



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

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

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

NAIC Group Code 0000

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2010

NAIC Company Code 31658

	Comprehensive Health Coverage			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 Individual	2 Small Group Employer	3 Large Group Employer						
1. Premium:									
1.1 Health premiums earned (From Part 2, Line 1.8)	565,614	12,201,534	7,084,680	0	0	0	19,851,828	XXX	19,851,828
1.2 Federal high risk pools							0	XXX	
1.3 State high risk pools							0	XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	565,614	12,201,534	7,084,680	0	0	0	19,851,828	XXX	19,851,828
1.5 Federal taxes and federal assessments							0		
1.6 State insurance, premium and other taxes (Similar local taxes of \$ .....)	53	1,144	665				1,862		1,862
1.7 Regulatory authority licenses and fees							0		
1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	565,561	12,200,390	7,084,015	0	0	0	19,849,966	XXX	19,849,966
1.9 Net assumed less ceded reinsurance premiums earned	(231,480)	(4,993,524)	(2,899,432)				(8,124,436)	XXX	(8,124,436)
1.10 Other adjustments due to MLR calculations - Premiums	0	0	0				0	XXX	0
1.11 Risk revenue							0	XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	334,081	7,206,866	4,184,583	0	0	0	11,725,530	XXX	11,725,530
2. Claims:									
2.1 Incurred claims excluding prescription drugs	198,289	5,241,066	4,524,745				9,964,100	XXX	9,964,100
2.2 Prescription drugs	30,181	797,729	688,700				1,516,610	XXX	1,516,610
2.3 Pharmaceutical rebates							0	XXX	
2.4 State stop loss, market stabilization and claim/census based assessments							0	XXX	
3. Incurred medical incentive pools and bonuses							0	XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							0		
5. 5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	228,470	6,038,795	5,213,445	0	0	0	11,480,710	XXX	11,480,710
5.1 Net assumed less ceded reinsurance claims incurred	(114,235)	(3,019,398)	(2,606,722)				(5,740,355)	XXX	(5,740,355)
5.2 Other adjustments due to MLR calculations - Claims							0	XXX	
5.3 Rebates paid							0	XXX	
5.4 Estimated rebates unpaid prior year							0	XXX	
5.5 Estimated rebates unpaid current year							0	XXX	
5.6 Fee for service and co-pay revenue							0	XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	114,235	3,019,397	2,606,723	0	0	0	5,740,355	XXX	5,740,355
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A Expenses for health improvements other than Health Information Technology							0		
6.2 Type B Health Information Technology expenses related to health improvement							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 1.8	0.404	0.495	0.736	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		
8.2 All other claims adjustment expenses	4,380	94,466	54,857	0	0	0	153,703		153,703
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	4,380	94,466	54,857	0	0	0	153,703	0	153,703
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.008	0.008	0.008	0.000	0.000	0.000	XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:									
10.1 Direct sales salaries and benefits	10,109	218,080	126,625	0	0	0	354,814		354,814
10.2 Agents and brokers fees and commissions	70,704	1,525,248	885,618	0	0	0	2,481,570		2,481,570
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)		0					0		0
10.4 Other general and administrative expenses	8,952	193,112	112,129	0	0	0	314,193		314,193
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	89,765	1,936,440	1,124,372	0	0	0	3,150,577	0	3,150,577
11. Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	125,701	2,156,563	398,631	0	0	0	2,680,895	XXX	2,680,895
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	247,851	XXX	247,851
14. Federal income taxes (excluding taxes on Line 1.5 above)							0		
15. Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)	XXX	XXX	XXX	XXX	XXX	XXX	2,928,746	XXX	2,928,746
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)							0		
OTHER INDICATORS:									
1. Number of Certificates / Policies	161	379	12				552		552
2. Number of Covered Lives	272	6,159	5,122				11,553		11,553
3. Number of Groups	XXX	379	12				391		391
4. Member Months	3,263	73,911	61,468				138,642		138,642

216-1.GU



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company**  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**  
 (To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

NAIC Group Code 0000

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2010

NAIC Company Code 31658

		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.....	565,614	12,201,534	7,084,680				19,851,828
	1.2 Unearned premium prior year.....							
	1.3 Unearned premium current year.....							
	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.....	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).....	565,614	12,201,534	7,084,680				19,851,828
	1.9 Assumed premiums earned from non-affiliates.....		0					
	1.10 Net assumed less ceded premiums earned from affiliates.....							
	1.11 Ceded premiums earned to non-affiliates.....	231,480	4,993,524	2,899,432				8,124,436
	1.12 Other adjustments due to MLR calculation – Premiums.....	0	0	0				0
	1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 + 1.12).....	334,134	7,208,010	4,185,248	0	0	0	11,727,392
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year.....	242,443	6,408,147	5,532,316				12,182,906
	2.2 Direct claim liability current year.....	14,195	375,183	323,905				713,283
	2.3 Direct claim liability prior year.....	1,750	46,267	39,944				87,961
	2.4 Direct claim reserves current year.....	35,342	934,137	806,465				1,775,944
	2.5 Direct claim reserves prior year.....	61,760	1,632,405	1,409,297				3,103,462
	2.6 Direct contract reserves current year.....							
	2.7 Direct contract reserves prior year.....							
	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.....							
	2.8b Accrued medical incentive pools and bonuses current year.....							
	2.8c Accrued medical incentive pools and bonuses prior year.....							
	2.9 Net healthcare receivables (Lines 2.9a – 2.9b).....	0	0	0	0	0	0	0
	2.9a Healthcare receivables current year.....							
	2.9b Healthcare receivables prior year.....							
	2.10 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....	228,470	6,038,795	5,213,445	0	0	0	11,480,710
	2.11 Assumed incurred claims from non-affiliates.....							
	2.12 Net assumed less ceded incurred claims from affiliates.....							
	2.13 Ceded incurred claims to non-affiliates.....	114,235	3,019,398	2,606,722				5,740,355
	2.14 Other adjustments due to MLR calculation – Claims.....							
	2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 + 2.14).....	114,235	3,019,397	2,606,723	0	0	0	5,740,355
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

216-2.GU



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

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

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

NAIC Group Code 0000		BUSINESS IN THE STATE OF Guam		DURING THE YEAR 2010			NAIC Company Code 31658				
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		8,890		8,890
1.2	Outsourced services.....						.0	4,380			70,704
1.3	EDP equipment and software (incl \$ ..... for affiliated services).....						.0		220		220
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	4,380		9,471
1.8	Reimbursements by uninsured plans and fiscal intermediaries.....						.0				89,285
1.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	533
1.10	Total (1.7 to 1.9).....	.0	.0	.0	.0	.0	.0	.0	4,380	XXX	89,285
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			191,775	191,775
2.2	Outsourced Services.....						.0	94,466		1,525,248	1,619,714
2.3	EDP equipment and software (incl \$ ..... for affiliated services).....						.0		4,744		4,744
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	.0				.0
2.6	Other expenses (incl \$ ..... for affiliated services).....						.0			204,318	204,318
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6).....	.0	.0	.0	.0	.0	.0	.0	94,466		1,926,085
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	11,499
2.10	Total (2.7 to 2.9).....	.0	.0	.0	.0	.0	.0	.0	94,466	XXX	1,926,085
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			111,352	111,352
3.2	Outsourced services.....						.0	54,857		885,618	940,475
3.3	EDP equipment and software (incl \$ ..... for affiliated services).....						.0			2,754	2,754
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	.0				.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	54,857		1,118,358
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	6,677
3.10	Total (3.7 to 3.9).....	.0	.0	.0	.0	.0	.0	.0	54,857	XXX	1,118,358
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					
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.GU



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company**  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**  
 (To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

NAIC Group Code 0000

BUSINESS IN THE STATE OF Northern Mariana Island

DURING THE YEAR 2010

NAIC Company Code 31658

	Comprehensive Health Coverage			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 Individual	2 Small Group Employer	3 Large Group Employer						
1. Premium:									
1.1 Health premiums earned (From Part 2, Line 1.8)	1,410,883	1,120,091	0	0	0	0	2,530,974	XXX	2,530,974
1.2 Federal high risk pools							0	XXX	
1.3 State high risk pools							0	XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,410,883	1,120,091	0	0	0	0	2,530,974	XXX	2,530,974
1.5 Federal taxes and federal assessments							0		
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....)	36,266	28,791					65,057		65,057
1.7 Regulatory authority licenses and fees							0		
1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	1,374,617	1,091,300	0	0	0	0	2,465,917	XXX	2,465,917
1.9 Net assumed less ceded reinsurance premiums earned	(560,797)	(445,213)					(1,006,010)	XXX	(1,006,010)
1.10 Other adjustments due to MLR calculations - Premiums	0	0					0	XXX	0
1.11 Risk revenue							0	XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	813,820	646,087	0	0	0	0	1,459,907	XXX	1,459,907
2. Claims:									
2.1 Incurred claims excluding prescription drugs	319,849	277,871					597,720	XXX	597,720
2.2 Prescription drugs	91,423	82,521					173,944	XXX	173,944
2.3 Pharmaceutical rebates							0	XXX	
2.4 State stop loss, market stabilization and claim/census based assessments							0	XXX	
3. Incurred medical incentive pools and bonuses							0	XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							0		
5. 5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	411,272	360,392	0	0	0	0	771,664	XXX	771,664
5.1 Net assumed less ceded reinsurance claims incurred	(199,636)	(180,196)					(379,832)	XXX	(379,832)
5.2 Other adjustments due to MLR calculations - Claims							0	XXX	
5.3 Rebates paid							0	XXX	
5.4 Estimated rebates unpaid prior year							0	XXX	
5.5 Estimated rebates unpaid current year							0	XXX	
5.6 Fee for service and co-pay revenue							0	XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	211,636	180,196	0	0	0	0	391,832	XXX	391,832
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A Expenses for health improvements other than Health Information Technology							0		
6.2 Type B Health Information Technology expenses related to health improvement							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 1.8	0.299	0.330	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		
8.2 All other claims adjustment expenses							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	41,248	32,747					73,995		73,995
10.2 Agents and brokers fees and commissions	267,815	212,616					480,431		480,431
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	34,950	27,746					62,696		62,696
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	344,013	273,109	0	0	0	0	617,122	0	617,122
11. Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	258,171	192,782	0	0	0	0	450,953	XXX	450,953
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)							0		
15. Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)	XXX	XXX	XXX	XXX	XXX	XXX	450,953	XXX	450,953
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)							0		
OTHER INDICATORS:									
1. Number of Certificates / Policies	505	150					655		655
2. Number of Covered Lives	1,301	832					2,133		2,133
3. Number of Groups	XXX	150					150		150
4. Member Months	15,610	9,978					25,588		25,588

216-1.MP



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

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

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

NAIC Group Code 0000

BUSINESS IN THE STATE OF Northern Mariana Island

DURING THE YEAR 2010

NAIC Company Code 31658

	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.....	1,410,883	1,120,091				2,530,974
1.2	Unearned premium prior year.....						
1.3	Unearned premium current year.....						
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.....	XXX	XXX	XXX	XXX	XXX	XXX
1.6	Reserve for rate credits current year.....	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
1.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$.....) (write offs).....	1,410,883	1,120,091				2,530,974
1.9	Assumed premiums earned from non-affiliates.....						
1.10	Net assumed less ceded premiums earned from affiliates.....						
1.11	Ceded premiums earned to non-affiliates.....	560,797	445,213				1,006,010
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).....	850,086	674,878	0	0	0	1,524,964
2.	Direct Claims Incurred:						
2.1	Paid claims during the year.....	481,069	434,223				915,292
2.2	Direct claim liability current year.....	47,253	42,652				89,905
2.3	Direct claim liability prior year.....	(1,216)	(1,098)				(2,314)
2.4	Direct claim reserves current year.....	184,795	155,969				340,764
2.5	Direct claim reserves prior year.....	303,061	273,550				576,611
2.6	Direct contract reserves current year.....						
2.7	Direct contract reserves prior year.....						
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.....						
2.8b	Accrued medical incentive pools and bonuses current year.....						
2.8c	Accrued medical incentive pools and bonuses prior year.....						
2.9	Net healthcare receivables (Lines 2.9a – 2.9b).....	0	0	0	0	0	0
2.9a	Healthcare receivables current year.....						
2.9b	Healthcare receivables prior year.....						
2.10	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....	411,272	360,392	0	0	0	771,664
2.11	Assumed incurred claims from non-affiliates.....						
2.12	Net assumed less ceded incurred claims from affiliates.....						
2.13	Ceded incurred claims to non-affiliates.....	199,636	180,196				379,832
2.14	Other adjustments due to MLR calculation – Claims.....						
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 + 2.14).....	211,636	180,196	0	0	0	391,832
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)						

216-2.MP



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company**  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**  
 (To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

NAIC Group Code 0000		BUSINESS IN THE STATE OF Northern Mariana Island		DURING THE YEAR 2010			NAIC Company Code 31658				
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			.36,255	.36,255
1.2	Outsourced services						.0			.267,815	.267,815
1.3	EDP equipment and software (incl \$ for affiliated services)						.0			.1,052	.1,052
1.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						.0			.0	.0
1.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	.0			.0	.0
1.6	Other expenses (incl \$ for affiliated services)						.0			.36,925	.36,925
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	.0	.0	.0	.0	.0	.0	.0	.0	.342,047	.342,047
1.8	Reimbursements by uninsured plans and fiscal intermediaries						.0			.0	.0
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.38,231
1.10	Total (1.7 to 1.9)	.0	.0	.0	.0	.0	.0	.0	.0	.342,047	.380,278
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			.28,782	.28,782
2.2	Outsourced Services						.0			.212,616	.212,616
2.3	EDP equipment and software (incl \$ for affiliated services)						.0			.836	.836
2.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						.0			.0	.0
2.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	.0			.0	.0
2.6	Other expenses (incl \$ for affiliated services)						.0			.29,315	.29,315
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	.0	.0	.0	.0	.0	.0	.0	.0	.271,549	.271,549
2.8	Reimbursements by uninsured plans and fiscal intermediaries						.0			.0	.0
2.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.30,352
2.10	Total (2.7 to 2.9)	.0	.0	.0	.0	.0	.0	.0	.0	.271,549	.301,901
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	.0
3.2	Outsourced services						.0			.0	.0
3.3	EDP equipment and software (incl \$ for affiliated services)						.0			.0	.0
3.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						.0			.0	.0
3.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	.0			.0	.0
3.6	Other expenses (incl \$ for affiliated services)						.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
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
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
4.2	Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	.0	.0	.0	.0	.0					.0
4.3	Total (Lines 4.1 + 4.2)	.0	.0	.0	.0	.0					.0

216-3.MP



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

Table with columns: NAIC Group Code, BUSINESS IN THE STATE OF, Consolidated, DURING THE YEAR 2010, NAIC Company Code, Comprehensive Health Coverage (Individual, Small Group Employer, Large Group Employer), Government Business, Other Business, Other Health, Subtotal, Uninsured Plans, Total. Rows include Premium, Claims, Medical Incentives, Fraud Expenses, Incurred Claims, Quality Expenses, Medical Loss Ratio, Claims Adjustment Expenses, G&A Expenses, Underwriting Gain/Loss, Income from fees, Net investment, Federal income taxes, Net gain/loss, CD-10 Implementation Expenses, and OTHER INDICATORS.

216-1.GT



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company**  
**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**  
 (To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

NAIC Group Code 0000

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2010

NAIC Company Code 31658

	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.....	1,976,497	13,321,625	7,084,680	0	0	22,382,802
1.2	Unearned premium prior year.....	0	0	0	0	0	0
1.3	Unearned premium current year.....	0	0	0	0	0	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.....	XXX	XXX	XXX	XXX	XXX	XXX
1.6	Reserve for rate credits current year.....	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
1.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$..... ) write offs).....	1,976,497	13,321,625	7,084,680	0	0	22,382,802
1.9	Assumed premiums earned from non-affiliates.....	0	0	0	0	0	0
1.10	Net assumed less ceded premiums earned from affiliates.....	0	0	0	0	0	0
1.11	Ceded premiums earned to non-affiliates.....	792,277	5,438,737	2,899,432	0	0	9,130,446
1.12	Other adjustments due to MLR calculation – Premiums.....	0	0	0	0	0	0
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 + 1.12)	1,184,220	7,882,888	4,185,248	0	0	13,252,356
2.	Direct Claims Incurred:						
2.1	Paid claims during the year.....	723,512	6,842,370	5,532,316	0	0	13,098,198
2.2	Direct claim liability current year.....	61,448	417,835	323,905	0	0	803,188
2.3	Direct claim liability prior year.....	534	45,169	39,944	0	0	85,647
2.4	Direct claim reserves current year.....	220,137	1,090,106	806,465	0	0	2,116,708
2.5	Direct claim reserves prior year.....	364,821	1,905,955	1,409,297	0	0	3,680,073
2.6	Direct contract reserves current year.....	0	0	0	0	0	0
2.7	Direct contract reserves prior year.....	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
2.8a	Paid medical incentive pools and bonuses current year.....	0	0	0	0	0	0
2.8b	Accrued medical incentive pools and bonuses current year.....	0	0	0	0	0	0
2.8c	Accrued medical incentive pools and bonuses prior year.....	0	0	0	0	0	0
2.9	Net healthcare receivables (Lines 2.9a – 2.9b).....	0	0	0	0	0	0
2.9a	Healthcare receivables current year.....	0	0	0	0	0	0
2.9b	Healthcare receivables prior year.....	0	0	0	0	0	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).....	639,742	6,399,187	5,213,445	0	0	12,252,374
2.11	Assumed incurred claims from non-affiliates.....	0	0	0	0	0	0
2.12	Net assumed less ceded incurred claims from affiliates.....	0	0	0	0	0	0
2.13	Ceded incurred claims to non-affiliates.....	313,871	3,199,594	2,606,722	0	0	6,120,187
2.14	Other adjustments due to MLR calculation – Claims.....	0	0	0	0	0	0
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 + 2.14)	325,871	3,199,593	2,606,723	0	0	6,132,187
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0

216-2.GT



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Island Home Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Island Home Insurance Company

2. LOCATION Hagatna, GU 96910-0000

Table with columns for NAIC Group Code (0000), BUSINESS IN THE STATE OF (Consolidated), DURING THE YEAR (2010), NAIC Company Code (31658), and various expense categories (All Expenses, Improving Health Care Quality Expenses, Claims Adjustment Expenses). Rows include Individual Comprehensive Coverage Expenses, Small Group Comprehensive Coverage Expenses, and Large Group Comprehensive Coverage Expenses with sub-items like Salaries, Outsourced services, EDP equipment, etc.

216-3.GT