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION \_\_\_\_\_

NAIC Group Code 03098

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2010

NAIC Company Code 11216

		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.....		33,004,161		57,957,892			90,962,053
1.2	Unearned premium prior year.....							.0
1.3	Unearned premium current year.....							.0
1.4	Change in unearned premium (Lines 1.2 – 1.3).....	.0	.0	.0	.0	.0	.0	.0
1.5	Reserve for rate credits prior year.....							.0
1.6	Reserve for rate credits current year.....							.0
1.7	Change in reserve for rate credits (Lines 1.5 – 1.6).....	.0	.0	.0	.0	.0	.0	.0
	Total direct premiums earned (Lines 1.1 + 1.4 + 1.7)							
1.8	less \$..... ) write offs.....		33,004,161		57,957,892			90,962,053
1.9	Assumed premiums earned from non-affiliates.....							.0
1.10	Net Assumed less Ceded premiums earned from affiliates.....							.0
1.11	Ceded premiums earned to non-affiliates.....							.0
1.12	Net Other Adjustments due to MLR calculation – Premiums.....							.0
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	0	33,004,161	0	57,957,892	0	0	90,962,053
2.	Direct Claims Incurred:							
2.1	Paid claims during the year.....		25,060,327		46,345,616			71,405,943
2.2	Direct claim liability current year.....							.0
2.3	Direct claim liability prior year.....							.0
2.4	Direct claim reserves current year.....		4,832,055		11,901,267			16,733,322
2.5	Direct claim reserves prior year.....		3,751,500		8,295,500			12,047,000
2.6	Direct contract reserves current year.....							.0
2.7	Direct contract reserves prior year.....							.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
2.8b	Accrued medical incentive pools and bonuses current year.....							.0
2.8c	Accrued medical incentive pools and bonuses prior year.....							.0
2.9	Net healthcare receivables (Lines 2.9a – 2.9b).....	.0	(769,231)	.0	1,100,934	.0	.0	331,703
2.9a	Healthcare receivables current year.....		553,422		5,140,136			5,693,558
2.9b	Healthcare receivables prior year.....		1,322,653		4,039,202			5,361,855
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	26,910,113	.0	48,850,450	.0	.0	75,760,563
2.11	Assumed Incurred Claims from non-affiliates.....							.0
2.12	Net Assumed less Ceded Incurred Claims from affiliates.....							.0
2.13	Ceded Incurred Claims to non-affiliates.....							.0
2.14	Other Adjustments due to MLR calculation – Claims.....							.0
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	0	26,910,113	0	48,850,450	0	0	75,760,563
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							0

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**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION

NAIC Group Code 03098 BUSINESS IN THE STATE OF Guam		DURING THE YEAR 2010					NAIC Company Code 11216				
3A All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses				
		1	2	3	4	5	6	7	8	9	10
		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	.XXX	.XXX	.XXX	.XXX	.XXX	.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 \$ for affiliated services)						.0				.0
2.2	Outsourced Services						.0				.0
2.3	EDP Equipment and Software (incl \$ for affiliated services)						.0				.0
2.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)						.0				.0
2.5	Accreditation and Certification (incl \$ for affiliated services)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
2.6	Other Expenses (incl \$ for affiliated services)						.0				.0
2.7	Subtotal before Reimbursements and Taxes (2.1 to 2.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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	.0
2.10	Total (2.7 to 2.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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				.0
3.2	Outsourced Services						.0				.0
3.3	EDP Equipment and Software (incl \$ for affiliated services)						.0				.0
3.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)						.0				.0
3.5	Accreditation and Certification (incl \$ for affiliated services)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
3.6	Other Expenses (incl \$ for affiliated services)						.0				.0
3.7	Subtotal before Reimbursements and Taxes (3.1 to 3.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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	.0
3.10	Total (3.7 to 3.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						.0				.0

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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
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



**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION \_\_\_\_\_

NAIC Group Code 03098

BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2010

NAIC Company Code 11216

		Comprehensive Health Coverage			4	5	6	7	8	9
		1	2	3	Government Business (excluded by statute)	Other Business (excluded by Statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (7 + 8)
		Individual	Small Group Employer	Large Group Employer						
1.	Premium:									
	1.1 Health premiums earned (From Part 2, Line 1.8).....	0	2,935,006	0	0	0	0	2,935,006	XXX	2,935,006
	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	2,935,006	0	0	0	0	2,935,006	XXX	2,935,006
	1.5 Federal taxes and federal assessments.....							0		0
	1.6 State insurance, premium and other taxes (Similar local taxes of \$.....)							0		0
	1.7 Regulatory authority licenses and fees.....							0		0
	1.8 Adjusted Premiums Earned (Lines 1.4 – 1.5 – 1.6 – 1.7).....	0	2,935,006	0	0	0	0	2,935,006	XXX	2,935,006
	1.9 Net Assumed less Ceded reinsurance premiums earned.....							0	XXX	0
	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	2,935,006	0	0	0	0	2,935,006	XXX	2,935,006
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs.....		2,396,411					2,396,411	XXX	2,396,411
	2.2 Prescription drugs.....		29,219					29,219	XXX	29,219
	2.3 Pharmaceutical rebates.....							0	XXX	0
	2.4 State stop loss, market stabilization and claim/census based assessments							0	XXX	0
3.	Incurred medical incentive pools and bonuses							0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							0		0
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10).....	0	2,425,630	0	0	0	0	2,425,630	XXX	2,425,630
	5.1 Net Assumed less Ceded reinsurance claims incurred.....							0	XXX	0
	5.2 Other Adjustments due to MLR calculations – Claims.....							0	XXX	0
	5.3 Rebates Paid.....							0	XXX	0
	5.4 Estimated rebates unpaid prior year.....							0	XXX	0
	5.5 Estimated rebates unpaid current year.....							0	XXX	0
	5.6 Fee for service and co-pay revenue.....							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	2,425,630	0	0	0	0	2,425,630	XXX	2,425,630
6.	Improving Health Care Quality Expenses Incurred:									
	6.1 Type A Expenses for health improvements other than Health Information Technology.....							0		0
	6.2 Type B Health Information Technology expenses related to health improvement.....							0		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
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 18	0.000	0.826	0.000	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		0
	8.2 All other claims adjustment expenses.....							0		0
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0		0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	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
	10.2 Agents and brokers fees and commissions.....		440,251					440,251		440,251
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....		146,750					146,750		146,750
	10.4 Other general and administrative expenses.....		115,973					115,973		115,973
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	702,974	0	0	0	0	702,974	0	702,974
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	0	(193,599)	0	0	0	0	(193,599)	XXX	(193,599)
12.	Income from fees of uninsured plans							0		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 15 above)							0		0
15.	Net gain or (loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	(193,599)	XXX	(193,599)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)							0		0
OTHER INDICATORS:										
1.	Number of certificates / policies							0		0
2.	Number of Covered Lives							0		0
3.	Number of Groups	XXX						0		0
4.	Member Months							0		0

216-1.MP



**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION \_\_\_\_\_

NAIC Group Code 03098

BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2010

NAIC Company Code 11216

		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.....		2,935,006				2,935,006	
1.2	Unearned premium prior year.....						.0	
1.3	Unearned premium current year.....						.0	
1.4	Change in unearned premium (Lines 1.2 – 1.3).....	.0	.0	.0	.0	.0	.0	
1.5	Reserve for rate credits prior year.....						.0	
1.6	Reserve for rate credits current year.....						.0	
1.7	Change in reserve for rate credits (Lines 1.5 – 1.6).....	.0	.0	.0	.0	.0	.0	
	Total direct premiums earned (Lines 1.1 + 1.4 + 1.7)							
1.8	less \$..... ) write offs.....		2,935,006				2,935,006	
1.9	Assumed premiums earned from non-affiliates.....						.0	
1.10	Net Assumed less Ceded premiums earned from affiliates.....						.0	
1.11	Ceded premiums earned to non-affiliates.....						.0	
1.12	Net Other Adjustments due to MLR calculation – Premiums.....						.0	
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	0	2,935,006	0	0	0	2,935,006	
2.	Direct Claims Incurred:							
2.1	Paid claims during the year.....		2,348,111				2,348,111	
2.2	Direct claim liability current year.....						.0	
2.3	Direct claim liability prior year.....						.0	
2.4	Direct claim reserves current year.....		576,455				576,455	
2.5	Direct claim reserves prior year.....		676,389				676,389	
2.6	Direct contract reserves current year.....						.0	
2.7	Direct contract reserves prior year.....						.0	
2.8	Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c).....	.0	.0	.0	.0	.0	.0	
2.8a	Paid medical incentive pools and bonuses current year.....						.0	
2.8b	Accrued medical incentive pools and bonuses current year.....						.0	
2.8c	Accrued medical incentive pools and bonuses prior year.....						.0	
2.9	Net healthcare receivables (Lines 2.9a – 2.9b).....	.0	(177,453)	.0	.0	.0	(177,453)	
2.9a	Healthcare receivables current year.....		425,966				425,966	
2.9b	Healthcare receivables prior year.....		603,419				603,419	
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	2,425,630	.0	.0	.0	2,425,630	
2.11	Assumed Incurred Claims from non-affiliates.....						.0	
2.12	Net Assumed less Ceded Incurred Claims from affiliates.....						.0	
2.13	Ceded Incurred Claims to non-affiliates.....						.0	
2.14	Other Adjustments due to MLR calculation – Claims.....						.0	
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	0	2,425,630	0	0	0	2,425,630	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)						0	

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**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION

NAIC Group Code 03098		BUSINESS IN THE STATE OF Northern Mariana Islands		DURING THE YEAR 2010			NAIC Company Code 11216				
3A All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses				
		1	2	3	4	5	6	7	8	9	10
		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	.XXX	.XXX	.XXX	.XXX	.XXX	.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 \$ for affiliated services)						.0				.0
2.2	Outsourced Services						.0				.0
2.3	EDP Equipment and Software (incl \$ for affiliated services)						.0				.0
2.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)						.0				.0
2.5	Accreditation and Certification (incl \$ for affiliated services)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
2.6	Other Expenses (incl \$ for affiliated services)						.0				.0
2.7	Subtotal before Reimbursements and Taxes (2.1 to 2.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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	.0
2.10	Total (2.7 to 2.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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				.0
3.2	Outsourced Services						.0				.0
3.3	EDP Equipment and Software (incl \$ for affiliated services)						.0				.0
3.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)						.0				.0
3.5	Accreditation and Certification (incl \$ for affiliated services)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
3.6	Other Expenses (incl \$ for affiliated services)						.0				.0
3.7	Subtotal before Reimbursements and Taxes (3.1 to 3.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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	.0
3.10	Total (3.7 to 3.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						.0				.0

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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
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



**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION \_\_\_\_\_

NAIC Group Code 03098 BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2010 NAIC Company Code 11216

		Comprehensive Health Coverage			4	5	6	7	8	9
		1	2	3	Government Business (excluded by statute)	Other Business (excluded by Statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (7 + 8)
		Individual	Small Group Employer	Large Group Employer						
1.	Premium:									
	1.1 Health premiums earned (From Part 2, Line 1.8).....	0	35,939,167	0	57,957,892	0	0	93,897,059	XXX	93,897,059
	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	35,939,167	0	57,957,892	0	0	93,897,059	XXX	93,897,059
	1.5 Federal taxes and federal assessments.....	0	0	0	0	0	0	0	0	0
	1.6 State insurance, premium and other taxes (Similar local taxes of \$.....)	0	0	0	0	0	0	0	0	0
	1.7 Regulatory authority licenses and fees.....	0	0	0	0	0	0	0	0	0
	1.8 Adjusted Premiums Earned (Lines 1.4 – 1.5 – 1.6 – 1.7).....	0	35,939,167	0	57,957,892	0	0	93,897,059	XXX	93,897,059
	1.9 Net Assumed less Ceded reinsurance premiums earned.....	0	0	0	0	0	0	0	XXX	0
	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	35,939,167	0	57,957,892	0	0	93,897,059	XXX	93,897,059
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs.....	0	29,055,173	0	48,445,235	0	0	77,500,408	XXX	77,500,408
	2.2 Prescription drugs.....	0	280,570	0	405,215	0	0	685,785	XXX	685,785
	2.3 Pharmaceutical rebates.....	0	0	0	0	0	0	0	XXX	0
	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	0	0
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10).....	0	29,335,743	0	48,850,450	0	0	78,186,193	XXX	78,186,193
	5.1 Net Assumed less Ceded reinsurance claims incurred.....	0	0	0	0	0	0	0	XXX	0
	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	29,335,743	0	48,850,450	0	0	78,186,193	XXX	78,186,193
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
	6.2 Type B Health Information Technology expenses related to health improvement.....	0	0	0	0	0	0	0	0	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
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 18.....	0.000	0.815	0.000	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	0	0	0	0	0	0	0	0
	8.2 All other claims adjustment expenses.....	0	0	0	0	0	0	0	0	0
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2).....	0	0	0	0	0	0	0	0	0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8).....	0.000	0.000	0.000	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	0	0
	10.2 Agents and brokers fees and commissions.....	0	4,496,004	0	4,382,278	0	0	8,878,282	0	8,878,282
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	150,071	0	3,321	0	0	153,393	0	153,393
	10.4 Other general and administrative expenses.....	0	554,119	0	781,510	0	0	1,335,628	0	1,335,628
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4).....	0	5,200,194	0	5,167,108	0	0	10,367,303	0	10,367,303
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5).....	0	1,403,229	0	3,940,334	0	0	5,343,564	XXX	5,343,564
12.	Income from fees of uninsured plans.....	0	0	0	0	0	0	0	0	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 15 above).....	0	0	0	0	0	0	0	0	0
15.	Net gain or (loss) (Lines 11 + 12 + 13 – 14).....	XXX	XXX	XXX	XXX	XXX	XXX	5,343,564	XXX	5,343,564
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses).....	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:										
1.	Number of certificates / policies.....	0	0	0	0	0	0	0	0	0
2.	Number of Covered Lives.....	0	0	0	0	0	0	0	0	0
3.	Number of Groups.....	XXX	0	0	0	0	0	0	0	0
4.	Member Months.....	0	0	0	0	0	0	0	0	0

216-1.GT



**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION

NAIC Group Code 03098

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2010

NAIC Company Code 11216

		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.....	0	35,939,167	0	57,957,892	0	0	93,897,059
1.2	Unearned premium prior year.....	0	0	0	0	0	0	0
1.3	Unearned premium current year.....	0	0	0	0	0	0	0
1.4	Change in unearned premium (Lines 1.2 – 1.3).....	0	0	0	0	0	0	0
1.5	Reserve for rate credits prior year.....	0	0	0	0	0	0	0
1.6	Reserve for rate credits current year.....	0	0	0	0	0	0	0
1.7	Change in reserve for rate credits (Lines 1.5 – 1.6).....	0	0	0	0	0	0	0
	Total direct premiums earned (Lines 1.1 + 1.4 + 1.7)	0	35,939,167	0	57,957,892	0	0	93,897,059
1.8	less \$..... ) write offs.....	0	35,939,167	0	57,957,892	0	0	93,897,059
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	0	0	0	0	0	0
1.12	Net 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	35,939,167	0	57,957,892	0	0	93,897,059
2.	Direct Claims Incurred:							
2.1	Paid claims during the year.....	0	27,408,438	0	46,345,616	0	0	73,754,054
2.2	Direct claim liability current year.....	0	0	0	0	0	0	0
2.3	Direct claim liability prior year.....	0	0	0	0	0	0	0
2.4	Direct claim reserves current year.....	0	5,408,510	0	11,901,267	0	0	17,309,777
2.5	Direct claim reserves prior year.....	0	4,427,889	0	8,295,500	0	0	12,723,389
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	(946,684)	0	1,100,934	0	0	154,249
2.9a	Healthcare receivables current year.....	0	979,388	0	5,140,136	0	0	6,119,524
2.9b	Healthcare receivables prior year.....	0	1,926,072	0	4,039,202	0	0	5,965,274
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	29,335,743	0	48,850,450	0	0	78,186,193
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	0	0	0	0	0	0
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	29,335,743	0	48,850,450	0	0	78,186,193
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0

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**SUPPLEMENT FOR THE YEAR 2010 OF THE TOKIO MARINE PACIFIC INSURANCE LIMITED**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

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

REPORT FOR: 1. CORPORATION TOKIO MARINE PACIFIC INSURANCE LIMITED

2. LOCATION

NAIC Group Code 03098 BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2010					NAIC Company Code 11216				
3A All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses			9	10
		1	2	3	4	5	6	7	8	9	10
		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	.0	.0	.0	.0	.0	.0	.0	.0
1.2	Outsourced Services	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3	EDP Equipment and Software (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5	Accreditation and Certification (incl \$ for affiliated services)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
1.6	Other Expenses (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.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	.0	.0	.0	.0	.0	.0	.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	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2	Outsourced Services	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3	EDP Equipment and Software (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5	Accreditation and Certification (incl \$ for affiliated services)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
2.6	Other Expenses (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.7	Subtotal before Reimbursements and Taxes (2.1 to 2.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.8	Reimbursements by uninsured plans and fiscal intermediaries	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.9	Taxes, Licenses and Fees (in total, for tying purposes)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
2.10	Total (2.7 to 2.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.2	Outsourced Services	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3	EDP Equipment and Software (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.5	Accreditation and Certification (incl \$ for affiliated services)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
3.6	Other Expenses (incl \$ for affiliated services)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.7	Subtotal before Reimbursements and Taxes (3.1 to 3.6)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.8	Reimbursements by uninsured plans and fiscal intermediaries	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.9	Taxes, Licenses and Fees (in total, for tying purposes)	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
3.10	Total (3.7 to 3.9)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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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	.0	.0	.0
1.2	Other than HIT expenses	.0	.0	.0	.0	.0
2.	Small Group Comprehensive Coverage Expenses:					
2.1	HIT expenses	.0	.0	.0	.0	.0
2.2	Other than HIT expenses	.0	.0	.0	.0	.0
3.	Large Group Comprehensive Coverage Expenses:					
3.1	HIT Expenses	.0	.0	.0	.0	.0
3.2	Other than HIT expenses	.0	.0	.0	.0	.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